

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1325 HESS HB 111 - 112

1365

Date: January 28, 1981

File Ref:

To:

Sen. Thompson

Wisconsin

From:

Ann J. Haney, Secretary
Department of Regulation and Licensing

Subject: Report on Diagnostic Pharmaceutical Agents

At my request, staff from the Bureau of Health Professions in the Department of Regulation and Licensing have submitted a preliminary report and recommendations concerning the use of DPAs by optometrists. A compilation of the statistics from May, 1979, to November, 1980, reported to the Department by DPA certified optometrists show the following:

- 280 optometrists are certified to use DPA's
- 215 certified optometrists have used DPA's on 99,226 patients
- 65 certified optometrists have not used DPA's in their practice

Of the 99,226 patients to whom DPA's were administered, 4,359 patients were referred to appropriate medical specialists for a variety of medical problems.

Twelve certified optometrists reported that 20 patients had mild to moderate adverse drug reactions (eye stinging, allergy). Some of these patients were referred to medical specialists and other patients reactions were cleared up within a short period of time (10-15 minutes).

Based on the statistics reported it appears that many patients benefited by the use of DPA's. These patients were referred to appropriate medical specialists for possible medical problems that may otherwise have gone undetermined.

The only problem reported involved the above 20 patients where a reaction occurred. All of these reactions were reported a mild to moderate discomfort lasting no longer than 48 hours. While there were mild physical reactions in less than 1% of the patients, there were no reports of psychological reactions.

On the basis of the above data staff recommended that s. 449.17 (1) and (7), Stats., be repealed effective July 1, 1982.

Staff further recommended that the Department consider further statute and code revisions at a later date.

They are as follows:

1. Fees (to correspond with other certified or licensed individuals) to cover administrative and examination costs, and the establishment of a renewal date.
2. Deletion of the code provision that requires the optometrist to submit a report to the Department on use of DPA's and any adverse drug reaction. Physicians, dentists and osteopaths are not required to report adverse reactions by patients. In addition, the minimal number of adverse reactions (20) do not justify our reviewing and filing 1,000 pieces of paper over an 18 month period.

AJH:kcb
5136

1 AN ACT to repeal 449.17 (1) and (7) of the statutes, relating to making
2 permanent the authorization for optometrists to use topical ocular
3 diagnostic pharmaceutical agents.

Analysis by the Legislative Reference Bureau

Chapter 280, laws of 1977, authorized optometrists to use topical ocular diagnostic pharmaceutical agents under certain conditions. These conditions include having an approved plan for the referral of patients who experience adverse reactions, successful completion of a pharmacology examination and specific education on the use of such agents.

The enacting law provided that the use of such agents was authorized only until July 1, 1982. On January 1, 1982, the department of regulation and licensing is required to report to the legislature on the use of such agents by optometrists, including the health benefits and problems involved in such use and whether or not any individual is known to have suffered any physical or psychological reaction to such an agent and the severity of the reaction.

Under this bill, the July 1, 1982, "sunset" provision is removed, thus authorizing optometrists to continue to use topical ocular diagnostic pharmaceutical agents subject to the same conditions currently imposed in the statutes and by administrative rules promulgated by the department of regulation and licensing.

The people of the state of Wisconsin, represented in senate and assembly,

do enact as follows:

4 SECTION 1. 449.17 (1) and (7) of the statutes are repealed.

5 SECTION 2. EFFECTIVE DATE. This act takes effect on July 1, 1982.

6 (End)

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC. TREAS.
Dennis Swamer O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Phillip Bach O.D. Ph.D.

*HB 111 and SB 136
are the same*

OPHTHALMIC DRUG USE REPORT BY WEST VIRGINIA

Since 1976 certified optometrists in West Virginia have administered ophthalmic drugs for diagnostic and therapeutic use. A total of sixty-three (63) different drugs prescribable for the human eye have been employed since H.B. 1005 was enacted. Thirty thousand six hundred forty-nine (30,649) individual patients have been seen by certified optometrists. The distance those patients saved by not having to travel to sparsely located ophthalmologists to whom they formally were referred was over 450,000 aggravated miles.

Forty-six (46) different pathological conditions have been diagnosed and treated by these certified optometrists. IT SHOULD BE ADDITIONALLY NOTED THAT THERE HAS BEEN NO REPORT OF ANY ADVERSE REACTION IN THE DIAGNOSIS AND TREATMENT RENDERED TO PATIENTS INVOLVED BY ANY WEST VIRGINIA CERTIFIED OPTOMETRIST.

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

December 15, 1980

Representative Terry Martin
3960 Reka Drive, B-6
Anchorage, Alaska 99504

Dear Representative Martin:

This booklet contains proposed revisions to the Alaska Optometry Law followed by explanatory and reference material. These changes are proposed jointly by the Board of Examiners in Optometry and the Alaska Optometric Association. The revisions will allow the Board to license optometrists for procedures currently being taught in optometry schools but not permitted under the present Alaska law. These primarily involve drug utilization.

In recent years, Alaska has fallen behind in its ability to license graduates to current standards of practice. It is now in a minority of states that do not permit optometrists to use drugs.

It is expected that this legislation will be opposed by ophthalmologists, who for economic reasons, wish to see the optometry law retain its present restrictions.

Very truly yours,

Maynard C. Falconer, O.D.
Board of Examiners in Optometry

Phillip W. Bach, O.D., Ph.D.
Vice President, Alaska Optometric
Association

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 1

SEC-TREAS
Dennis Swanner O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Phillip Bach O.D. Ph.D.

AETNA REDUCES ANNUAL PREMIUM FOR INSURED AOA MEMBERS

Hartford, CT--More than two years of efforts between the American Optometric Association and Aetna Life & Casulty Co. have prompted the Hartford based insurance firm to REDUCE PROFESSIONAL LIABILITY RATES FOR AOA MEMBERS BY 18 PERCENT. The high quality of professional vision care which AOA optometrists are providing has warranted this reduction. Fear expressed by ophthalmologists, in those states which allowed optometrists to use ophthalmic drugs, was unfounded. Optometry has been the ONLY major health care profession to have its liability insurance rates reduced.

UPDATING THE ALASKA OPTOMETRY LAW

Alaska Board of Examiners
in Optometry

Alaska Optometric Association

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6. Appendix: Full curricula of optometry and medical schools compared in Exhibit B

Proposed Revision to
AS 08.72 (Optometry Law)

* Section 1. AS 08.72.300(2) and (3) are amended to read:

(2) "optometry" is the examination , OTHER THAN BY THE USE OF DRUGS, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which may require REQUIRES referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises or other procedures taught by schools and colleges of optometry for the correction or relief of the human eye;

(3) "practicing optometry" is an examination , OTHER THAN BY THE USE OF DRUGS, of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which may require REQUIRES referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises or other procedures taught by schools and colleges of optometry for the correction or relief of the human eye, or the holding of oneself out as being able to do so;

* Sec. 2. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs. No person practicing optometry may use drugs unless he has

(1) passed the board's examination on the subject of the pharmacology of ophthalmic drugs; and

(2) completed courses and clinical experience approved by the board and offered by a recognized and accredited school or college of optometry and passed an examination, given by that school or college, which relates to the use of ophthalmic drugs; and

(3) received an endorsement to his registration certificate, issued by the board, authorizing him to utilize drugs and specifying restrictions on their use, if any.

* Sec. 3. AS 17.15 is amended by adding a new section to Article 1 to read:

Sec. 17.15.055. Sales to optometrists. A person licensed to practice optometry under AS 08.72 who has been authorized by the Board of Examiners in Optometry to use drugs under AS 08.72.305 may purchase or prescribe drugs in accordance with the endorsement to his registration certificate, issued by the board under AS 08.72.305.

Explanatory Notes to the Bill

Section 1

Addition of the phrase, "or other procedures taught by schools and colleges of optometry", in the definitions is designed for maximum flexibility, so the statute will not have to be revised in the future as optometric education changes.

Deletion of the phrase, "other than by the use of drugs", is the core element of this proposal. The private sector of optometry is the only sector that cannot use drugs, due to this provision.

Section 2

In approving undergraduate and post graduate programs in theoretical and applied pharmacology, the board has access to uniform guidelines (Exhibit A).

Optometry and medical school training programs in the eye and eye medicine are compared in Exhibit B. This is to show that relatively little emphasis is placed upon the eye in medical schools despite the fact that generalists in medicine can and do use eye medications.

Section 3

This revises the pharmaceutical section of the Alaska Statutes to allow pharmacists to sell drugs to optometrists.

EXHIBIT A

Guidelines for Pharmacology Training
in Optometry

Major Points

1. Uniform standards exist for training programs in the schools and colleges of optometry



SPECIAL ISSUE OF ASCOPE

Vol. 2 Number 9

June 6, 1975

Pharmacology Curriculum
Guidelines for Continuing
Education Courses

Prepared by the Council on Academic Affairs of
the Association of Schools and Colleges of
Optometry, Richard Hazlett, O.D., Chairman

These guidelines have been prepared for distribution
throughout the optometric profession and education
system.

Before final adoption of these guidelines, consideration
was given to comments received from a wide professional
audience.

Adopted
March 13, 1975

Guidelines for Pharmacology Continuing Education

1. Purpose: To establish guidelines for continuing education courses in pharmacology for practicing optometrists.

- II. Course objectives: to increase the optometrist's knowledge of:
 - A. the systemic effects of systemic medications from a mechanistic, diagnostic and therapeutic standpoint,
 - B. the ocular effects of systemic medication from a mechanistic, diagnostic and therapeutic standpoint,
 - C. the ocular effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint,
 - D. the systemic effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint, and
 - E. diagnostic ocular pharmaceutical agents (OPA) --- theory and practice.

- III. Guidelines for the course content.
 - A. General Pharmacology
 1. Principles of Drug Actions
 - a. Dosage forms
 - b. Routes of administration
 - c. Pharmacodynamics
 - (1) absorption
 - (2) distribution
 - (3) fate (metabolism)
 - d. Mechanisms of action
 - (1) agonists and antagonists
 - (2) receptors and acceptors
 - (3) synergism, additivity and competitive antagonism:
 2. Host Factors and Placebos
 3. Drug Categories (to include adverse ocular and systemic effects)
 - a. Neuropharmacologic agents
 - (1) anesthetics
 - (2) CNS depressants (general)
 - (3) effects of drugs on synaptic transmission
 - (4) major and minor tranquilizers
 - (5) antidepressants
 - (6) CNS stimulants (general)
 - (7) analgesics (selective CNS drugs)
 - b. Cardiovascular agents
 - (1) hemopoietics
 - (2) antihypertensives
 - (3) anticoagulants
 - (4) cardiac glycosides
 - (5) antiarrhythmics
 - (6) vasolidators

- c. Renal agents
- d. Gastro-intestinal agents (especially anticholinergics)
- e. Endocrine drugs (including steroids and the birth control pills)
- f. Antiallergic agents
- g. Antibiotic-chemotherapeutic agents
- h. Antifungal agents
- i. Disinfectants
- j. Vitamins
- k. Antiviral agents
- l. Cancer chemotherapeutics
- m. over-the-counter (OTC) agents
- 4. Drug abuse
- 5. Drug contraindications during pregnancy

B. Ocular Pharmacology

- 1. Principles of Drug Actions
 - a. Dosage forms
 - b. Routes of administration
 - c. Pharmacodynamics
 - (1) absorption
 - (2) distribution
 - (3) fate (metabolism)
- 2. Drug Categories, to include adverse ocular and systemic effects, and
 - a. Neuropharmacologic agents (autonomics)
 - (1) review of nervous systems
 - (2) autonomic drugs
 - ((a)) sympathomimetics
 - ((b)) parasympathomimetics
 - ((c)) sympatholytics
 - ((d)) parasympatholytics
 - (3) ocular anesthetics
 - b. Agents affecting trans-membrane fluid transport
 - c. Antibacterial agents
 - d. Antiinflammatory agents
 - (1) antihistamines
 - (2) steroids
 - (3) sympathomimetics
 - (4) parasympatholytics
 - e. Antiviral agents
 - f. Antifungal agents
- 3. Differential Diagnosis of Ocular Neuromuscular Disorders
- 4. Review of Ocular Side Effects of Systemic Drugs
- 5. Review of Systemic Side Effects of Ocular Drugs
- 6. Review of Ocular Side Effects of Ocular Drugs
- 7. Ocular Urgencies and Emergencies, including glaucoma management
- 8. Drug Contraindications During Pregnancy
- 9. Medical Urgencies and Emergencies
- 10. Malpractice and Jurisprudence

IV. Teaching/Learning Activities

1. patient history
 - a. Medical history
 - b. Patient's current drug regimen, and the effects of these drugs on ocular structure and function
2. Sterile technique--proper instillation of "drops"
3. Refractive examination and fundus examination
 - a. pre-medication procedures
 - (1) advice to patients (effects of DPAs)
 - (2) tonometry
 - (3) angle evaluation
 - b. Application of mydriatic/cycloplegic and related examination procedures
 - c. Post-medication procedures
 - (1) corneal examination
 - (2) tonometry
 - (3) advice to patient (i.e., return of pupil to normal, etc.)
 - d. Diagnostic techniques and instrumentation
 - (1) tonometry, including Goldmann applanation
 - (2) angle evaluation with the bismicroscope, including gonioscopy
 - (3) stain analysis
 - (4) monocular and binocular fundus examination, including indirect ophthalmoscopic and bismicroscopic procedures
4. Clinical competency
 - A. comprehensive examination procedure will be established to evaluate each student as to his skill and competency in the use of DPAs and relevant instrumentation, and
 - B. the effect of systemic medication on ocular structure
 - C. the effect of ocular instillations on systemic structure and function.

EXHIBIT B

Comparison of optometry and medical school training in
ocular anatomy, physiology, pathology, general and ocular pharmacology

Major Points

1. Optometric training far exceeds medical school training in the eye and eye medicine.
2. Medical school graduates can prescribe over 2000 drugs, including all eye drugs, under the principle of unlimited licensure.
3. Doctors of optometry use some of the eye drugs, approximately 15-20 in number.

Southern College of Optometry

University of Minnesota Medical School

Course Quarter Credits

Course Quarter Credits

Required Courses

Required Courses

BIOMED 110-130 Human Anatomy & Physiology (special emphasis on eye, related structures) 18

Phcl 5110-5111 Pharmacology 8

InMd 5229 Eye 2

BIOMED 133 Vegetative Physiology: Ocular Biochemistry 3

Elective Courses

BIOMED 213 Principles of Pharmacology & Therapeutics 2

8101 Clinical Ophthalmology not specified

8102 External Diseases "

BIOMED 220 Principles of Medicine II: Clinical Pathology and Pharmacology 4

8103 Medical Ophthalmology, "

BIOMED 221 Physiological Optics II: Monocular Sensory and Motility 4

8104 Radiology of the Eye, Orbit and Head "

8105 Motility "

BIOMED 224 Ophthalmic Pathology I 6

8107 Ocular Anatomy "

BIOMED 230 Principles of Medicine III: Clinical Pathology and Pharmacology 4

8122 Physiologic Optics "

8141 Ocular Pathology Conference "

BIOMED 231 Physiological Optics III: Monocular Sensory & Binocular Vision 6

8142 Ophthalmic Pathology Laboratory "

8143 Pathology of the Eye "

BIOMED 234 Ophthalmic Pathology II 6

8151 Basic and Applied Ophthalmology "

BIOMED 310 Principles of Medicine IV: Pediatrics and Pediatric Optometry 3

8152 Ophthalmology Laboratory "

8154 Seminar in Ophthalmology "

BIOMED 313 Advanced Principles of Pharmacology and Therapeutics 2

8155 Special Topics in Ophthalmology "

BIOMED 320 Principles of Medicine V: Gerontology & Geriatrics 3

BIOMED 323 Pharmacology: Ocular and Systemic Pharmacology 4

BIOMED 330 Principles of Medicine VII: Dermatology 2

BIOMED 333 Pharmacology: Clinical Pharmacology 4

CLINIC 310-431 General and Special Clinics 43

EXHIBIT C

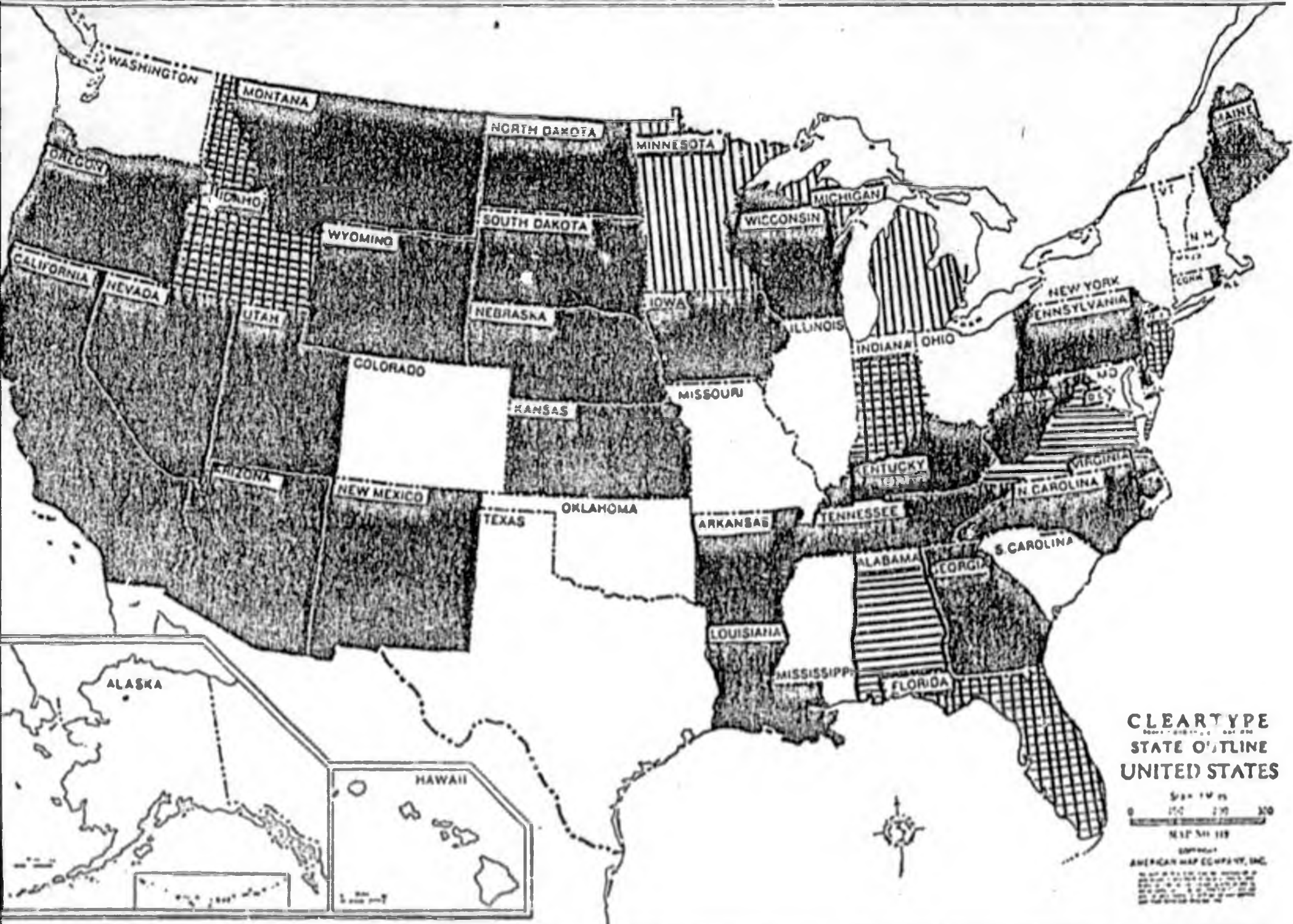
**States Authorizing Drug Utilization
in the Practice of Optometry**

Major Points

A majority of states have passed drug legislation, despite political opposition by ophthalmologists.

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

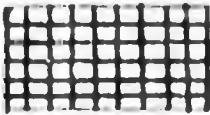
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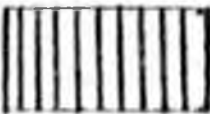
UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



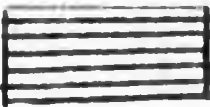
Authorized by Optometrists by Statute



Permitted by Opinion of Attorney General or State Board Statement



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

<u>NAME</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
*North Carolina	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980
Arizona	April 1980

*both diagnostic and therapeutic

[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho (State Board Statement +), Indiana (AG+), Michigan (AG-), Minnesota, New Jersey (AG+), Virginia (AG-).]

For your information we are including an updated map showing geographically the utilization of pharmaceutical agents by optometrists.

Public Benefits of the Legislation

1. Availability of Services

Ophthalmologists are located in only 5 Alaskan cities: Anchorage, Fairbanks, Juneau, Ketchikan and Soldotna. Optometrists are located at the following cities not served by ophthalmologists: Sitka, Kodiak, Bethel, North Pole, Wasilla, Palmer, Kenai. In most of these cities, a patient with minor eye disease has no practical recourse but to see a general physician, who does not have the optometrist's degree of training in differential diagnosis or the instruments with which to accomplish the diagnosis. Since optometrists make trips to many rural and bush areas, they can provide basic eye health services to villages now principally served by health aides, with 6 to 24 weeks of training and having only radio contact for doctor consultation.

2. Quality of Services

Besides their obvious value to the health aide system, optometrists can serve as a valuable resource to physicians in cities not served by an ophthalmologist. This occurs with the optometrist employed by the native health corporation in Bethel (not bound by the drug restrictions of the Alaska optometry law). General physicians, to their credit, tend to refer patients to the most qualified practitioner in their area. It is not surprising therefore, that MDs in Kodiak have endorsed previous drug usage bills in optometry.

3. Cost of Services

Just as a general practitioner charges a lower fee (typically half) than does a specialist for doing similar work (obstetrics, pediatrics, etc.), so an optometrist (a generalist and primary care provider with respect to the eye) can be expected to charge less for treating minor eye diseases than does the ophthalmologist (the specialist).

Criticism of the Legislation by Ophthalmologists,
and Answers to the Criticism

1. The legislation is not necessary. The present system of ophthalmologists, general practitioners and health aides handles the eye care needs of Alaskans quite well.

Doctors of optometry are an underutilized resource. They can deliver services of higher quality, at greater availability and lower cost than can the existing system alone. This is detailed in the section entitled, Public Benefits of the Legislation.

2. Optometrists claim competency, but their training programs are inadequate, particularly as to qualifications of faculty, and clinical experiences available to their students.

Optometry schools receive state and federal funds, and are accredited by both regional and professional accrediting organizations. It is not in the interest of schools or the profession at large to allow inadequate programs to exist in this sensitive area, for the sake of saving money. All optometric faculties include MDs, and PhDs in such specialized fields as physiology, pharmacology, biochemistry and microbiology. Many are present or past members of medical school faculties. With drugs, as in other areas of the professional curriculum, optometrists are trained well beyond the level at which they must function in day to day practice. While it is impossible to have too much clinical experience, optometry students enjoy more than adequate exposure to the common eye diseases they must deal with. In their two years of clinic experience, they see much more eye pathology than general medical students, but less than residents (trainees) in ophthalmology. Many rare eye diseases will not be seen in a three year residency in ophthalmology.

3. Optometrists can detect abnormalities but cannot diagnose. Treatment requires, first of all, an accurate diagnosis.

Optometrists can diagnose some eye diseases; definitive diagnosis of others requires specialized examination by the ophthalmologist. At still other times, consultation with the specialist will allow a diagnosis to be made. The same is true for a general physician or for a specialist whose case lies partly in the province of another specialist. No practitioner is going to be foolish enough to treat a case if he isn't sure what it is, if more competent authority is reasonably available.

4. Optometrists study the eye but they are not trained in broad medical principles. The general physician knows the entire body and can generalize certain principles to the eye even though he may not have as many hours of study specifically in the eye as the optometrist.

Optometrists study general anatomy, physiology, pathology and pharmacology precisely because certain general principles need to be understood before considering a particular organ system like the eye. The educational model is similar to dentistry. In both professions, the body as a whole is studied in less detail than is done by medical students, because neither are treating kidney disease or setting broken legs. Yet the necessary general principles are learned. Both dentists and optometrists are medically trained, in ways that are appropriate to their respective fields of work.

5. Given drugs for diagnosis and some treatment, ODs would go in over their heads, attempt to be ophthalmologists.

This is not the case in other fields and there is no evidence that it has happened or will happen in optometry. Malpractice insurance rates are no higher in drug states than in non-drug states. Besides a basic conservatism common to all professionals, optometrists are constrained by the knowledge that their malpractice insurance coverage does not extend to activities that are outside their recognized scope of practice.

6. Defining procedures "as taught by schools and colleges of optometry" is too general, could allow the optometry board to do almost anything.

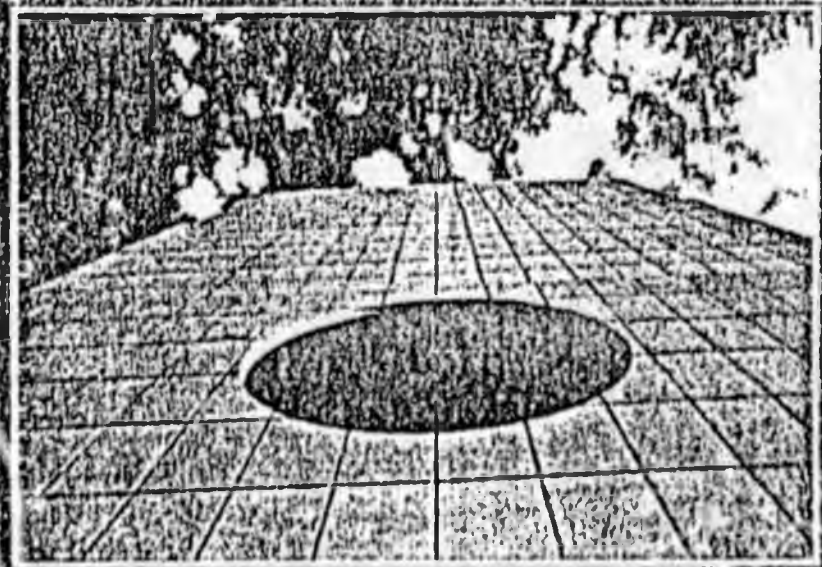
"As taught" is purposely general, to allow the board to react to continuing changes in the education of the profession. It is the responsibility of the board, as an agency of the State of Alaska, to know the areas in which optometrists are trained and educated, to examine them for competence and license or fail to license them accordingly. Most board members are also practitioners. It is not in their interest to license fellow practitioners to do procedures that could bring discredit to the profession or raise malpractice insurance rates. This is also true of other health care regulatory boards.

7. Drug usage by optometrists constitutes competition in the historical province of ophthalmology.

Ophthalmologists, nationally and in Alaska, tend to concentrate in urban areas, where they spend a majority of their time practicing optometry. In the last 15 years they have entered the field of contact lenses, an area pioneered by optometry. Much earlier, their predecessors (oculists), entered the optometrists' field of refraction after abandoning the belief, common among Victorian era physicians, that glasses weakened the eyes. Competition both ways is appropriate. It is not in the public interest to exclude a qualified bidder from the marketplace.

APPENDIX

**Full curricula of optometry and medical schools
compared in Exhibit B**



Southern College of Optometry Catalog 1979-80

Southern College
of Optometry
1245 Madison Ave.
Memphis, TN 38104

Non-Profit
Organization
U.S. Postage
PAID
Memphis, TN
Permit No. 151

40 OPTOMETRY PROGRAM

FOURTH PROFESSIONAL YEAR (CONTINUED)

SPRING QUARTER			HOURS CREDIT
Optometry	430	Optometry Seminar: Current Problems (3 HRS. LEC.)	3
Optometry	431	Clinical Case Analysis III (2 HRS. LEC.)	2
Biomedical	432	Vision Science Seminar: Current Problems (2 HRS. LEC.)	2
Clinic	430	General Clinic Practice VII (1 HR. LEC., 1 ¹ HRS. LAB)	5*
Clinic	431	**Specialty Clinics (Two required, each for 1 Qtr. Hr. of credit) (8 HRS. LAB)	2
TOTAL			14

COURSE DESCRIPTIONS

Courses numbered in the 100 series are for first professional year students, 200 for second professional year students, 300 for third professional year students, and 400 for fourth professional year students. The letter E following a course number indicates that the course is offered for college credit through the Continuing Education Program. The four-year program provides more than 4000 clock hours of instruction in optometric science and clinical optometry and carries a minimum of 232 quarter hours of credit.

The curriculum is organized for administrative purposes into three departments: Biomedical Sciences, Optometry and Clinic. The Biomedical Sciences Department is inter-disciplinary, offering sequences in anatomy and physiology, chemistry, physics, physiological optics and psychology. The Optometry Department offers diversified instruction in all phases of optometric theory and practice. The Clinic Department offers extensive experience in out-patient vision care.

*Credit will be reduced by 1 quarter hour after 1979-80.

**A minimum of two quarter hours of credit each must be completed in Contact Lenses and in Orthoptics & Vision Training, during the fourth year, as well as a minimum of one quarter hour of credit in Pathology. Additional clinic rotations may be selected from Geriatrics, Low Vision, Dermatology, Neurology, Pediatrics, Neurophysiology, or any other approved clinical area.

BIOMEDICAL SCIENCES DEPARTMENT

110 HUMAN ANATOMY & PHYSIOLOGY I: STRUCTURE & FUNCTION

(6 quarter hours)

Five hours of lecture and one two-hour laboratory per week. A course covering basic cell biology, general human embryology, ocular embryology and histology, with detailed emphasis on the tissue structure of the eye and ocular adnexa. The gross anatomy of the human body is studied, particularly the skull, circulatory system of the orbit, orbital contents, and ocular adnexa. The course also includes general physiology of the organ systems.

111 VISUAL OPTICS I; PHYSICAL AND GEOMETRICAL OPTICS (5 quarter hours)

Three hours of lecture and one two-hour laboratory. A detailed study of the variations in light rays between different optical media. Includes the theory of rectilinear propagation, reflection and refraction at plane, spherical, and cylindrical surfaces, and thin lenses.

120 HUMAN ANATOMY AND PHYSIOLOGY II; STRUCTURE AND FUNCTION (6 quarter hours)

Five hours of lecture and one two-hour laboratory per week. Continuation of 110.

121 VISUAL OPTICS II; PHYSICAL AND GEOMETRICAL OPTICS (4 quarter hours)

Three hours of lecture and one two-hour laboratory. A continuation of Bio 111. Includes the Gaussian system, the schematic eye and its applications, selected optical instruments, common aberrations, and the effect of apertures. Prerequisite: Bio. 111.

42 BIOMEDICAL SCIENCES**BIOMEDICAL SCIENCES**

- 122 VISUAL PERCEPTION: PSYCHOPHYSIOLOGICAL OPTICS** (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. An introduction to Vision Science, which involves the behavior-scientific approach to understanding vision and visual perception. Special emphasis is placed on monocular visual function and on the theories and data relevant to visual perceptions.
- 130 HUMAN ANATOMY AND PHYSIOLOGY III: STRUCTURE AND FUNCTION** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of 120.
- 131 VISUAL OPTICS III: PHYSICAL AND GEOMETRICAL OPTICS** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Physical Optics comprises those phenomena bearing on the nature of light, including processes which involve the interaction of light with matter. Some topics considered are nature and propagation of light, photometry, dispersion, interference, diffraction, polarization, and spectra.
- 133 VEGETATIVE PHYSIOLOGY: OCULAR BIOCHEMISTRY** (3 quarter hours)
Three hours of lecture per week.
Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.
- 210 PRINCIPLES OF MEDICINE I: GENERAL PATHOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An introduction to reaction of the body as a whole to disease. Injuries including genetic, metabolic, infectious, immunologic degenerative, hemorrhagic and neoplastic processes are reviewed.
- 211 PHYSIOLOGICAL OPTICS I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of the eye as an optical system including the dioptric and physiological components, and the functioning of the visual system.
- 212 NEUROANATOMY AND NEUROPHYSIOLOGY I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Embryological development, structure, and function of the nervous system are studied. Functional components of the nervous system with special reference to modifications are studied.
- * **213 PRINCIPLES OF PHARMACOLOGY AND THERAPEUTICS** (2 quarter hours)
Two hours of lecture per week. The course covers basic principles of pharmacology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.
- * **220 PRINCIPLES OF MEDICINE II: CLINICAL PATHOLOGY AND PHARMACOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. The study of the etiology, pathophysiology, treatment and ocular complications of

- systemic diseases. An organ system modular approach will be adopted.
- * **221 PHYSIOLOGICAL OPTICS II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of monocular sensory aspects of vision and the physiology of ocular muscles.
- 224 OPHTHALMIC PATHOLOGY I** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. A thorough consideration of diseases of the eye, its adnexa, and the visual pathway and of pathologically induced changes in the visual fields. Technique of instrumentation for detection, measurement, and diagnosis of eye disorders are studied intensively.
- * **230 PRINCIPLES OF MEDICINE III: CLINICAL PATHOLOGY AND PHARMACOLOGY** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of Bio. 220.
- 231 PHYSIOLOGICAL OPTICS III: MONOCULAR SENSORY AND BINOCULAR VISION** (3 quarter hours)
Two hours of lecture and one two-hour laboratory per week. A continuation of monocular sensory aspects of vision, color vision and binocular vision.
- 234 OPHTHALMIC PATHOLOGY II** (6 quarter hours)
Five hours of lecture and one two-hour laboratory per week. Continuation of Bio. 224.
- 235 APPLIED PSYCHOLOGY: PATIENT BEHAVIOR** (1 quarter hour)
One hour of lecture per week. The psychology of patient handling, with respect to refractive error and numerous ocular and visual anomalies. Patient management with respect to age (infancy to the elderly), counseling, generally. Special attention is given to how the doctor explains and informs the patient of clinical entities, particularly "referral type" cases. Emphasis will be given to the commonest conditions met with in practice, including cataract, glaucoma, retinal separation, multiple sclerosis, strabismus, and refractive error.
- * **310 PRINCIPLES OF MEDICINE IV: PEDIATRICS AND PEDIATRIC OPTOMETRY** (3 quarter hours)
Three hours of lecture per week. The course will be concerned with growth and development of the young; childhood diseases; hereditary and genetic disorders of the eye and adnexa in pediatric ophthalmic medicine; emotional components in pediatrics; disease processes and therapeutic management of the eye and adnexa. The ophthalmic examination of infants and children; ophthalmic optics and dispensing for refractive errors and the correction of refractive errors, the correction of low vision problems in children.
- 312 NEUROANATOMY & NEUROPHYSIOLOGY II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A laboratory course dealing with the electrical properties of the body and the means of measuring and interpreting electrical activity of the nervous system and the muscular system: EEG, EMG, ERG, EOG.
- * **313 ADVANCED PRINCIPLES OF PHARMACOLOGY & THERAPEUTICS** (2 quarter hours)
Two hours of lecture per week. The course covers principles of pharmacology and therapeutics.

- macology, including drug absorption, distribution, metabolism, and excretion. The autonomic nervous system will be covered and an introduction to drug dosage forms and drug dosage regimens.
- * 320 PRINCIPLES OF MEDICINE V: GERONTOLOGY & GERIATRICS (3 quarter hours)
Three hours of lecture per week. The processes of aging; diseases of the elderly. Disease processes and therapeutics of the aging eye and adnexa. Ophthalmic optics and correction of refractive errors in the geriatric patients, aphakia, correction of low vision problems in the elderly.
- 321 PRINCIPLES OF MEDICINE VI: NEUROLOGY (2 quarter hours)
Two hours of lecture per week. Introduction to neurology, including the peripheral nervous system, diseases of the spinal cord and brain—clinical examination of the nervous system; special senses; neurological symptoms; diseases of the cranial nerves; common psychiatric disorders, neurosis, psychosis, alcoholism, anxiety, etc.
- * 323 PHARMACOLOGY: OCULAR & SYSTEMIC PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.
- 330 PRINCIPLES OF MEDICINE VII: DERMATOLOGY (2 quarter hours)
Two hours of lecture per week. Appreciation of skin disorders with emphasis on ocular or adnexa implications. Topics will include collagen diseases, pre-cataract skin changes, psoriasis, facial tumors, tumors of eyelid, eyelashes, eyebrows, eczemas; Seborrhic atropic and allergic dermatitis; Steven-Johnson and dry eye syndrome; Xeroderma, Lipoid Storage Diseases, Xanthlasma; Seborrhic exfoliation. Viral diseases of skin with ocular manifestation, including Vaccinia, Herpes Simplex, Herpes Zoster, Chickenpox, measles, Verrucae; Bullous Dermatoses, disturbances of pigmentation, nutritional disturbances and drug reactions.
- * 333 PHARMACOLOGY: CLINICAL PHARMACOLOGY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and pharmacology. Special emphasis will be placed on further developing differential diagnostic skills, the skills necessary to manage and/or monitor patients who manifest diagnosed ocular conditions and/or systemic conditions with ocular and visual complications, and in addition, to develop further screening techniques for detecting high incidence general health problems.
- 432 VISION SCIENCE SEMINAR: CURRENT PROBLEMS (2 quarter hours)
Two hours of lecture per week. Various topics concerning aspects of vision science are discussed in terms of current problems.

OPTOMETRY DEPARTMENT

- 110 BASIC OPTOMETRY (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Introduction to the use of the trial frame, trial case, retinoscope, ophthalmoscope, ophthalmometer and other instruments used in the visual analysis. Normal refractive states and deviations are studied along with common visual anomalies. Techniques of taking the principal optometric data and the case history are introduced, followed by the evaluation of single findings and the inference of deviant processes from patterns of findings.
- 111 PREVENTATIVE AND COMMUNITY OPTOMETRY; EPIDEMIOLOGY AND RESEARCH METHODOLOGY (4 quarter hours)
Four hours of lecture per week. Statistical methods as applied to data obtained in optometric examinations and visual science. Measures of central tendency, variability, correlation, standard errors, and tests of significance of commonly used statistics including introduction to the analysis of variance. Experimental design and logic of controlled experimentation, reliability of observations, statistical versus experimental means of controlled experimentation, analysis, interpretation and communication of experimental results.
- 120 INTERMEDIATE OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A continuation of 110.
- 121 PREVENTATIVE AND COMMUNITY OPTOMETRY; JURISPRUDENCE (2 quarter hours)
Two hours of lecture per week. Prevailing statutory and common laws relevant to rights and responsibilities of the optometrist are presented and the legal principles with which an optometrist should be familiar are discussed.
- 130 INTERMEDIATE OPTOMETRY II (5 quarter hours)
Four hours of lecture and one two-hour laboratory per week. A continuation of 120.
- 131 HISTORY OF OPTOMETRY (1 quarter hour)
One hour of lecture per week. The development of the profession of optometry from antiquity to the present is surveyed. The role of certain optometric organizations, as well as noted figures in the history of vision science and optometry are studied for perspective.
- 210 ADVANCED OPTOMETRY I (4 quarter hours)
Three hours of lecture and one two-hour laboratory. The procedures and rationales of graphical, normative and functional visual analysis are studied and compared. Selected optometrics are compared in relation to the diagnosis and treatment of various visual problems.
- 220 ADVANCED OPTOMETRY II (4 quarter hours)
Three hours of lecture and one two-hour laboratory. A continuation of 210.
- 222 OPHTHALMIC OPTICS I (2 quarter hours)
Two hours of lecture per week. Fundamentals of ophthalmic mechanics, pertinent mathematics, practical training in the fabrication of common types of ophthalmic lenses and spectacles. Dispensing procedures of fit-

- ting and adjusting of spectacles to various facial contours are included. Tool kits are required.
- 230 ADVANCED OPTOMETRY III** (5 quarter hours)
Four hours of lecture and one two-hour laboratory. A continuation of 220.
- 232 OPHTHALMIC OPTICS II** (2 quarter hours)
One hour of lecture and one two-hour laboratory per week. A continuation of Opt. 222. Tool kits are required.
- 310 CONTACT LENS PRACTICE I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. The history and development of contact lenses, lectures on the anatomy and physiology of the cornea and eyelids, optics, instrumentation, and lens design. Symptomatology with emphasis on differential diagnosis is presented. Fluorescein analysis of diagnostic lens/cornea relationships is emphasized. Material concerning lens modification procedures, verification of lenses, and fitting techniques is presented in the laboratory.
- 311 ORTHOPTICS & VISION TRAINING I** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. A study of the influence of vision on human potential, performance, and behavior at various levels of development.
- 320 CONTACT LENS PRACTICE II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Advanced optics, bifocal lenses, scleral lenses, and contact lens telescopic systems are presented. Prerequisite: Optometry 310.
- 321 ORTHOPTICS & VISION TRAINING II** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Fundamental principles and modern concepts of vision training and orthoptic procedures are presented as they apply to improvement of vision function, reestablishment of efficient binocular vision, and modification of behavior through performance and achievement gains in the individual.
- 331 PREVENTATIVE & COMMUNITY OPTOMETRY; ENVIRONMENTAL VISION** (3 quarter hours)
Three hours of lecture per week. An analysis of the role of the optometrist and the practice of optometry in industry and other public, military, and educational settings where large groups of individuals are sharing a common environment.
- 332 VISION SCIENCE LABORATORY** (2 quarter hours)
A group of courses from which the student elects one. Each course includes two hours of lecture or one hour of lecture and one two-hour laboratory per week and is research oriented, with classroom activity devoted to clarifying and discussing laboratory techniques. Offered to appeal to student interests in pursuing special research topics in greater depth in areas such as Physical Optics, Geometrical Optics, Physiological Optics, Psychological Optics, and Experimental Optometry.
- 333 LIMITED VISION (PARTIAL SIGHT)** (4 quarter hours)
Three hours of lecture and one two-hour laboratory per week. Differential procedures of evaluation of patients with severe and intractable visual deficits. Anatomical, physiological, and psychological aspects are integrated in considering the most suitable optic compensation.
- 401 PREVENTATIVE & COMMUNITY OPTOMETRY; ECONOMICS & PRACTICE MANAGEMENT** (4 quarter hours)
Four hours of lecture per week. Professional and economic aspects of the ethical practice of optometry are studied in detail. Special attention is given to selection of a practice location, planning and equipping the office, fee structures, office and personnel management, records systems, and effective communications at the professional level. The basic concepts of ethical professional conduct and their application to standards of practice are considered from the points of view of the individual optometrist, the patient, the profession, and the public.
- 402 PREVENTATIVE & COMMUNITY OPTOMETRY; PUBLIC HEALTH** (2 quarter hours)
Two hours of lecture per week. A general introduction to the principles of public health, the concepts of epidemiology, and the structure and functioning of local, state, and federal health departments and agencies.
- 410 OPTOMETRY SEMINAR: CURRENT PROBLEMS** (3 quarter hours)
Three hours of lecture per week. Modern techniques used in various aspects of optometry, including contact lenses, general refraction, pathology, etc.
- 411 CLINICAL CASE ANALYSIS I** (2 quarter hours)
Two hours of lecture per week. Analysis of patient cases, including general, and various specialty areas.
- 420 OPTOMETRY SEMINAR** (2 quarter hours)
Two hours of lecture per week. A continuation of 410.
- 421 CLINICAL CASE ANALYSIS II** (2 quarter hours)
Two hours of lecture per week. A continuation of 411.
- 430 OPTOMETRY SEMINAR: CURRENT PROBLEMS** (3 quarter hours)
Three hours of lecture per week. A continuation of 420.
- 431 CLINICAL CASE ANALYSIS III** (2 quarter hours)
Two hours of lecture per week. A continuation of 421.
- CLINIC DEPARTMENT.** Satisfactory completion of all course work in the Optometry Department (excluding History of Optometry) and Clinic Department in the First and Second Professional Years is prerequisite to the Third Professional Year Clinic Department work. Additionally, the three-quarter, Second Professional Year general and ocular pathology series; the Second Professional Year course in Pharmacology and Therapeutics; and the Second Professional Year course in Applied Psychology, all in the Biomedical Department, are prerequisites for Third Professional Year clinic assignments.
- 110 CLINIC ORIENTATION** (1 quarter hour)
One two-hour laboratory per week. An orientation to the clinic by means of participation in school screenings and external clinics, to the extent of recording and assisting upper classmen in performance of clinical routines. This one-hour course is extended over the first three quarters of the optometry program and is designed to afford the beginner an appreciation of the social aspects of vision care.

- 210 CLINICAL PROCEDURES (1 quarter hour)**
One two hour clinic laboratory per week. This course is an introduction to clinical procedures, emphasizing patient handling, case histories, record keeping, preliminary testing, and instrumentation. This one-hour course is extended over the Fall, Winter and Spring quarters of the Second Professional Year.
- * **310 CLINICAL PRACTICE I (3 quarter hours)**
↓ One hour of lecture and two four-hour laboratories per week. Extensive familiarization with clinical facilities and procedures and individually supervised experience in the coordination and application of various theories and techniques of optometry in the out-patient clinic. The taking of case histories, measurement of visual skills, refractive status, status of accommodation and convergence and their coordination, pathology and visual fields examination, subnormal vision, eikonometry, prescribing and dispensing.
- 320 CLINICAL PRACTICE II (4 quarter hours)**
One hour of lecture and three four-hour laboratories per week. A continuation of 310.
- 330 CLINICAL PRACTICE III (4 quarter hours)**
One hour of lecture and three four-hour laboratories per week. A continuation of 320.
- 331 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. Introduction to clinical procedures in Contact Lenses and in Orthoptics and Vision Training.
- 400 CLINICAL PRACTICE IV (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 330.
- 401 SPECIALTY CLINIC (2 quarter hours)**
A topic selected from a wide variety of subjects. A minimum of two quarter hours of credit each must be completed in Contact Lenses and in Orthoptics and Vision Training, during the fourth year, as well as a minimum of one quarter hour of credit in Pathology. Additional clinic rotations may be selected from Geriatrics, Low Vision, Dermatology, Neurology, Pediatrics, Neurophysiology, or any other approved clinical area.
- 410 GENERAL CLINIC PRACTICE V (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 400.
- 411 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. A continuation of 401.
- 420 GENERAL CLINIC PRACTICE VI (6 quarter hours)**
One hour of lecture and five four-hour laboratories per week. A continuation of 410.
- 421 SPECIALTY CLINICS (3 quarter hours)**
Three four-hour laboratories per week. A continuation of 411.
- 430 GENERAL CLINIC PRACTICE VII (5 quarter hours)**
One hour of lecture and four four-hour laboratories per week. A continuation of 420.
- †
* **431 SPECIALTY CLINICS (2 quarter hours)**
Two four-hour laboratories per week. A continuation of 421.

FOURTH-YEAR EXTERNSHIPS. The externship program is designed for fourth-year clinicians in optometry to broaden and supplement their experience in evaluating, diagnosing, and treating conditions of the eye and visual system. Externships are five weeks in duration, and they may be scheduled during any of the four quarters of the fourth professional year. Fourth-year students are required to take at least one externship prior to graduation. A student who is unable to participate in an assigned externship for exceptional reasons must consult with the Dean of Faculty.

It is permissible for a fourth-year student to participate in more than one externship, or in an externship of longer than five weeks in duration. No more than one quarter may be spent in any one location.

The externship program provides a wide range of geographical locations in hospital, private clinic, and private practice settings. In all cases the extern serves under the direct supervision of optometric, osteopathic, or medical physicians who hold at least temporary appointments to the adjunct faculty of the College.

Eligibility requirements for externship participation are as follows:

1. The student must be in good standing (i.e., not subject to termination for disciplinary reasons); and
2. Not on probation (either academic or disciplinary); and
3. Be a regular student (i.e., pursuing a course of study leading to certification or to a degree offered by the College); and
4. Must have satisfactorily completed all courses in the O.D. degree curriculum through the spring quarter of the third year; and
5. Must have passed clinical competency evaluation.

EXTERNAL STUDIES PROGRAM COURSES

133E VEGETATIVE PHYSIOLOGY; OCULAR BIOCHEMISTRY (3 quarter hours)

Three hours of lecture per week. Analysis of the intraocular fluids, aqueous chemistry and flow; secretory mechanism, intraocular pressure; vitreous structure and protein; lens and its function related to its composition. Lens proteins, metabolism cataract. The cornea and sclera; neurological aspects of sensation; metabolism, nutrition and growth processes; retinal metabolism, glycolysis.

316E GENERAL PHARMACOLOGY (3 quarter hours)

Three hours of lecture per week. A comprehensive course covering contemporary therapeutic principles and agents. Included are origins, chemical nature, mechanism of actions and interactions, major effects, and absorption and fate of the most commonly used drugs.

326E OCULAR PHARMACOLOGY (3 quarter hours)

Three hours of lecture per week. A course covering basic concepts of current ocular pathological problems. Included are consideration of local and systemic treatment of ocular pathologies, use of diagnostic agents, and ocular side effects of non-ocular drugs.

336E CLINICAL PHARMACOLOGY (3 quarter hours)

Two hours lecture and one two-hour laboratory per week. An advanced course designed to integrate the student's knowledge of pathology and



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Medical School

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Medical Student Government and Student Societies

The Medical Student Council, the student governing body, is composed of representatives from each class and from several minority groups that are elected each year. Council members meet regularly and frequently to discuss problems common to the student body and to plan a variety of projects and service activities. The council represents the interests of the medical students to the administration and the faculty. The medical students, through the council, have adopted an honor code covering examination procedures. Upon admission to the Medical School, each student, after suitable briefing, signs a statement indicating that he or she is well acquainted with the provisions of this code and agrees to abide by it. The Ethics Committee of the Medical Student Council is responsible for investigating reports of any suspected violations of this code.

There are several medical fraternities available for men and one medical society available for women. These organizations play a major role in the social life of many medical students.

The national medical scholastic society, Alpha Omega Alpha, selects academically high-ranking students from the junior and senior classes for election to membership. The James Moore Society is composed of 25 students elected by the membership on the basis of research interest and achievement. The group meets monthly at the home of one of several faculty members for discussions of medical subjects and other topics of current interest. The Cyrus P. Barnum, Jr., Society, an organization of students working toward the combined M.D.-Ph.D. degree, meets regularly for scientific and informative evening discussions to which speakers are invited.

The American Medical Student Association (AMSA), an integral part of the Medical Student Council, is incorporated as one of the major activities of the council. The association's chairperson acts as local AMSA chapter president. This group sponsors certain school-wide functions through the student council. The membership fee is nominal, and members receive monthly copies of the national periodical.

The wives of many medical students are active in the Women's Auxiliary of the Student American Medical Association (WA-SAMA). This group holds monthly meetings featuring speakers who discuss topics of interest.

IV. M.D. PROGRAM

The Medical School provides the faculty and facilities for instruction of students in the course in medicine. The primary goal of medical education is to produce good physicians possessing sound training in quantitative human biology. Beyond the Medical School and the award of the M.D. degree, all graduates are obliged, by requirements for specialization and/or licensure, to undertake additional formal education or training. And beyond these formal programs are the continuing education activities that individuals in practice must demand of themselves. Much of the success of the sequence of undergraduate-graduate-continuing education, called the continuum of medical education, is dependent on individual responsibility and initiative. Therefore, to encourage such development, medical students, the concept of the student as learner is emphasized in the curriculum.

The course of study for the M.D. degree consists of a core program of 8 academic quarters and a track (option, elective) program of 5 academic quarters. Within the core program, the first 4 quarters, termed Phase A, include course work in basic medical sciences, behavioral science, and introductory experiences with patients. The next 4 academic quarters of the core program, termed Phase B, consist of integrated interdepartmental courses organized and taught along organ system and topical lines. In the Phase D portion of the curriculum, students, with the help of an adviser, plan a program of elective courses. All students must include in this program experience in both medicine and surgery that will be suitable preparation for advanced clinical responsibilities in subsequent training after completion of work for the M.D. degree. Students making satisfactory progress may, after adviser, track, and special committee review, be approved to complete Phase D in less than 5 academic quarters (minimum 3 quarters of study) providing they make arrangement for a first year of graduate study in a teaching hospital. Alternatively, students may complete Medical School in 5 quarters in Phase D with no restriction or requirement as to type of graduate program activity. Students are required to take and pass parts I and II of the National Board Examinations as a requirement for graduation and the M.D. degree.

Phase A

In the first 4 quarters of the Medical School program, studies cover the structure and function of the human organism and the emotional, social, and psychological development of the individual. In Phase A, the student begins clinical activities through tutorial assignments and clinical correlation sessions in Introduction to Clinical Medicine. The Phase A program is intended to involve the student physician in individual synthesis and correlation of the basic sciences with clinical applications and in direct, personal confrontation with human illness and patient care. The required program in Phase A consists of the following courses:

Fall Quarter and Winter Quarter (A-1 and A-2)

- Gross Anatomy (Anat 5100-5101)
- Human Histology (Anat 5103-5104)
- Embryology (Anat 5106-5107)
- Medical Biochemistry (MedBc 5100-5101)
- Introduction to Clinical Medicine (InMd 5160-5101)
- Behavioral Science (AdPy 5107-5108)

Spring Quarter and Summer Quarter (A-3 and A-4)

- Medical Physiology (Phel 5110-5111)
- Pathology (Path 5101)
- Neuroanatomy (Anat 5111)

Introduction to Clinical Medicine (InMd 5101-5103)
 Microbiology (MicB 5205-5206)
 Pharmacology (Phcl 5110-5111) *see p 56*

In both fall and winter quarters, students may elect to attend one of several weekly small group meetings at which topics of personal concern, current interest, or medical importance are brought up for discussion.

Phase B

The 4-quarter sequence of Phase B begins in the fall and consists of integrated, interdepartmental courses designed to highlight fundamental principles in clinical medicine and to emphasize pathophysiologic concepts. The courses are organized in relation to organs, systems, or topics. Two courses in the Phase B sequence, Student as Physician and Human Behavior, are designed, respectively, to increase the student's clinical skills and knowledge and to enhance the student's awareness of psychopathology and psychological factors related to illness.

Core activities in some courses consist of small group discussions, with lectures and other formal presentations optional. Extensive syllabi and reference lists are provided for each student. The student is encouraged to exercise independent and mature judgment in the learning process by arranging her or his own activities. The student may utilize this time for study in the Learning Center, participation in additional clinical experiences, or completion of elective courses available to students in Phase B. The formal Medical School activities in Phase B are divided into three categories:

1. **Core Time**—Lectures or small group discussions related to a specific organ, system, or topic, and weekly clinical tutorials. Attendance is expected.
2. **Optional Activities**—Supplementary scheduled activities, such as lectures that expand material offered in the core or, in some cases where lectures are optional, films, additional clinical experiences, laboratories, demonstrations, clinical rounds, teaching rounds, or clinical-pathological conferences. Attendance is voluntary.
3. **Electives**—Courses offered throughout the year covering various topics of interest to medical students but not necessarily related to the core program.

The required program in Phase B consists of the following courses:

REQUIRED PHASE B COURSES

InMd 5110—Medical Genetics	2 cr
InMd 5220—Cardiovascular	3 cr
InMd 5221—Respiratory	3 cr
InMd 5228—Ear, Nose, and Throat	2 cr
InMd 5212—Human Behavior	5 cr
InMd 5231—Gut	4 cr
InMd 5234—Biology and Epidemiology	1 cr
InMd 5226—Blood	3 cr
InMd 5222—Fluid and Electrolytes	3 cr
InMd 5223—Kidney and Urinary Tract	3 cr
InMd 5230—Nervous System and Muscle Disorders	5 cr
InMd 5232—Bones, Joints, and Connective Tissue	4 cr
InMd 5224—Endocrine and Metabolism	4 cr
InMd 5225—Reproduction	4 cr
InMd 5227—Skin	2 cr

- ▶ InMd 5229 Eye
- InMd 5233 Human Sexuality

Student as Physician Tutorials

Medicine Tutorial	Cr ar
Pediatrics Tutorial	Cr ar
Obstetrics-Gynecology Tutorial	Cr ar
Psychiatry Tutorial	Cr ar
Surgery Tutorial	Cr ar
Family Practice and Community Health	Cr ar
Physical Medicine and Rehabilitation	Cr ar
Laboratory Medicine	Cr ar

Phase D

Phase D is designed to extend the curriculum goals of relevance, flexibility, and the student as learner. Prior to completion of Phase B, students select a track and an adviser within that track for the balance of the Medical School program. Students are reminded not to confuse the selection of a track at this point with their eventual need to choose a practice specialty. The six broadly defined career pathways or tracks, encompassing all disciplines and providing varied options for all students, are the following:

- Track 1—Medicine, Pediatrics, Medical Specialties including Obstetrics
- Track 2—Surgical Specialties
- Track 3—Psychiatry and Behavioral Sciences
- Track 4—Neurological Sciences
- Track 5—Family Practice
- Track 6—Medical Investigation and Special Programs

The student, with the help of an adviser, develops an individualized elective program of study related to personal interests and career goals. Each student's program is approved and progress monitored by the appropriate track committee.

There are electives strongly recommended for the several tracks in general, and as a logical extension of the core material and tutorial format in Phase B, each student is advised to spend 12 to 18 weeks in externship-type electives such as those offered in medicine, neurology, obstetrics, pediatrics, psychiatry, and surgery. The balance of the individual program is drawn from the extensive elective courses offered by each Medical School department. Students may consider elective work in other medical schools, in the United States or elsewhere. Up to 1 quarter of credit for such activities may be approved by the adviser and track committee. The flexibility of the elective program and the general nature of the pathways provide an opportunity for creative and interested students to avail themselves of the widest possible spectrum of educational activities to further their professional growth.

Students are eligible to begin Phase D on completion of Phases A and B and after taking part I of the national boards. Students with deficiencies in Phase A or B or who have taken but not passed part I are reviewed by the Scholastic Standing Committee for a decision as to arrangement of their continuing academic program. The content of Phase D, approved by the adviser and Phase D track committee, is determined by a review of each student's educational needs in light of his or her projected career goals. There are no restrictions on the type of internship or first-year training program for students graduating in 4 years, in the standard 3-quarter curriculum. In the case of 3-quarter programs, students must provide evidence that they will spend their first postdoctoral year (internship or first year of graduate training) in a university or other major affiliated teaching hospital.

Lydia Nerberg, M.D.
 Thomas O'Hara, M.D.
 Richard T. Olson, M.D.
 Charles Ostrov, M.D.
 Rene Palletier, M.D.
 Charles Roach, M.D.
 Robert Sigelman, M.D.
 James Standeter, M.D.
 Alfred Steidl, M.D.
 Richard Studeni, M.D.
 Bryan Teske, M.D.
 James Thompson, M.D.
 Jon Tierney, M.D.
 Elliot Traub, M.D.
 Paul Wicklund, M.D.

Clinical Instructor

Paier Army, M.D.
 Judith Bennington, M.D.
 John E. Bergstein, M.D.
 Herbert Billman, M.D.

Dorothy Bros
 Christopher Brown, M.D.
 Emmett Carpel, M.D.
 Richard Carroll, M.D.
 David Cherek, M.D.
 Raymond Croissant, M.D.
 Michle Haddad, M.D.
 David Hendrickson, M.D.
 Donald Herrick, M.D.
 George O. Hagerman, M.D.
 Herbert T. Hobday, M.D.
 Douglas Holmen, M.D.
 James Householder, M.D.
 Martin Kaplan, M.D.
 Aaron Nathanson, M.D.
 Mark Norman, M.D.
 Robert Ostrow, M.D.
 Jerome Poland, M.D.
 Thomas Purcell, M.D.
 Wesley Sandreal, M.D.
 Robert Warshawsky, M.D.

ELECTIVE COURSES

8189. EXTERNSHIP IN OPHTHALMOLOGY. (Cr or, prereq regis med)
 8190. OPHTHALMOLOGY RESEARCH PROBLEMS. (Cr or, prereq regis med)

ADVANCED CREDIT COURSES

8101. CLINICAL OPHTHALMOLOGY
 8102. EXTERNAL DISEASES
 8103. MEDICAL OPHTHALMOLOGY
 8104. RADIOLOGY OF THE EYE, ORBIT, AND HEAD
 8105. MOTILITY
 8106. STRABISMUS MANAGEMENT
 8107. OCULAR ANATOMY
 8121. REFRACTION
 8122. PHYSIOLOGIC OPTICS
 8131. PRACTICAL OCULAR SURGERY
 8132. DIDACTIC OCULAR SURGERY
 8141. OCULAR PATHOLOGY CONFERENCE
 8142. OPHTHALMIC PATHOLOGY LABORATORY
 8183. PATHOLOGY OF THE EYE
 8184. BASIC AND APPLIED OPHTHALMOLOGY
 8185. OPHTHALMOLOGY LABORATORY
 8186. RESEARCH IN OPHTHALMOLOGY
 8194. SEMINAR IN OPHTHALMOLOGY
 8195. SPECIAL TOPICS IN OPHTHALMOLOGY
 8781. NEUROOPHTHALMOLOGY

*Medical student may take
 any or none of these courses*

Orthopaedic Surgery (OrSu)

Roby C. Thompson, Jr., M.D., professor and head

Professor

David S. Bradford, M.D.
 Robert B. Winter, M.D.

Clinical Professor

Ramon R. Gustaf, M.D.
 Harry B. Hall, M.D.
 Sheldon M. Legend, M.D.

Associate Professor

Thomas H. Comford, M.D.
 James H. House, M.D., M.S.
 Robert F. Pomeroy, M.D.

Clinical Associate Professor

Robert M. Barnett, M.D.
 Lester W. Carlender, M.D.
 Frederick D. Drill, M.D.
 Arnold L. Harnal, M.D.
 Walter Indeck, M.D.
 Richard H. Jones, M.D.
 Lowell Kigvan, M.D.
 Lowell Lufier, M.D.
 Harvey E. O'Phelan, M.D.
 Wayne W. Thompson, M.D.

Assistant Professor

Alfred F. Behrens, M.D.
 John E. Lonstein, M.D.
 Jack K. Mayfield, M.D.
 Theodora R. Oegema, Jr., Ph.D.

Clinical Assistant Professor

Richard J. Aadalen, M.D.
 Gordon Asmoth, M.D.
 Paul Arneson, M.D.
 Frank S. Cobb, M.D., M.S.
 Vincent E. Ehlers, M.D.
 David W. Florence, M.D.
 Daniel Galtiera, M.D.
 John A. Hartwig, M.D.
 Edward H. Kelly, M.D.
 Charles C. Lee, M.D.
 Donald R. Lennin, M.D., M.S.

Limit Lecturer

Edward McElvish, M.D.
 John E. McLaughlin, M.D.
 Joseph M. Tamborino, M.D.

Instructor

Khalid B. Ahmed, M.D.
 John H. Scardino, M.D.

Clinical Instructor

John J. Beer, M.D.
 Rosina Brackel, M.D.
 Joseph Becklage, M.D.
 Charles J. Coady, M.D.
 Michael W. Davis, M.D.
 Leo DeSouza, M.D.
 Richard B. Edes, M.D.
 Philip Hale, M.D.
 James E. Johnston, M.D.
 Richard J. Johnson, M.D.
 Stephen Kuslich, M.D.
 John Larkin, M.D.
 Dick R. Lender, M.D.
 Thomas L. Linn, M.D.
 Donald L. Masten, M.D.
 James D. Packer, M.D.
 Jerry Reiss, M.D.
 George E. Reister, M.D.
 Richard Schmitt, M.D.
 Jean Schmitt, M.D.
 Peter Strang, M.D.
 Marie B. Strating, M.D.
 Francis J. Trow, M.D.
 John Wilson, M.D.

The major goals of the orthopaedic surgery courses are to provide the medical student with the foundation necessary for performing a basic neuro-musculoskeletal examination of the patient, for correlating the clinical expressions of disease with basic science knowledge, and for recognizing those patient problems that require immediate appraisal and resolution. In a number of clinical electives, the student experience has the option of participating in the diagnostic and therapeutic management of patients with orthopaedic and traumatic disabilities. This advanced experience provides an understanding of fundamental orthopaedic principles, the scope of orthopaedic surgery, and the opportunities for both clinical and basic investigation in orthopaedic surgery.

ELECTIVE COURSES

8109. ORTHOPEDICS I. (Cr or, prereq regis med)
 8109. ORTHOPEDICS II—EXTERNSHIP IN ORTHOPEDIC SURGERY. (Cr or, prereq regis med)
 8109. RESEARCH PROBLEMS IN ORTHOPEDIC SURGERY. (Cr or, prereq regis med)
 8107. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—St Paul Ramsey Hospital. (Cr or, prereq regis med)
 8109. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Gillies State Hospital, St Paul. (Cr or, prereq regis med)
 8109. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Fletcher St. Mary's Hospital. (Cr or, prereq regis med)
 8109. EXTERNSHIP IN ORTHOPEDIC SURGERY AND FRACTURES—Veterans Hospital. (Cr or, prereq regis med)
 8101. ORTHOPEDIC EXTERNSHIP AT HENNEPIN COUNTY GENERAL HOSPITAL. (Cr or, prereq regis med)

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

POSITION PAPER

SENATE BILL NO. 136

"An Act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

This bill would permit the use of selected drugs by certain optometrists and as such would delete from the definition of optometry the restriction against the use of drugs. All of these are drugs which are instilled directly into the eye.

In addition to topical anaesthetics, drugs used in examining the human eye include:

Mydriatics - cause pupil to open;

Myotics - cause pupil to close down;

Cycloplegics - cause temporary paralysis of the muscles controlling the shape of the lens.

A majority of states now allow optometrists to use diagnostic topical drugs, either through specific enabling legislation or through the lack of specific prohibitions. The issue of the use of such drugs by optometrists has been controversial. In recent years certain states have given permission while it has been denied in other states. Those in favor of the use of drugs by optometrists argue that optometric services are more widely distributed than ophthalmologic services and that the optometrist serves as an entry point for primary eye care. The use of diagnostic drugs is said to expand the ability of the optometrist to recognize eye abnormalities and to increase medical referral for diagnosis and treatment. The optometric group also states that the drugs which are proposed rarely have adverse effects.

Those opposing permissive legislation argue that the use of drugs would not materially improve the capacity of optometrists to recognize abnormalities. Optometrists are not expected to diagnose diseases of the eye, and if a departure from normal is noted, the patient is expected to be referred to a physician for diagnosis. The concern on the part of the medical community is that the optometrists would be making diagnostic judgments which the physicians do not believe them qualified to make. Moreover, the medical community notes that adverse reactions, while admittedly rare for certain of the drugs, can have extremely serious consequences when they do occur. A higher rate of predisposition to a certain type of glaucoma in Alaska Natives is cited. Use of mydriatics could possible precipitate an attack.

Limitations are placed on the use of certain drugs by the permissive legislation of some states. None are described in the proposed Alaska bill. In Oregon, for example, the Board of Optometry is empowered to designate the diagnostic pharmaceutical agents for topical use, but provides that the designation shall be with the advice and guidance of

6/25
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L
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the Board of Medical Examiners for the State of Oregon. Rhode Island permits the use of mydriatics, miotics and topical anaesthetics while Maine permits only the use of topical anaesthetics and mydriatics. A bill which has been considered in the Ohio legislature specifically prohibits use of pilocarpine (a drug which constricts the pupil), atropine and homatropine (drugs which dilate the pupil and temporarily paralyze accommodation of the lens) and 10% phenylephrine (a strong mydriatic).

Some states define the type of training in pharmacology which would be required before an optometrist would be permitted to use diagnostic drugs. SB 136 contains such provisions.

If the Legislature chooses to authorize use of certain drugs by optometrists, the Department of Health and Social Services suggests that definitions and restrictions similar to those in use in other states may be advisable, and that the professional opinion of the medical and optometric communities should be sought to insure the health and safety of the general public.

Recommended by:

David Bruce
David Bruce, Deputy Director

Date:

February 26, 81

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner

Date:

2-26-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 136
 Title "An Act relating to the practice of optometry, and authorizing the use of drugs.."
 Requested by Commissioner's Office Date February 26, 1981

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/Public Health
 BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE February 26, 1981 PREPARED BY David Bruce
 AGENCY Division of Public Health
 PHONE 465-3090

POSITION PAPER

HOUSE BILL NO. 111

"An Act relating to the practice of optometry, and authorizing the use of ophthalmic drugs by optometrists."

This bill would permit the use of selected drugs by certain optometrists and as such would delete from the definition of optometry the restriction against the use of drugs. All of these are drugs which are instilled directly into the eye.

In addition to topical anaesthetics, drugs used in examining the human eye include:

Mydriatics - cause pupil to open;

Myotics - cause pupil to close down;

Cycloplegics - cause temporary paralysis of the muscles controlling the shape of the lens.

A majority of states now allow optometrists to use diagnostic topical drugs, either through specific enabling legislation or through the lack of specific prohibitions. The issue of the use of such drugs by optometrists has been controversial. In recent years certain states have given permission while it has been denied in other states. Those in favor of the use of drugs by optometrists argue that optometric services are more widely distributed than ophthalmologic services and that the optometrist serves as an entry point for primary eye care. The use of diagnostic drugs is said to expand the ability of the optometrist to recognize eye abnormalities and to increase medical referral for diagnosis and treatment. The optometric group also states that the drugs which are proposed rarely have adverse effects.

Those opposing permissive legislation argue that the use of drugs would not materially improve the capacity of optometrists to recognize abnormalities. Optometrists are not expected to diagnose diseases of the eye, and if a departure from normal is noted, the patient is expected to be referred to a physician for diagnosis. The concern on the part of the medical community is that the optometrists would be making diagnostic judgments which the physicians do not believe them qualified to make. Moreover, the medical community notes that adverse reactions, while admittedly rare for certain of the drugs, can have extremely serious consequences when they do occur. A higher rate of predisposition to a certain type of glaucoma in Alaska Natives is cited. Use of mydriatics could possibly precipitate an attack.

Limitations are placed on the use of certain drugs by the permissive legislation of some states. None are described in the proposed Alaska bill. In Oregon, for example, the Board of Optometry is empowered to

designate the diagnostic pharmaceutical agents for topical use, but provides that the designation shall be with the advice and guidance of the Board of Medical Examiners for the State of Oregon. Rhode Island permits the use of mydriatics, miotics and topical anaesthetics while Maine permits only the use of topical anaesthetics and mydriatics. A bill which has been considered in the Ohio legislature specifically prohibits use of pilocarpine (a drug which constricts the pupil), atropine and homatropine (drugs which dilate the pupil and temporarily paralyze accommodation of the lens) and 10% phenylephrine (a strong mydriatic).

Some states define the type of training in pharmacology which would be required before an optometrist would be permitted to use diagnostic drugs. HB 111 contains such provisions.

If the Legislature chooses to authorize use of certain drugs by optometrists, the Department of Health and Social Services suggests that definitions and restrictions similar to those in use in other states may be advisable, and that the professional opinion of the medical and optometric communities should be sought to insure the health and safety of the general public.

Recommended by:

David Bruce
David Bruce, Deputy Director

Date:

February 25, 1981

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

2-26-81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 111
 Title "An Act relating to the practice of optometry, and authorizing the use of drugs..."
 Requested by Commissioner's Office Date February 25, 1981

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Health/Public Health

BRU, Program, or Subprogram(s) Affected: _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE February 25, 1981 PREPARED BY David Bruce
 AGENCY Division of Public Health
 PHONE 465-3090

SECTIONAL ANALYSIS FOR CS HB 111

This committee substitute is the Senate version of a bill which has been contemplated by the legislature for at least two years. There has been a controversy over the scope of drugs available for use by optometrists if licensed under this statute along with issues raised about the appropriate educational basis for this extension of their licensure. Ophthalmologists have expressed concern over the weakening of the public perception of medical services. This bill attempts to address the problem of drugs by limiting allowable drugs to topical diagnostic agents. Whether this is specific enough with regard to possible abuse of discretion is another issue.

Sec. 1: Adds a new section to Article I dealing with the Board of Examiners in Optometry which specifies educational and examination requirements for attainment of endorsement on license which authorizes use and scope of diagnostic drugs for optometrists.

Sec. 2: Adds a new section to the section on Board of Examiners in Optometry describing and limiting authorization on an optometrist's license.

Sec. 3: Adds three new sections to the chapter which deal with use of title, display of certificate in a prominent place, and obligation to refer diseased patients to appropriate health care specialist.

Sec. 4: Adds to the current definition of "optometry" the ascertainment of the status of the human visual system including refractive and functional abilities, presence of ocular disease, and other departures from normal requiring referral to health care specialists.

Sec. 5: Reflects the changes in the definition of optometry.

Sec. 6: Adds definition of "diagnostic drug".

Sec. 7: Adds new section authorizing dispensing of drugs to optometrists, if he is properly endorsed.

Sec. 8: Establishes mandatory public hearings on diagnostic drugs to be held by the Board of Examiners in Optometry and State Medical Board.

POSITION PAPER

HOUSE BILL NO. 111

"An Act relating to the practice of optometry and authorizing the use of ophthalmic drugs by optometrists."

WHAT THE BILL DOES

This bill would permit certain endorsed optometrists to use drugs in their practice.

DISCUSSION

This bill would allow use of a broad range of ophthalmic drugs, including therapeutic agents as long as they were identified by the board's regulation. The Department believes it would be more in the public's interest to limit the allowable classes of drugs to cycloplegics (cause temporary paralysis of the muscle controlling the shape of the lens), mydriatics (cause the pupil to open), and topical anesthetics (cause loss of pain sensation).

This bill contains no requirement for the medical community to be involved in setting clinical and classroom educational requirements, in setting examination requirements, and in selecting specific drugs. We feel this would be in the public's best interest.

Finally, the Department feels strongly that consumer awareness is needed regarding the differences in training among the various disciplines of eye care professionals and that optometrists who qualify for use of drugs will have that so noted on their license.

POSITION

The Department is opposed to passage of this bill based on the key deficiencies so outlined above. The Department will, however, support the expansion of the scope of optometric practice to use of diagnostic agents if the above criteria can be addressed.

Recommended by:

E. S. Rabeau
E. S. Rabeau, M.D., Director
Division of Public Health

Date:

Feb. 1, 1982

Approved by:

H. D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date:

2/1/82

STATE	YR OF ENACTMENT	TYPE AUTHORIZED?		DIAGNOSTIC AGENT FOR THOSE AUTHORIZING DIAGNOSTIC DRUGS ONLY					
		DIAGNOSTIC AGENTS	THERAPEUTIC AGENTS	TOPICAL ANESTHETICS	CYCLOPLEGICS	MYDIATRICS	DYES	MIOTICS	NON-SPECIFIC
1. Rhode Island	1971	X		X		X		X	
2. Pennsylvania	1974	X		X	X	X		X	
3. Tennessee	1975	X		X	X	X		X	
4. Oregon	1975	X		X	X	X	X	X (for emergency)	
5. Maine	1975	X		X		X			
6. Louisiana	1975	X							X
7. Delaware	1975	X		X	X	X		X	
8. West Virginia	1976	X	X						
9. California	1976	X		X	X	X			
10. Wyoming	1977	X		X	X	X	X	X (for emergency)	
11. New Mexico	1977	X							X
12. Montana	1977	X		X	X	X		X (for emergency)	
13. Kansas	1977	X		X	X	X			
14. North Carolina	1977	X	X						
15. Kentucky	1978	X		X	X	X		X (for emergency)	
16. Wisconsin	1978	X		X	X	X	X		
17. Nebraska	1979	X		X	X	X			
18. South Dakota	1979	X							X
19. Utah	1979	X		X	X	X			
20. North Dakota	1979	X							X
21. Arkansas	1979	X		X	X	X	X		
22. Nevada	1979	X		X	X	X		X	
23. Iowa	1979	X		X	X	X			
24. Georgia	1980	X							X
25. Arizona	1980	X		X	X	X			
26. Idaho	1981	X							X
27. Oklahoma	1981	X							X
28. Washington	1981	X		X	X	X	X	X	
29. Missouri	1981	X		X	X	X			
30. Texas	1981	X							X (under physician standing orders)
		<u>30</u>	<u>2</u>	<u>20</u>	<u>18</u>	<u>20</u>	<u>5</u>	<u>10</u>	<u>9</u>
By Attorney General Opinion									
31. Florida	By AG	X	X						
32. Indiana	By AG	X							X
33. Minnesota	By AG	X							X (No list)
34. New Jersey	By AG	X							X
		<u>4</u>	<u>3</u>	<u>20</u>	<u>18</u>	<u>20</u>	<u>5</u>	<u>10</u>	<u>11</u>

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 111
Title "An Act relating to the practice of optometry and authorizing the use of drugs"
Requested by Commissioner's Office Date February 1, 1982

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
Program Category Affected Health/Public Health
BRU, Program, Or Subprogram(s) Affected _____
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Source)	0	0	0	0	0	0

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

IV. DATE February 1, 1982 PREPARED BY David A. Spence, M.D.
AGENCY PUBLIC HEALTH
Original: Legislative Finance PHONE 465-3100
cc: Budget and Management
Prime Sponsor (First Legislator Named)
33-001 (Rev. 12/81)

JCC

Date: 3/31/82

From: Barbara Wilkins, House H.E.S.S. Committee

SECTIONAL ANALYSIS FOR CS HB 111, OPTOMETRY

The purpose of this bill is to enable optometrists to receive an endorsement on their licenses which allows them to use ophthalmic (diagnostic only) drugs in their examinations of human eyes. This endorsement would be predicated on educational and examination requirements.

Sec. 1: Adds a section to existing law requiring the Board of Examiners in Optometry and the State Medical Board to adopt regulations regarding the use of drugs for optometrists. These regulations shall identify generic drugs and their strengths. An optometrist who is endorsed by the Board and has met the educational and examination requirements shall be licensed to prescribe and administer the drugs specified in this Act.

Sec. 2: Two sections are added to AS 08.72.240 regarding disciplinary actions of the Board which would make use of drugs without endorsement and drugs in strengths other than those specified by Board regulations subject to penalty.

Sec. 3: Adds a subsection to the paragraph on violations which specifies that use of drugs in optometry shall be allowed only as specified under 08.72.062.

Sec. 4: Adds new section regarding use of "Dr." or "Doctor" only in conjunction "optometrist". Optometrists are required to prominently display the appropriate certificates or have them available upon request. Referral to appropriate health care specialists is mandated for ocular injury as well as any other appropriate conditions.

Sec. 5: The definitions section is expanded by adding new language to clarify that certain drugs may be used. This reference is designed to include the new provisions for use of diagnostic drugs in the scope of practice.

Sec. 6: Reflects changes in definitions in Sec. 5.

Sec. 7: Defines diagnostic drugs: 1) cycloplegics, which paralyzes the focus and dilates the pupil or just paralyzes the focus; 2) mydriatics, which dilate the pupil; 3) topical anesthetics for use with diagnostic equipment.

Sec. 8: Under General Provisions, adds section authorizing dispensing of specified drugs to endorsed optometrists.

Sec. 9: Within six months the Boards of Examiners in Optometry and State Medical Board shall have held public hearings on regulations and if jointly promulgated regulations have not been approved within one year, the Optometry Board will adopt the regulations. These provisions start from the effective date.

Sec. 10: Immediate effective date.

Original sponsor: ~~Fin~~ *Master*

Medical Board

Offered: *3/1/82*
Referred: Judiciary

DRAFT

IN THE SENATE

BY THE ~~SENATE~~ *HESS* COMMITTEE

CS FOR ~~SENATE~~ *House* BILL NO. ~~206~~ *111-(HESS)* (FINANCE)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the practice of optometry."

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

* Section 1. AS 08.72.050 is amended by adding a new paragraph to read:

(6) prescribing general and clinical educational and examination requirements which a person licensed under this chapter must meet to obtain an endorsement to his license authorizing him to use topical ocular diagnostic drugs; and prescribe requirements for continuing education in the use of such diagnostic drugs. The board shall prescribe such requirements with the advice and consent of the Alaska State Medical Board, within such consent to be provided within six months from the effective date of this section. Such educational and examination requirements shall emphasize the systemic effects of and reactions to pharmaceutical agents, including the treatment of any adverse reactions that may occur. The courses of study shall be offered by an institution approved by the board and an accredited by a regional or professional accrediting organization which is recognized by the council on post-secondary accreditation and the U. S. Office of Education.

(7) specifying the topical ocular diagnostic drugs which also identified under AS 08.72.300(3) optometrists may utilize in this state. The board shall specify such diagnostic drugs and their

REQUIRES
Bo-14
Clinical
and
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SPECIF
DRUGS
AND
STRENGTH
SET

strengths with the advice and consent of the Alaska State Medical Board, with such consent to be provided within six months of the effective date of this section.

* Sec. 2. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.061. BOARD ENDORSEMENT OF DRUGS. (a) A person licensed under this chapter may use a diagnostic drug of the generic name and strength permitted by regulation if

(1) he has satisfied educational requirements established by the board under AS 08.72.050(6) concerning the use of diagnostic drugs; and

(2) he has received an endorsement by the board to his license authorizing him to use diagnostic drugs.

(b) An endorsement to a license authorizing the use of diagnostic drugs by an optometrist shall lapse unless the optometrist satisfies requirements established by the board for continuing education in the use of diagnostic drugs.

* Sec. 3. AS 08.72 is amended by adding new sections to read:

Sec. 08.72.284. USE OF PROFESSIONAL TITLE. A person licensed under this chapter may not in writing use the title "Dr." or "Doctor" as a prefix to his name without using "optometrist" as a suffix to his name or in connection with the title. The board may revoke or suspend the license of a person who violates this section.

Sec. 08.72.285. DISPLAY OF CERTIFICATE. A licensee's registration and renewal certificate with any endorsement of the board regarding the licensee's use of diagnostic drugs must be displayed in a conspicuous part of the primary office in which the holder practices optometry. Every licensee, whenever requested, shall exhibit the certificate to a member of the board, an employee of the department,

TRUTH
IN
ADVERTISING
⇒

PUBLIC
DISPLAY
OF
ENDORSEMENT
TO
USE
DIAGNOSTIC
DRUGS

or a member of the consuming public. The board may revoke or suspend the license of a person who violates this section.

Sec. 08.72.286. REFERRAL TO OTHER MEDICAL SPECIALISTS. If, during an examination of a patient or following an examination of a patient, a licensed optometrist ascertains the possible existence of a pathological condition, the optometrist shall notify the patient and refer the patient to a health care practitioner for further evaluation. The board may revoke or suspend the license of a person who violates this section.

Mandatory Referral

* Sec. 4. Sec. 08.72.280 is amended by adding new subsections to read:

(b) A person may not use a drug in the practice of optometry unless authorized under AS 08.72.061.

(c) A person may not use a drug in practice of optometry unless the use of the specific drug in the practice of optometry has been authorized by the board under AS 08.72.050(7).

* Sec. 5. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except for topical ocular diagnostic drugs, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye; [,] or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

MEANS TO REVOKE LICENSE

* Sec. 6. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except for topical diagnostic drugs, of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye; [,] or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye; [,] or the holding of oneself out as being able to do so;

* Sec. 7. AS 08.72.300 is amended by adding a new subsection to read:

(7) "diagnostic drug" means a cycloplegic, mydriatic, or ocular topical anesthetic which is listed in the official United States Pharmacopeia or supplement to it, or in the official National Formulary or a supplement to it.

* Sec. 8. AS 08.72 is amended by adding a new section to read:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

Sec. 08.72.350. DISPENSING CERTAIN DRUGS TO OPTOMETRISTS. Notwithstanding other provisions of law, a cycloplegic, mydriatic, or ocular topical anesthetic listed in the Official United States Pharmacopeia or a supplement to it, or in the official National Formulary or a supplement to it may be dispensed to an optometrist if he has an endorsement to his license in accordance with AS 08.72.061 authorizing the use of diagnostic drug.

STATE OF ALASKA

DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: 465-2500

February 26, 1982

Honorable Michael F. Beirne
Chairman
House Health, Education and
Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Mr. Beirne:

Re: Dr. Phillip W. Bach, O.D.

In response to your request, Dr. Phillip W. Bach was not currently licensed on February 1, 1982 when he testified before the House of Representative's Committee on Health and Social Service. Testimony was given on HB 111 Optometry/Ophthalmic Drugs by Dr. Bach. Dr. Bach testified he was currently licensed.

Because of Dr. Bach's failure to comply with AS 08.72.181, "Renewal of licenses," which requires payment of a fee and submitting evidence of post graduate education he was unlicensed. A Temporary Cease and Desist Order (authority AS 08.01.087(b)(1)) was issued on January 4, 1982 by the Director of Occupational Licensing.

On February 8, 1982 the Board of Examiners in Optometry by teleconference, discussed and evaluated the post graduate education submitted by Dr. Bach and agreed to his meeting the requirements. Dr. Bach had previously paid his fees. The board elected to allow renewal of his license.

Dr. Bach's license was issued and mailed to him. He is now currently licensed.

The Cease and Desist Order was withdrawn on February 9, 1982.

I trust this will assist you. If the department can be of any further assistance please contact us.

Sincerely,

E.W. Ebock

Charles R. Webber
Commissioner

HB 111
3/30/82
(B)

Telecopier Joint conf. -
3/7/81

- ① Grant "temporary-~~emergency~~ substitute" to optometrist in bush, or under conditions where he is not available + pt. care needs immediate attention etc
Then refer to med. intern. etc

② Bio micro scope - for EXT. eye disease, used by O.D.
for f.b. then refers to GP who wears a hard lens - i.e. crude etc!
i.e. in small towns O.D. + GP need co. etc.

- ③ What drugs - why not just 2:
• Mydriatics - vertigo, e.g. MAINE cases.
See also opt position paper.

- Dr. Johnson - At. med. Assoc. Pres.

- ④ "Departures from normal" - only requirement
Now of O.D. - "there does not exist. Now call
to "diagnose" or "Rx".

- ⑤ Dr David Spence O.H.S.S.
Bill of the nature seem good for public
Dr. Spence only
monitor O.D.

3/7/51

Debbie Behr

revised Sept proposed Bill re. Hwy. Dept.

Did the optometrist use any drugs
 Only an eye glass, green needle on eye
 paper, and some eye drops.
 Just with
 Victor 41-1,800 - but there are only people wearing DV
 info are usually
 not of any reported actions

Dr. Jim Frasers -

Valley - Optometrist - Opto. seldom write.
 Referrals to make of time mostly to
 check at times unnecessary because of
 allowed to me eye for observation.
 From Montana when they had that allow.

Koehler - favor - allowed members to practice
 in other states

How many referrals during my opt. from
 optometrist.

Dr. Peter Lawrence of Solutia

Dr. O'Donnell - Solutia - allowed in two other states
 'highly' insurance for gone down

Dr. Shelton -

Medication $\frac{1}{5}$ diagnostic tools

Bobbie Robinson.

When he went to Dr. S.

Fri. evening was referred to ophthalmologist on Monday

Next - Dr. Falconer - is allowed in Oregon to use diagnostic drugs but not allowed in Ak.

Fibs. - Mrs. - Med Board - Lay member.

Next person opposed to bills

Nurse for school system -

"need to say local & hospital drugs?"

Talked in favor of it but said do not pass

Dr. Wolfe. - Fibs. - Ophthalmologist.

Present system working well.

Bethel Health Center -

Optometrist under PHS and other services in Bethel are doing great job.

Dr. — of Bethel - using drugs currently both diagnostic & therapeutic drugs only for external usage -

Both say referral system to ophthalmologist is very good. - As a matter of fact there has been an increase in referrals

Health aids are allowed to use drugs under supervision of this Dr. because they are public rather than "private"

private patients $\frac{1}{5}$ public pts.
only FHS pts.

Dr. Richard Perry -

Arch. Floyd Walker

Dr. Demski - only allowed to work on public pts. -

Meryle Ziguan - blind in one eye.

afraid that professionals will extend themselves too far.

Don't lessen qualifications - but stiffen them.

H B

1 1/2

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 112

Title "An Act authorizing an advisory vote by voters raising age to 21.."

Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Health & Social Services

Program Category Affected Alcoholism/Drug Abuse

BRU, Program, Or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
POSITIONS	-0-	-0-	-0-	-0-	-0-	-0-
FULL TIME						
PART TIME						
TEMPORARY						
	-0-	-0-	-0-	-0-	-0-	-0-

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

Robert L. Cole

IV. DATE January 27, 1982

PREPARED BY Robert L. Cole

AGENCY Alcoholism/Drug Abuse

PHONE 586-6201

Original: Legislative Finance
cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

JCC

Department's Position

The Department offers its expertise in looking at the social and health aspects of the problem. Our experience must be considered in combination with expert advice from the other agencies and groups impacted by the problem, such as the Department of Public Safety and Department of Law. We wish to note that the raising of the legal drinking age, although not a panacea for alcohol abuse, may decrease the availability of alcohol to a population that is at risk from this major health and social service problem.

Recommended by: Robert L. Cole
Robert L. Cole
Coordinator
Office of Alcoholism/
Drug Abuse

Date: 02/02/82

Approved by: Helen D. Beirne
Helen D. Beirne
Commissioner
Dept. of Health and
Social Services

Date: 2-2-82

POSITION PAPER

HOUSE BILL NO. 112

"An Act authorizing an advisory vote by the qualified voters of the State on raising the age of majority to 21 for the purposes of regulation of intoxicating liquor; and providing for an effective date."

Overview

Passage in 1971 of the 26th Amendment to the United States Constitution not only allowed 18 year olds to vote but this action assisted in extending certain other privileges to this age group. During the period of 1970 to 1975, 27 states including Alaska, lowered their minimum drinking age for all alcoholic beverage, and another 11 states lowered the drinking age for wine and/or beer. However, 1976 saw a reversal of this trend when Minnesota raised its minimum drinking age and since then, eight (8) other states have also raised their drinking age. A key factor in states decisions to raise drinking ages has been their experience of sharp increases in alcohol-related highway accidents and fatalities that have coincided with the reduction in drinking age. Massachusetts, for example, found that traffic fatalities involving drinking teenagers nearly tripled in the years following lowering the legal drinking age.

Alaska Experience

Alcohol abuse and alcoholism are generally recognized as Alaska's number one health and social problems. Alcohol has also been linked with the state's high accidental death rate and other manifestations of social ills, such as homicide, suicide, crime, violence, child and spouse abuse and neglect, etc.

Youth of Alaska are not immune from the ill effects of alcoholism and alcohol abuse. For example, the State Alcoholism Plan estimates that over 7,000 of Alaska's youth are problem drinkers, defined as drinking alcohol to an extent, or in a manner that an alcohol-related disability is displayed. Also, our state-funded alcoholism treatment programs report that youth make up 5.9% of all persons seen for treatment and counselling. Our Department finds 16-17% of all juvenile arrests are for driving under the influence, liquor law violators and public drunkenness, ranging to as high as 52% in Bethel and 45% in Juneau.

These statistics appear to indicate that alcoholism and alcohol abuse continues to be a serious health and social problem in the State and to which our youth are vulnerable as well.

1331 Second Avenue
Fairbanks, Alaska 99701
February 5, 1981

Alaska State Legislature
Pouch V
Juneau, Alaska 99811
(Mail Stop 3100)

To:

✓ Rep. Michael F. Beirne
Rep. Robert H. Bettisworth
Rep. Fred Brown
Rep. Thelma Buchholdt
Rep. Bette M. Cato
Rep. Kenneth Fanning
Rep. Hugh Malone
Rep. Terry Martin
Rep. Russ Meekins
Rep. Pappy Moss
Rep. Richard Randolph
Rep. Sarah Smith
Rep. Brian Rogers

Sen. Don Bennett
Sen. Bettye Fahrenkamp
Sen. Frank R. Ferguson
Sen. Charles Parr

I am writing in support of House Bill Number 112:

"An Act authorizing an advisory vote by the qualified voters of the state raising the age of majority to 21 for the purpose of regulation of intoxicating liquor."

The youth of Alaska has suffered greatly since the drinking age was lowered in 1971.

It has been reported that the result is 7,000 of the state's youth are problem drinkers (Fairbanks Daily News Miner, February 4, 1982). Alcoholism is a disease that develops gradually and is well established before becoming apparent. Most often it is a problem that is recognized when lives are on the verge of ruin. Why condemn anyone to such a life style?

With the enactment of House Bill Number 112 we Alaskans can vote to spare the youth of Alaska from possible alcoholic related problems. I encourage you to take the necessary steps to see that this bill is placed on the ballot.

Sincerely,

Francine O'Donnell

Francine O'Donnell

STATE OF ALASKA
THE LEGISLATURE

POUCH V STATE CAPITOL
ALASKA 99511
907-465 2800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 4, 1982

SUBJECT: Raising the age of majority for purposes of
regulation of intoxicating liquor
(CSHB 112)

TO: Representative M. F. Beirne
Chairman, House Health, Education
and Social Services Committee

FROM: Tamara Brandt Cook
Legislative Counsel

Here is the CS for HB 112 you requested that would change the advisory vote to a ballot proposition. This approach is unconstitutional under Article II, Sec. 1 of the state constitution that provides:

The legislative power of the State is vested in a legislature consisting of a senate with a membership of twenty and a house of representatives with a membership of forty.

The legislature may not delegate its legislative power to the people. While the voters have the power to enact laws by the initiative process, Article XI, Sec. 1 provides that the people must propose the law, not the legislature. Article XI, Secs. 2 and 3 set out the process whereby an initiative is proposed and an initiative petition is circulated and filed. The proposition is placed on the ballot only after these procedures have been followed.

TBC:ljb

Enclosure

January 11, 1982

The Honorable Joe L. Hayes
Speaker of the House
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill making miscellaneous amendments to the statutes pertaining to the crime of driving while intoxicated.

The former crime of driving while under the influence of intoxicating liquor was redesignated as "driving while intoxicated," by ch. 129, SLA 1980. This bill makes the same redesignation in other statutes which refer to the same offense, in order to avoid any ambiguity in the reference.

Section 2 of the bill also resolves another possible ambiguity in existing law. It amends AS 28.35.032(a) to provide that the prohibition in the "implied consent" statute against administering other chemical tests after a person refuses to take a breathalyzer examination does not apply when the person is arrested for an assault or homicide committed while he was driving a motor vehicle.

The constitutionality of requiring a defendant to submit to a blood test incident to an arrest for an offense committed while driving while intoxicated has been recognized by the United States Supreme Court in Schmerber v. California, 384 U.S. 757 (1966), and by the Alaska Supreme Court in Layland v. State, 535 P.2d 1043 (Alaska 1975). However, in the more recent opinion of Anchorage v. Gerber, 592 P.2d 1187 (Alaska 1979), the Alaska Supreme Court held that language in the implied consent law prohibited the administration of all tests once a breathalyzer had been refused after a person had been arrested for driving while intoxicated.

While the court in Gerber did not apply its holding to offenses outside AS 28, an extension of the holding in that case to homicide and assault offenses would have serious implications. When an intoxicated driver, for example,

ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 485-3777



P.O. BOX 4-1836
ANCHORAGE, ALASKA 99508
TELEPHONE: (907) 277-6218

REP. M. F. "MIKE" BEIRNE

MEMBER OF:
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE
ELEVENTH STATE LEGISLATURE
TWELFTH STATE LEGISLATURE

COMMITTEES:
HEALTH, EDUCATION
AND SOCIAL SERVICES, CHAIRMAN
AND LEGISLATIVE COUNCIL

January 27, 1982

TO: All Members, House H.E.S.S. Committee

FROM: Representative Mike Beirne

REGARDING: House Bill 112

JB for Mike Beirne

House Bill 112, which calls for an advisory vote on raising the drinking age to 21, will be heard in committee on February 3rd. I have obtained some copies of a Michigan study (attached) which provides some useful information on this subject. It outlines their experiences in lowering the drinking age to 18 back in 1972 and subsequently raising it back to 21 in 1978.

RANK

100,159 Admissions for the Twenty-five most common offenses, 1974 - 1981. (Based on 107,695 total admissions)

1	OWVI (23417)	Off Ag. Court (910)
2	OWVI (23417)	Larceny, Theft (850)
3	OWVI (23417)	Traffic, Motor Vehicle Laws (701)
4	OWVI (23417)	Disord. Conduct (7367)
5	OWVI (23417)	Assault (2991) (7061)
6	OWVI (23417)	Bench Warrant (4527)
7	OWVI (23417)	Drunkenness (4477)
8	OWVI (23417)	Burglary (3224)
9	OWVI (23417)	Susp. Trespass. (2341)
10	OWVI (23417)	Disord. Conduct (other) (2244)
11	OWVI (23417)	Fraud (1897)
12	OWVI (23417)	Possession of Control. Substance (1884)
13	OWVI (23417)	Liquor Law Viol. (1874)
14	OWVI (23417)	Weapons (1713)
15	OWVI (23417)	Probab. Violation (1638)
16	OWVI (23417)	Sale, Distr of Control Substance (1525)
17	OWVI (23417)	Prostitution (1362)
18	OWVI (23417)	Vandalism (1351)
19	OWVI (23417)	Robbery (1237)
20	OWVI (23417)	Sex Offenses (1181)
21	OWVI (23417)	Assault (other) (982)
22	OWVI (23417)	Stein Property (961)
23	OWVI (23417)	Joyriding (928)
24	OWVI (23417)	Murder, Negl. Manslaughter (607)
25	OWVI (23417)	Rape (594)
26	OWVI (23417)	Fugitive, AWOL (602)

FOR COMBINED ORDERS ONLY

COPY FOR FACE IN SHEET EXCEPT SAME AS SHEET

STANDARD FORM 5125

RECEIVED

COPY NO. OF

PASSID STND AT

STND AT

OWVI

OWVI

Off Ag. Court

percentage of court

if referred to other

if referred to other

if referred to other

107,695 Bookings (74-81)

25 most com

ref. 100,159

a > 93% of all

also meaning 24, 25, 26, 27, 28, etc. (total)

Alcohol = OWVI, Lawia

Viol. Drunkenness, Pol. Lic

Law

Violence, Assault, Property

Violence, Weapons, Drunkenness

Violence

Violence = Rape, Prostitution,

Violence = Rape, Prostitution, Fugitive, AWOL

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM

January 29, 1982

SUBJECT: Penalties for driving while intoxicated
(CSHB 657)

TO: Representative Michael F. Beirne
Chairman, Health, Education and
Social Services Committee

FROM: Diane T. Colvin
Legislative Counsel

Enclosed please find the committee substitute you requested increasing penalties for the offense of driving while intoxicated. We should like to point out that the bill, while defensible on policy grounds, is open to challenge on legal grounds. For example, the penalties, and in particular the consecutive penalties for multiple convictions, are subject to challenge as excessive, particularly since they exceed current penalties for the most violent, serious crimes and for habitual offenders as well.

In addition, the vehicle confiscation concept is vulnerable to challenge. As a general rule, forfeiture proceedings are disfavored by the law, and such statutes are strictly construed against the government. F/V American Eagle v. State, 620 P.2d 657 (Alaska 1980). The usual justification for confiscation and forfeiture, which applies in fish and game matters and in narcotics cases, is to prevent possible use of the property in further illegal acts. This purpose is not served here, since under the provisions of the bill the driver is confined to jail and his privilege to drive suspended -- he would be unable to use the vehicle in any event.

We point out these problems in the hope that the information will be of assistance to you in committee deliberations. If you wish further information, please do not hesitate to contact us.

DTC:ljb

Enclosure

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. HB-112
 Title Advisory Vote- Raising the age of majority to 21, regulation of intoxicating liquor
 Requested by Martin Date 2/11/81

II. FISCAL DETAIL
 Agency Affected Department of Commerce and Economic Development
 Program Category Affected Public Protection
 BRU, Program, or Subprogram(s) Affected Division of Insurance
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

An act authorizing an advisory vote by the qualified vote by the qualified voters of the state on raising the age of majority to 21 for the purposes of regulation of intoxicating liquor; and providing for an effective date.

IV. DATE 2/11/81 PREPARED BY Kenneth C. Moore, Director
 AGENCY Division of Insurance
 PHONE 465-2515
 Original: Legislative Finance
 or Budget and Management
 Prime Sponsor (First Legislator Named)



Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

Official Business

Agenda for 2.3.82
3:00, rm 112 Capitol

HB 657 "An Act making miscellaneous amendments to the statutes pertaining to the crim of driving while intoxicated; and providing for an effective date."

HB 112 " An Act authorizing ad advisory vote by the qualified voters of the state on raising the age of majority to 21 for the purposes of regulation of intoxicating liquor; and providing for an effective date."

HB 574 " An Act relating to the hours of the day during which persons may be present or alcoholic beverages sold or consumed on licensed premises."

Witnesses:

HB 574 George Mandell, Office of Alcoholism

HB 112 Howard Scanlon, Ak Council on Prevention of alcohol & Drug Abuse

UM-HSRI-80-67

**AN EVALUATION OF THE
CHANGES IN THE LEGAL
DRINKING AGES IN MICHIGAN**

**Alexander C. Wagenaar
Richard L. Douglass**

**Final Report to the Office of
Substance Abuse Services
Michigan Department of Public Health**

SEPTEMBER 1980

**THE UNIVERSITY OF MICHIGAN
HIGHWAY SAFETY RESEARCH INSTITUTE**

1. Report No. UM HSRI-80-67	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle An Evaluation of the Changes in the Legal Drinking Ages in Michigan		5. Report Date September, 1980	6. Performing Organization Code
7. Author(s) Alexander C. Wagenaar, Richard L. Douglass		8. Performing Organization Report No. UM-HSRI-80-67	
9. Performing Organization Name and Address Highway Safety Research Institute The University of Michigan Ann Arbor, Michigan 48109		10. Work Unit No.	11. Contract or Grant No.
12. Sponsoring Agency Name and Address The Office of Substance Abuse Services, Michigan Department of Public Health, Lansing, Michigan 48906		13. Type of Report and Period Covered October 1, 1979- September 30, 1980	
14. Sponsoring Agency Code		15. Supplementary Notes	
<p>16. Abstract</p> <p>Michigan reduced its drinking age from 21 to 18 in 1972. Several studies have reported significant increases in alcohol-related traffic crashes among drivers affected by the lower drinking age. Michigan raised the drinking age from 18 to 21 in December 1978. This investigation measured the effect of the 1978 increase in the legal drinking age in Michigan on the frequency of alcohol-related traffic crash involvement among young drivers.</p> <p>A 20 percent random sample of all reported motor vehicle crashes in the State of Michigan from 1972 through 1979 was analyzed. Monthly time-series of these measures were examined for drivers aged 16-17, 18-20, 21-24, and 25-45 using the Box-Jenkins time-series analysis methods. The analyses controlled for long-term trends, seasonality, and other patterns in crash frequency expected to influence the 1979 data.</p> <p>All age groups had reductions in non-alcohol-related crashes in 1979. Alcohol-related crashes increased slightly for drivers aged 21-45, while these crashes decreased significantly for the 18-20-year-old drivers, who were directly affected by a higher legal drinking age (21) in 1979. 16-17-year-old alcohol-related crashes also decreased in 1979. The reductions in general non-alcohol-related crash frequencies, for all ages, were too small to account for the significant reduction in alcohol-related crash incidence for 18-20-year-old drivers.</p>			
17. Key Words Legal Drinking Age, Traffic Accidents, Alcohol Availability, Time-Series Analysis, Public Health, Youth and Alcohol		18. Distribution Statement	
19. Security Classification of this report Unclassified	20. Security Classification of this page Unclassified	21. No. of Pages 218	22. Price

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2.2 The Legal Drinking Age and Highway Safety	
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