

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1475 SHESS SB 136 (#1)

Calif.

§ 3023

BUSINESS AND PROFESSIONS CODE

§ 3023. Inspection and accreditation of schools

The board may visit and examine schools, colleges and universities or their divisions or departments in this state which provide optometric education.

For the purposes of this chapter, it shall accredit schools, colleges and universities or their divisions or departments in or out of this state providing optometric education, which it finds giving a sufficient program of study for the preparation of optometrists.

Amended Stats 1978 ch 872 § 1.

Amendments:

1978 Amendment: Deleted the former second sentence in the second paragraph.

36 Cal Jur 3d Healing Arts and Institutions § 64.

§ 3027. Employment matters: Executive officer: Legal counsel

36 Cal Jur 3d Healing Arts and Institutions § 65.

§ 3028. [Repealed by Stats 1978 ch 1161 § 214.]

§ 3040. Misrepresentation of certification status

It is unlawful for any person to engage in the practice of optometry or to display a sign or in any other way to advertise or hold himself out as an optometrist without having first obtained a certificate of registration from the board under the provisions of this chapter or under the provision of any former act relating to the practice of optometry.

In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

Amended Stats 1978 ch 872 § 2.

Amendments:

1978 Amendment: Deleted "optician or " after "out as an" in the first paragraph.

36 Cal Jur 3d Healing Arts and Institutions § 67.

§ 3041. Acts constituting practice of optometry

The practice of optometry is the doing of any or all of the following:

- (a) The examination of the human eye or eyes, or their appendages, and the analysis of the human vision system, either subjectively or objectively.
- (b) The determination of the powers or range of human vision and the accommodative and refractive states of the human eye or eyes, including the scope of its or their functions and general condition.
- (c) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.
- (d) The prescribing of contact and spectacle lenses for, or the fitting or adaptation of contact and spectacle lenses to, the human eye, including lenses which may be classified as drugs by any law of the United States or of this state.

BUS

(c) exam con the Ass sect gen Add For 36 C Fitti

§ 3 cal (a) Di As ser qu tic in (b ar B H p p (C T d A F

Calif.

PROFESSIONS CODE

BUSINESS AND PROFESSIONS CODE

§ 3041.2

(e) The use of topical pharmaceutical agents for the sole purpose of the examination of the human eye or eyes for any disease or pathological condition. The State Board of Optometry, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall designate the specific topical pharmaceutical agents, known generically as mydriatics, cycloplegics, and topical anesthetics, to be used.

Added Stats 1976 ch 418 § 2.

Former § 3041, similar to the present section, was repealed by Stats 1976 ch 418 § 1.

36 Cal Jur 3d Healing Arts and Institutions §§ 5, 70.

Fitting of contact lenses as practice of optometry. 77 ALR3d 817.

§ 3041.1. Qualification of practitioner permitted to use topical pharmaceutical agents

(a) The State Board of Optometry with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall adopt rules and regulations, including additional education qualifications, necessary to insure professional competence by those practitioners whose activities fall within the definition of the practice of optometry in subdivision (e) of Section 3041.

(b) Only those optometrists who have satisfactorily completed such courses and successfully passed an examination prepared and given by the State Board of Optometry, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance, to be provided within six months of the effective date of this section, shall be permitted the use of such pharmaceutical agents as specified by subdivision (e) of Section 3041.

This section shall remain in effect until December 31, 1976, and on such date is repealed.

Added Stats 1976 ch 418 § 3.

Examination fee limited: § 3153.

§ 3041.2. Educational and examination requirements for licensure and use of pharmaceutical agents

The State Board of Optometry shall by regulation, with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance establish educational and examination requirements for licensure to insure the competence of optometrists to practice pursuant to subdivision (e) of Section 3041. Satisfactory completion of the educational and examination requirements shall be a condition for the issuance of an original certificate of registration under this chapter, on and after January 1, 1980. Only those optometrists who have successfully completed educational and examination requirements as determined by the State Board of Optometry with the advice and consent of the Division of Allied Health Professions of the Board of Medical Quality Assurance shall be permitted the use of

universities or their
etric education.
xols, colleges and
his state providing
gram of study for

sel

optometry or to
himself out as an
registration from
the provisions of

of test cards, test
actice of optome-

ollowing:
their appendages,
ctively or objec-

vision and the
es, including the

optical device in
aing, or orthop-

r the fitting or
eye, including

March 19, 1981
U.S.P.H.S. Clinic
Juneau, Alaska 99802

Senator Charles Parr
Pouch V
Juneau, Alaska 99811


Dear Senator Parr:

Thank you for your reply to my letter of March 9 concerning S.B. 136. The letter, itself, was a statement of my personal position. However, it is not inconsistent with the policies of the U.S. Public Health Service in Alaska. Today I checked this with Arnie Alper, M.D., Ophthalmologist at A.N.M.C. in Anchorage. Dr. Alper assured me that optometrists employed by the U.S. Public Health Service are not allowed to diagnose and treat eye diseases with drugs, nor have they ever been allowed to do so. On occasion, an optometrist seeing a patient in a bush clinic situation for an eye refraction (an exam for glasses) will call the ophthalmologists in Anchorage at the Alaska Native Medical Center and describe an eye ailment. Based on the optometrist's description, the physician may make a presumptive diagnosis and prescribe a drug for the patient. The role relegated to the optometrist, in this case, is no greater than that of a local village health aide.

The only other situation in which optometrists are allowed to use drugs is in performing refractions for glasses. This privilege is allowed only with the permission of a physician.

Thus, the role that optometrists see themselves filling as described by S.B. 136 is certainly not the case in the U.S. Public Health Service. Dr. Alper invites you to call him at A.N.M.C. (Phone: 907-279-6661) to confirm this and answer any other questions that you may have.

Sincerely,


Keith A. White, M.D., A.B.F.P.
Clinical Director
U.S.P.H.S. Clinic
Juneau, Alaska 99802

PROPOSED DRAFT COMMITTEE SUBSTITUTE FOR SENATE BILL 136 - OPTOMETRY
by the Senate HESS Committee - March 28, 1981

* Section 1. AS 08.72.020 is amended to read:

Sec. 08.72.020. Membership of board and terms of office. The board consists of six (FIVE) persons, appointed by the governor. Members serve staggered terms of four years.

* Section 2. AS 08.72.040 is amended to read:

Sec. 08.72.040. Qualifications. Four board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member with no interest, direct or indirect, in the practices of optometry, opticianry or medicine. One board member shall be a licensed physician pursuant to AS 08.64.170 - AS 08.64.350. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served.

* Section 3. AS 08.72.060(c) is amended to read:

(c) The board shall

(1) elect a president and secretary from among its members;

(2) order a licensee to submit to a reasonable physical examination if his physical capacity to practice safely is at issue.

(3) establish specific diagnostic drugs and the strengths thereof within the limits of AS 08.72.300(7), with the advice and guidance of the state medical board.

* Section 4. AS 08.72 is amended by adding a new section to read:

advertising

Sec. 08.72.272. Use of "Dr." or "Doctor". When an optometrist uses the title "Dr." or "Doctor" as a prefix to his name, without using the word "optometrist" as a suffix to his name or in connection with it, it constitutes a cause to revoke or suspend his certificate of registration.

* Sec. 5. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIALISTS. If, during the course of examining a person, an optometrist determines the possibility of the existence of a pathological condition, the optometrist shall so advise the person and shall refer the person to an appropriate ~~medical specialist~~ ^{health care practitioners} for further evaluation.

* Section 6. AS 08.72.300(2) is amended to read:

(2) "optometry" is the examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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 of application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

* Section 7. AS 08.72.300(3) is amended to read:

(3) "practicing optometry" is an examination, other than by the use of drugs, except diagnostic drugs as defined in this section, 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;

* Section 8. As 08.72.300 is amended by adding a new subsection to read:

(7) "diagnostic drug" means a cycloplegic, mydriatic, or topical anesthetic which is listed in the official United States Pharmacopoeia, or official National Formulary, or ^a ~~any other~~ supplement to either of them.

* Section 9. As 08.72. is amended by adding a new section to read:

Sec. 08.72.305. Use of drugs for diagnosis. No optometrist shall be registered or certified to practice optometry in the state of Alaska in any area that is beyond the scope of his educational training as determined by the board of optometry. Any optometrist presently registered in the state of Alaska and who desires to employ the use of diagnostic drugs must submit to the board of optometry evidence of satisfactory completion of all necessary educational requirements as made mandatory by the board. *
The board of optometry shall provide for continuing educational requirements by all optometrists desiring to employ diagnostic drugs. Diagnostic drugs may ^{only} be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use diagnostic drugs as provided in this chapter.

* endorsement showing auth to use drugs



March 2, 1981



Ms. Deborah Behr
Special Asst /Department of Health
& Social Services
Pouch 801
Juneau, AK 99811

Dear Ms. Behr:

As you requested, here is a copy of the most recent (1980) "List of Pharmaceutical Agents by Name (or type if not named) that State Law or Regulations Specify Optometrists are Permitted to use". As indicated, and as we discussed, virtually all of the lists--any many states do not have a list--are in the Board rules and not in the statute itself. Because of the technical and evolving nature of changes in the pharmaceutical field, it is most appropriate that any listing should be in the Board rules and not in the statute which would require amendment by the legislature as needed.

Also enclosed is a copy of the report from the State of Wisconsin Department of Regulation and Licensing recommending that the July 1, 1982 "sunset" provision be removed and that the authority for optometrists to use topical ocular diagnostic pharmaceutical agents be continued. It should be of great value to you in your study.

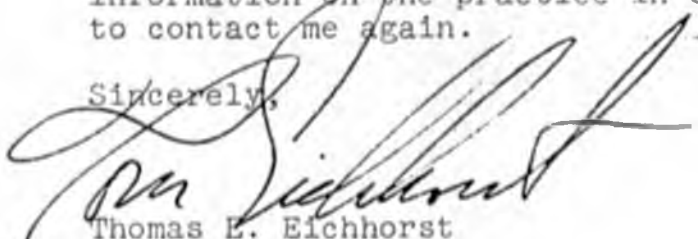
For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a copy of the laws of Florida (which does not have a prohibition), North Carolina, Oregon (diagnostic only at this time) and West Virginia.

Ms. Deborah Behr
March 2, 1981
Page -2-

American Optometric Association

Also enclosed is a copy of a monograph providing background information on the profession of optometry in the United States. Of course, for additional information concerning the practice of the profession in Alaska, please contact Dr. George Hall, 1345 West Ninth, Anchorage, AK 99501, President of the Alaska Optometric Association. If I can provide you with further information on the practice in other states, please feel free to contact me again.

Sincerely,



Thomas E. Eichhorst
Counsel

TEE/val
enclosures

cc: George Hall, O.D.
1345 West Ninth
Anchorage, AK 99501
907-272-2558

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

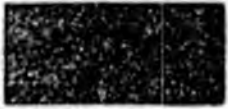
<u>NAME</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
*West Virginia	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
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 25, 1980

*both diagnostic and therapeutic

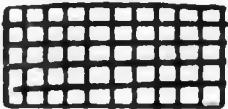
[In addition, there are eight (8) other states that do not statutorily prohibit the use of DPAs by optometrists; several of these states have attorney general opinions (+favorable) (-unfavorable) on this point: Alabama (AG-), Florida (AG+), Idaho (State Board Statement +), Indiana (AG+), Michigan (AG-),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

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

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS



Authorized by Optometrists by Statute



Permitted by Opinion of Attorney General or State Board Examiner



No Statutory Prohibition



No Statutory Prohibition but Negative A.G. Opinion

DISTRIBUTION OF OPTOMETRISTS AND OPHTHALMOLOGISTS IN ALASKA

source: Alaska Division of Occupational Licensing and
the Alaska State Medical Association

<u>Location</u>	<u>Optometrists</u>	<u>Ophthalmologists</u>
Anchorage	12	11
Fairbanks	3	4
Juneau	2	1
Kenai-Soldotna	2	1
Ketchikan	3	1
Kodiak	1	0
North Pole	1	0
Palmer	1	0
Sitka	1	0
Anchor Point	<u>0</u>	<u>1</u>
TOTAL	26	19

note: Licensure is not required for those practicing with the armed services or with the United States Public Health Service (AS 8.64.370), so those persons are not reflected on this list.

copy for...

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC. TREAS.
Dennis Swanner O.D.

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

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.



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street, Suite 1 • Anchorage, Alaska 99504 • (907) 277-6891



March 17, 1981

The Honorable Charles Parr
Chairman
Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I am writing to follow up on my previous testimony to your committee, both in person and by teleconference, regarding SB 136. I would also like to make reference to the preliminary compromise between the optometrists and the medical doctors that was worked out last year, and to address the suggested language to amend SB 136 authored by the DHSS.

Diagnostic pharmaceutical agents that could, with proper safeguards, be considered reasonably safe for use by optometrists include a pure mydriatic, such as phenylephrine hydrochloride 2.5% or 5%; combination cycloplegics and mydriatics, to include tropicamide 1% and cyclopentolate hydrochloride 1%; and a topical anesthetic such as proparacaine 0.5%. This list of drugs would satisfy the economic wishes of those optometrists who wish to expand their practices without unduly endangering the Alaskan public.

The Alaska State Medical Association is strongly opposed to optometrists using therapeutic agents. Medications are expensive when prescribed needlessly, dangerous when prescribed inappropriately, and well outside the scope of training for most optometrists currently practicing in the state. The DHSS amendments included this limitation.


We believe it is very important that the public be given the opportunity to make an informed decision regarding their vision care when an abnormality is detected. We believe it is essential that the patient understand that they are seeing a non-physician in cases where a pathologic condition is suspected. The DHSS amendments assured this.

Since it is the optometrists who are seeking expansion of their definition of their profession, not a limitation on existing practice by the medical profession, we believe it very important that the Legislature protect the public interest. The consistent testimony by members of the public at the recent teleconference was solidly in support of the Legislature moving very slowly, if at all, regarding expansion of the definition of optometry.

We are prepared to provide further information and recommendations regarding this legislation, should you wish to have further information from us.

Thank you for the opportunity to offer testimony on this most important matter.

Yours truly,


David E. Johnson, M.D.
President

cc Rep. Don Clocksin, House HESS

*Proposed by the Dept.
of Health & Social Services*

(2)

IN THE SENATE

BY HEALTH, EDUCATION, AND
SOCIAL SERVICES COMMITTEE

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 136 (HESS)

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, and authorizing the use of
ophthalmic drugs by optometrists."

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

* Section 1. AS 08.72.240(3) is amended to read:

(3) advertising professional services in a false
or misleading manner, [;] including false representation to
the public as something other than an optometrist, which
is meant as an optician, eye physician, or by any other
designation which would confuse the nature of his licensed
practice.

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

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIAL-
ISTS. If, during the course of examining a person, an
optometrist determines the possibility of the existence
of a pathological condition, the optometrist shall so
advise the person and shall refer the person to an
appropriate medical specialist for further evaluation.

* Sec. 3. AS 72.300(2) is repealed and reenacted to read:

(2) "optometry" means the employment of any
means other than the use of drugs, except the administration

depression

of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 4. AS 08.72.300(3) is repealed and reenacted to read:

(. "practicing of optometry" means employing any means other than the use of drugs, except the administration of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 5. AS 08.72.300 is amended by adding subsections to read:

(7) "Commissioner" means the Commissioner of the department of Commerce and Economic Development.

(8) "Committee" means the Alaska State Committee on Optometric Drugs established in AS 08.72.277.

* Sec. 6. AS 98.72 is amended by adding a new section to read:

Sec. 08.72.277. USE OF DRUGS. (a) There is created the Alaska State Committee on Optometric Drugs. The Committee shall consist of five members, including one ophthalmologist from a list of nominees recommended by the Alaska State Medical Board, the Director of the State Division of Public Health, one pharmacist recommended by the Alaska Board of Pharmacy, and two optometrists from a list recommended by the Alaska Board of Examiners in Optometry. All members shall be appointed by the commissioner of the department for three year term. The commissioner shall designate the chairperson of the committee who shall remain chairperson throughout his term. All members shall be voting members. If any member shall cease to act for any reason, prior to the termination of his appointed term, the commissioner shall appoint a new member with the same qualifications as the replaced member and to complete the term of the member ceasing to act. The Committee shall meet at the call of the chairperson, ~~but not less than quarterly.~~

(b) The Committee shall have the following rights and responsibilities:

(1) to approve those diagnostic pharmaceutical agents topically applied to be utilized by optometrists in this state, and the strength thereof. The agents shall be limited to cycloplegics, mydriatics, and topical ~~anesthetics~~ ^{anesthetics};

←
Advise
a
Committee
Advise
of

(2) to approve those optometrists who shall be authorized to use those diagnostic pharmaceutical agents approved by the committee, ^Nno optometrist shall be approved until he has exhibited his qualifications by passing an examination on the pharmacology of ophthalmic drugs prepared or approved by the committee. Such exam shall consist of written questions designed to test knowledge of the proper listed characteristics of the diagnostic pharmaceutical agents approved by the Committee. Approval shall consist of an endorsement by the Committee to his registration certificate authorizing him to use ophthalmic drugs and specifying restrictions on their use, if any;

(3) to approve educational standards to be used as prerequisites to authorization to use those diagnostic pharmaceutical agents. Provided, however, that no course or courses in pharmacology shall be approved by the Committee unless (a) taught by an institution having facilities for both the classroom and clinical instruction in pharmacology and which is accredited by a regional or professional accrediting organization that is recognized and approved by the Council on Postsecondary Accreditation or the United States Office of Education and (b) transcript credit for the course of courses is certified to the Committee by the institution as being equivalent in both hours and content to those courses in pharmacology required by the other licensing boards in this Chapter whose licensees or registrants are permitted the use of pharmaceutical agents in the course of their professional practice. Such

educational standards shall cover instruction in cardiopulmonary resuscitation and other first aid techniques.

(c) Standards approved by the Committee and adopted in regulation by the department shall be enforced by the Board of Examiners in Optometry. If the Committee, after evidence presented to the Board, finds that clear, cogent and convincing evidence was presented to the Board, but the Board failed to recommend that authority to use diagnostic pharmaceutical agents be withdrawn, then the Committee may withdraw the authority to use pharmaceutical agents from that optometrist.

* Sec. 7. AS 17.15.010 is amended by adding a new subsection to read:

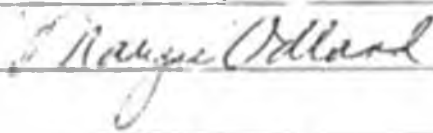
(b) Notwithstanding (a) of this section, diagnostic ophthalmic drug identified by regulation of the State Committee on Ophthalmic Drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use the drug as provided in AS 08.72.277.

* Sec. 8. AS 17.15.030 is amended by adding a new subsection to read:

(b) AS 17.15.010 and 17.15.020 do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturer, or at retail in a pharmacy by a pharmacist, of a diagnostic ophthalmic drug identified by regulation of the Board of Examiners in Optometry to an optometrist who is authorized to use the drug as provided in AS 08.72.277.

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO Board of Optometry DATE 2-10-81	TO Margie Odland DATE 2/16/81
From: Margie Odland, Regulations Specialist Division of Occupational Licensing	
Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists.	I find the bills very well put together but the concept of using drugs for diagnostic purposes only should be mentioned in more detail.
This division would appreciate receiving any comment you have to offer concerning these bills.	John Nicko Jr. Public Member Board of Optometry
Thank you,	
	
STATE OF ALASKA Department of Commerce Division of Occupational Licensing Pouch D Juneau, Alaska 99801	

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON IN PLACE. 3. WRITE REPLY. 4. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER.

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO Board of Optometry DATE 2-10-81	TO _____ DATE _____
From: Margie Odland, Regulations Specialist Division of Occupational Licensing	
Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists.	<i>The board is highly supportive of this legislation. I have been the executive spokesman for this legislation and would assist you on any specific concerns!</i>
This division would appreciate receiving any comment you have to offer concerning these bills.	
Thank you,	
<i>Margie Odland</i>	
STATE OF ALASKA	
Department of Commerce	
Division of Occupational Licensing	
Pouch D	
Juneau, Alaska 99801	<i>Mc Johnson</i>

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON IMITACI 3. WRITE REPLY 4. DETACH STUB KEEP PINK COPY RETURN WHITE COPY TO SENDER

RECEIVED
 DIVISION OF OCCUPATIONAL LICENSING
 STATE OF ALASKA
 FEB 18 1981

REPLY MEMO

State of Alaska

MESSAGE

to Board of Optometry DATE 2-10-81

From: Margie Odland, Regulations Specialist
Division of Occupational Licensing

REPLY

to Margie Odland DATE 2/13/81

Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists.

I am in full support of SB 136 + HB 111. This needed update of our statutes will result in better, more economic eye care for the public. Passage of this bill will allow optometrists the full use of their professional skills to better care for their patients.

This division would appreciate receiving any comment you have to offer concerning these bills.

Thank you,

Margie Odland

Brigman
 President Board of
 Examiners of Optometry

STATE OF ALASKA
 Department of Commerce
 Division of Occupational Licensing
 Pouch D
 Juneau, Alaska 99811

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO Board of Optometry DATE 2-10-81 From: Margie Odland, Regulations Specialist Division of Occupational Licensing	TO Margie Odland, DATE 2/17
Attached for your review are copies of SB 136 and HB 111, concerning the practice of optometry and authorizing the use of ophthalmic drugs by optometrists.	<i>This Bill I strongly support.</i>
This division would appreciate receiving any comment you have to offer concerning these bills.	
Thank you, <i>Margie Odland</i>	<i>Ray A. Boon</i> <i>OD</i>
STATE OF ALASKA Department of Commerce Division of Occupational Licensing Pouch D Juneau, Alaska 99811	

1. KEEP YELLOW COPY.

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY

2. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., Ph.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503
February 12, 1981

Margie Odland
Regulations Specialist
State of Alaska Department of Commerce
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811

Dear Ms. Odland:

Thank you for sending me copies of HB 111 and SB 136, authorizing use of ophthalmic drugs by optometrists. The bills have been proposed jointly by the Board of Examiners in Optometry and the Alaska Optometric Association. They will allow the Board to license optometrists for procedures currently being taught in optometry schools but not permitted under the present Alaska law. The enclosed booklet contains explanatory and reference material that we have provided to legislators.

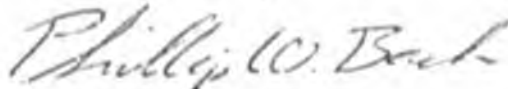
In recent years, Alaska has fallen behind in its ability to license graduates to current standards of practice. It is now in a minority of states that do not permit optometrists to use drugs.

We expect this legislation to be opposed by ophthalmologists, who for economic reasons, wish to see the optometry law retain its present restrictions.

Supportive testimony by the Division of Occupational Licensing would be of help to us in this matter. For instance, you or your people could say that the Optometry Board should have the same right to determine the areas of expertise of its profession as is accorded the Dental, Medical and other health regulatory boards. More specifically, once the legislature acknowledges optometrists' right to use drugs, "as taught by schools and colleges of optometry", the Board should be given the responsibility to determine, by regulation, which drugs may be used and how they may be used, as opposed to listing drugs in the statute. If the ophthalmologists cannot defeat drugs, per se, they may propose listing of drugs, so as to again freeze the status of a constantly changing, competing profession.

Please consider me your principal contact with respect to this legislation. I would appreciate hearing your reaction, and your thoughts as to what role the Division might play in these proceedings.

Very truly yours,



Phillip W. Bach, O.D., Ph.D.
Member, Board of Examiners in
Optometry
telephone 276-8120

PWB/pb
enclosure

REPLY MEMO

State of Alaska

MESSAGE

REPLY

to Board of Pharmacy DATE 2-10-81

to Margie Odland DATE 2/15/81

From: Margie Odland, Regulations Specialist
Division of Occupational Licensing

SINCE REF. IS

MADE TO

Attached is a copy of SB 136, pertaining to
the use of ophthalmic drugs by optometrists.

17.15.010 WHERE IT

This bill is the same as HB 111, which was
introduced in the House by Representative Terry
Martin.

HAS TO DO WITH
CONTROLLED SUBSTANCES

If you wish to comment on this legislation,
please reply on this memo and mail to my
attention.

A QUESTION OF
DEA-REGISTRATION IS
RAISED - WHAT PROVISION
HAS BEEN MADE TO OBTAIN
LEGALLY "LEGIND" DRUGS
THAT ARE NOT CONTROLLED
SUBSTANCES ??

Thank you,

BOARD OF PHARMACY
Eck
2/19/81

1. KEEP YELLOW COPY

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY

2. DETACH STUB, KEEP PINK COPY, RETURN WHITE COPY TO SENDER

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO State Medical Board DATE 2-10-81	TO MARGIE ODLAND DATE 2/15/81
From: Margie Odland, Regulations Specialist	Tom Kinsella, Member-Medical Board
Re: Copies of bills presented to you at 2-7-81 meeting.	
<p>In reference to SB 136, pertaining to the use of ophthalmic drugs by optometrists, I would appreciate receiving any comments you may wish to make concerning this legislation. The same bill has been introduced in the House as HB 111.</p>	<p>I have a problem with the bill due to the fact that no where does it state the drugs are for diagnostic use only. This along with the definition</p>
<p>Also, I would appreciate receiving your comments on the drug bill as soon as possible.</p>	<p>change pertaining to optometry from "(REQUIRES) to <u>may require</u> referral to other health care practitioners" is too broad language and should be better defined towards diagnostic use of the ophthalmic drugs.</p>
<p>Thank you.</p>	
<p><i>Margie</i></p>	
	<p>Thanks</p>
	<p><i>Tom Kinsella</i></p>

1. KEEP YELLOW COPY.

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

3. WRITE REPLY.

4. DETACH BLUE, KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

Peninsula Eye Clinic

PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

February 19, 1981

Margie Odland
Regulations Specialist
Div. of Occupational Liscensing

Dear Margie,

Thank you for giving me the opportunity to comment on the so called "optometric drug bill"! The manner in which the bill is worded is quite dangerous to the public as it would allow an O.D. (non-medical person) to use any drug classified as "ophthalmic" by the optometry board (a group of non-physicians). In addition the bill would permit them to perform any procedure "taught in optometry school". Both of the above liberties could be devastating to the public!

Last spring ophthalmologists agreed to support legislation which would allow the O.D.'s to use specific drugs for diagnostic purposes and in return the O.D.'s would have been required to refer patient's for medical treatment if certain signs of eye disease were present! We felt the public would be adequately protected under such a bill. The fact that this session the O.D.'s are "going for the whole drug pharmacopoeia" indicates their desire to in reality practice medicine not optometry! If such be the case, we have a medical board and appropriate exam to satisfy their liscensing requirements.

Please let me know if I may be of further assistance in the future. Needless to say, ophthalmologists are concerned about this bill and its effect on the public. Enclosed are two additional pieces of information which might be of interest to your office!

Sincerely,

Peter E. Cannava

Peter E. Cannava, M.D.
Ophthalmology

PEC:ccy

February 13, 1981

Peninsula Eye Clinic
PETER E. CANNAVA, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

Dear

This letter concerns the House Bill relating to the practice of optometry (House Bill? As of now).

This bill would set a dangerous precedent in our state by allowing non-medical practitioners to use drugs upon the public. Traditionally, the privilege of using drugs on humans has been reserved for those professionals who have completed a course in medicine or dentistry at a recognized school and who have passed the appropriate board exam of Alaska. For non-medical practitioners to request legislation permitting them to practice medicine would be tantamount to physicians requesting legislation permitting them to practice law. For just as an optometrist takes a course in school on drugs, so too can I take a course in school on torts!

The bill itself is terrible in its wording:

Section 1 (2): The word ascertain is used to describe what an optometrist does in deciding if ocular disease is present or not. The word ascertain comes from the French "acertenes" plus the Latin "certus", both meaning to "find out with certainty if a disease is or is not present! The word detection from the Latin "detegere", to uncover, would be more appropriate.

Section 1 (2): They are asking for legislation to permit them to perform any procedure taught by schools of optometry! This would give them carte blanche to perform any procedure under the sun so long as it can be shown to be taught at any school of optometry by any instructor!

Section 3 : They are asking legislation to use any drug so long as it has been identified as an ophthalmic drug by the optometry board. This is almost incredible! They want carte blanche to use all drugs, both diagnostic and therapeutic, by eye drop or by mouth or by injection! This means their board (non-physicians) could declare morphine an ophthalmic drug because it is occasionally used to treat eye pain and thus they would be within the law.

Section 3 (3): They must pass an exam given by the optometry board! For those who wish to practice medicine there is already a board exam given and it has withstood the test of time! There are no physicians on the optometry board so this would be legislating the blind to lead the blind. (Nun intended)

I hope this information proves of help in interpreting this potentially devastating bill.

Sincerely,

PEC:ccy

Peter E. Cannava, M.D.

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO State Medical Board DATE 2-10-81	TO Margie DATE 2/17/81
From: Margie Odland, Regulations Specialist	
Re: Copies of bills presented to you at 2-7-81 meeting.	
<p>In reference to SB 136, pertaining to the use of ophthalmic drugs by optometrists, I would appreciate receiving any comments you may wish to make concerning this legislation. The same bill has been introduced in the House as HB 111.</p>	<p>This issue is such a controversial one between the ophthalmologists and optometrists. In my situation, the two disciplines work well together and have an easy flow of referral.</p>
Also, I would appreciate receiving your comments on the drug bill as soon as possible.	<p>I personally have no problem with the proposed changes, but private ophthalmologists will probably object. I gave a copy of this to Dr. Tom Harrison who I believe will respond.</p>
<p>Thank you, Margie</p>	

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT. 1. WRITE REPLY. 2. DETACH SUB. KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

Margie,
Please note
change of address
1013 W. 16th Ave.
Anchorage, AK
99501

George
L. Harrison, M.D.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE:

March 9, 1981

The Honorable Charles Parr
Chairman
Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

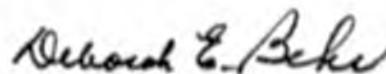
At the recent Senate HESS Committee meeting on SB 136: "An Act Relating to the Practice of Optometry," your Committee requested the following information be provided:

- (1) A list of drugs authorized for use by optometrists in other states;
- (2) A copy of Florida's optometric drug law; and,
- (3) Suggested language to amend SB 136 to protect the public's health if drugs were authorized for use by optometrists, including a list of drugs to be utilized if recommend by the department.

We have attached the material you requested. We would be pleased to discuss this information further with you at the Committee's convenience.

Thank you for the opportunity to comment on this important matter.

Sincerely,



Deborah E. Behr
Special Assistant

IN THE SENATE

BY HEALTH, EDUCATION, AND
SOCIAL SERVICES COMMITTEE

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 136 (HESS)

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, and authorizing the use of ophthalmic drugs by optometrists."

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

* Section 1. AS 08.72.240(3) is amended to read:

(3) advertising professional services in a false or misleading manner, [;] including false representation to the public as something other than an optometrist, which is meant as an optician, eye physician, or by any other designation which would confuse the nature of his licensed practice.

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

Sec. 08.72.280. REFERRAL TO OTHER MEDICAL SPECIALISTS. If, during the course of examining a person, an optometrist determines the possibility of the existence of a pathological condition, the optometrist shall so advise the person and shall refer the person to an appropriate medical specialist for further evaluation.

* Sec. 3. AS 72.300(2) is repealed and reenacted to read:

(2) "optometry" means the employment of any means other than the use of drugs, except the administration

of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 4. AS 08.72.300(3) is repealed and reenacted to read:

(3) "practicing of optometry" means employing any means other than the use of drugs, except the administration of diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery to examine the human eye, to determine the visual efficiency of the human eye, or to determine the powers or defects of vision; the prescribing, providing, furnishing, adapting, using or employing lenses, prisms, contact lenses, visual training, orthoptics, ocular exercise or any other means or device other than the use of drugs, except diagnostic pharmaceutical agents as authorized in AS 08.72.277, medicine or surgery for the aid, relief or correction of vision.

* Sec. 5. AS 08.72.300 is amended by adding subsections to read:

(7) "commissioner" means the commissioner of the department of Commerce and Economic Development.

(8) "Committee" means the Alaska State Committee on Optometric Drugs established in AS 08.72.277.

* Sec. 6. AS 98.72 is amended by adding a new section to read:

Sec. 08.72.277. USE OF DRUGS. (a) There is created the Alaska State Committee on Optometric Drugs. The Committee shall consist of five members, including one ophthalmologist from a list of nominees recommended by the Alaska State Medical Board, the Director of the State Division of Public Health, one pharmacist recommended by the Alaska Board of Pharmacy, and two optometrists from a list recommended by the Alaska Board of Examiners in Optometry. All members shall be appointed by the commissioner of the department for three year term. The commissioner shall designate the chairperson of the committee who shall remain chairperson throughout his term. All members shall be voting members. If any member shall cease to act for any reason, prior to the termination of his appointed term, the commissioner shall appoint a new member with the same qualifications as the replaced member and to complete the term of the member ceasing to act. The Committee shall meet at the call of the chairperson.

(b) The Committee shall have the following rights and responsibilities:

(1) to approve those diagnostic pharmaceutical agents topically applied to be utilized by optometrists in this state, and the strength thereof. The agents shall be limited to cycloplegics, mydriatics, and topical anesthetics;

(2) to approve those optometrists who shall be authorized to use those diagnostic pharmaceutical agents approved by the committee. No optometrist shall be approved until he has exhibited his qualifications by passing an examination on the pharmacology of ophthalmic drugs prepared or approved by the committee. Such exam shall consist of written questions designed to test knowledge of the proper listed characteristics of the diagnostic pharmaceutical agents approved by the Committee. Approval shall consist of an endorsement by the Committee to his registration certificate authorizing him to use ophthalmic drugs and specifying restrictions on their use, if any;

(3) to approve educational standards to be used as prerequisites to authorization to use those diagnostic pharmaceutical agents. Provided, however, that no course or courses in pharmacology shall be approved by the Committee unless (a) taught by an institution having facilities for both the classroom and clinical instruction in pharmacology and which is accredited by a regional or professional accrediting organization that is recognized and approved by the Council on Postsecondary Accreditation or the United States Office of Education and (b) transcript credit for the course or courses is certified to the Committee by the institution as being equivalent in both hours and content to those courses in pharmacology required by the other licensing boards in this Chapter whose licensees or registrants are permitted the use of pharmaceutical agents in the course of their professional practice. Such

educational standards shall cover instruction in cardiopulmonary resuscitation and other first aid techniques.

(c) Standards approved by the Committee and adopted in regulation by the department shall be enforced by the Board of Examiners in Optometry. If the Committee, after evidence presented to the Board, finds that clear, cogent and convincing evidence was presented to the Board, but the Board failed to recommend that authority to use diagnostic pharmaceutical agents be withdrawn, then the Committee may withdraw the authority to use pharmaceutical agents from that optometrist.

* Sec. 7. AS 17.15.010 is amended by adding a new subsection to read:

(b) Notwithstanding (a) of this section, diagnostic ophthalmic drug identified by regulation of the State Committee on Ophthalmic Drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use the drug as provided in AS 08 72.277.

* Sec. 8. AS 17.15.030 is amended by adding a new subsection to read:

(b) AS 17.15.010 and 17.15.020 do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturers, or at retail in a pharmacy by a pharmacist, of an diagnostic ophthalmic drug identified by regulation of the Board of Examiners in Optometry to an optometrist who is authorized to use the drug as provided in AS 08.72.277.

AS 17.15.010 and 17.15.020 do not apply to the sale of an diagnostic ophthalmic drug identified by regulation of the Alaska State Committee on Optometric Drugs by one optometrist authorized to use the ophthalmic drug to another optometrist authorized to use the drug.

BARTLETT MEMORIAL HOSPITAL

P. O. BOX 2-3000 • JUNEAU, ALASKA
MILE 2 — GLACIER HIGHWAY

• TELEPHONE (907) 586-2611

March 5, 1981

Honorable Charles Parr, Senator
Chairman, Senate Committee on Health, Education
and Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

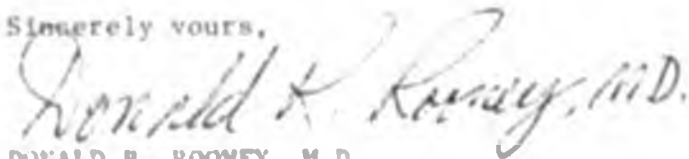
At the regular monthly meeting this week of the Juneau Medical Society, Senate Bill 136, enlarging the scope of practice of Optometry was carefully considered.

This bill expresses a clear intent by Optometry (a measuring science) to practice medicine both in diagnosis and treatment of disease. It is a well proven principle of good medical care, that a physician must treat the entire patient, not just a single part of the body such as the eye. Many serious systemic diseases, such as diabetes, are first detected by changes in the eye. Optometrists are not trained in the treatment of diabetes and other systemic illnesses.

Enactment of S.B. 136 in no way would substitute for the level of training of optometrists necessary to diagnose and treat disease. Passage of this bill, without stringent safeguards, would produce a very real risk to the welfare and safety of Alaskans.

For the above and other reasons, the Juneau Medical Society and the Medical Staff of Bartlett Memorial Hospital, unanimously agreed on a position of strong opposition to S.B. 136. We appreciate your consideration in this matter.

Sincerely yours,



DONALD R. ROONEY, M.D.
President, Juneau Medical Society
Chief of Staff, Bartlett Memorial Hospital

DRR:jlb

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSB 136 (HESS)
 Title An Act relating to the practice of optometry.
 Requested by Senate HESS Committee Date 4-9-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
 Program Category Affected Public Protection
 BRU, Program, or Subprogram(s) Affected Regulation & licensing of professions
 (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)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

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

No fiscal impact.

IV. DATE 4-23-81 PREPARED BY *Marjorie Odland* Marjorie Odland, Regulations Specialist
 AGENCY Division of Occupational Licensing
 PHONE 465-2535
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

includes H. O. opinions

USE OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS
BY STATE, TYPE, AND CLASSIFICATION

State	Optometric Drugs		Classifications of Drugs Used					
	Diagnostic Only	Diagnostic & Therapeutic	Cycloplegics	Mydiatics	Topical Anesthetics	Dyes such as Fluorescein	Miotics	None Specifically Listed In Statute or Regulations
+ Arizona	X		X	X	X			
Arkansas	X		X	X	X	X		
X California	X		X	X	X			
Delaware	X		X	X	X		X	
Florida	X	X						X
Georgia	X							X
Idaho	X							X
Indiana	X							X
Iowa	X		X	X	X			
Kansas	X		X	X	X			
Kentucky	X		X	X	X		X ^E	
Louisiana	X							X
Maine	X			X	X			
Minnesota	X							X
Montana	X		X	X	X	X	X ^E	
Nebraska	X		X	X	X			
Nevada	X		X	X	X		X	
New Jersey	X							X
New Mexico	X							X
Bill North Carolina	X	X						X
North Dakota	X							X
Bill Oregon	X		X	X	X	X	X ^E	
Pennsylvania	X		X	X	X		X	
Rhode Island	X			X	X		X	
South Dakota	X							X
Tennessee	X		X	X	X		X	
Utah	X		X	X	X			
Bill West Virginia	X ^x	X ^x						X
Wisconsin	X		X	X	X	X	X ^E	
Wyoming	X		X	X	X	X	X ^E	
TOTAL.	30	3	16	18	18	5	10	12

Key

E = In Emergency Use Only

x = Excludes Oral or Injectable Drugs

Source: American Optometric Association (1980)



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Pouch V
State Capitol
Juneau, Alaska 99811

465-4907
465-4908

NOTICE OF HEARING

The Senate Health, Education & Social Services Committee has scheduled Senate Bill 136 - An Act Relating to the Practice of Optometry. The public hearing date is Friday, February 27th, at 3:00 p.m. The hearing will be located in room 209 of the Behrends Building, which is located at the corner of Seward & Third Street in Juneau. Written comments can be sent to the Committee at the address on this letterhead.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 136
 Title An Act relating to the practice of optometry, and authorizing the use of ophthalmic
 Requested by drugs by optometrists. Senate HESS Date 2-9-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
 Program Category Affected Public Protection
 BRU, Program, or Subprogram(s) Affected Regulation & Licensing of Professions
 (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						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

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

IV. DATE 2-9-81 PREPARED BY Marjorie Odland, Regulations Specialist
 AGENCY Division of Occupational Licensing
 PHONE 465-2535
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Enrolled
House Bill 2740

Sponsored by Representatives OTTO, GRANNELL, GWINN, WALDEN,
Senators HOWARD, JERNSTEDT

CHAPTER.....

AN ACT

Relating to the practice of optometry; amending ORS 683.010, 683.040,
683.060 and 683.270.

Be It Enacted by the People of the State of Oregon:

Section 1. ORS 683.010 is amended to read:

683.010. As used in this chapter, unless the context requires otherwise:

(1) "Board" means the Oregon Board of Optometry.

(2) "Practice of optometry" means the employment of any means other than the use of drugs, except diagnostic agents, topically applied, known generically as cycloplegics, mydriatics, topical anesthetics, dyes such as fluorescein, and, for emergency use only, miotics, for the measurement or assistance of the powers or range of human vision or the determination of the accommodative and refractive states of the human eye or the scope of its functions in general or the adaptation of lenses or frames for the aid thereof, subject to the limitations of ORS 683.040.

(3) "Trial frames" or "test lenses" means any frame or lens used in testing the eye which is not sold and not for sale.

Section 2. ORS 683.040 is amended to read:

683.040. (1) Every person desiring to commence the practice of optometry in this state must show by satisfactory evidence that he is of good moral character and has graduated from a school of optometry which is recognized and approved by the board and which maintains a standard of four school years of at least nine months each.

(2) Every person desiring to commence the practice of optometry after January 1, 1976, or employ the use of diagnostic agents shall in addition to the requirements of subsection (1) of this section have satisfactorily completed a course in pharmacology, as it applies to optometry, by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the National Commission on Accrediting or the United States Commissioner of Education, with particular emphasis on the topical application of diagnostic agents to the eye for the purpose of examination of the human eye and the analysis of ocular functions, approved by the Oregon Board of Optometry.

Section 3. ORS 683.060 is amended to read:

683.060. (1) Any person who has signified to the board his desire to be examined by it and who has filed proof that he is qualified under this chapter and the rules of the board to take such examination shall appear before the board at such time and place as the board may designate, and before beginning the examination the applicant shall pay \$50 to the secretary of the board. At the examinations the board shall examine applicants in the anatomy of the eye, in the use of diagnostic agents as used topically, in normal and abnormal refractive and accommodative and muscular conditions and coordination of the eye, in subjective and objective

optometry, including the fitting of glasses, the principles of lens grinding and frame adjusting, and in such other subjects as pertain to the science and practice of optometry, such subjects to be enumerated in a publication by the board.

(2) The board may, in its discretion, accept the certificate of successful examination of the National Board of Examiners in Optometry in one or more areas of the examination in lieu of its written examination in such areas.

(3) If an applicant shall fail to pass a second examination, the board may permit additional examinations upon compliance by the applicant with the law and the rules of the board.

Section 4. ORS 683.270 is amended to read:

683.270. The powers and duties of the board are as follows:

(1) To organize and elect from its membership a president and secretary of the board, each of whom shall hold office for one year, or until the election and qualification of a successor.

(2) To adopt and use a common seal.

(3) To employ agents, attorneys and inspectors to secure evidence of, report on, and prosecute all violations of this chapter and to employ other necessary assistance in the carrying out of the provisions of this chapter, and to pay the same from the funds provided in this chapter.

(4) To hold regular meetings at least once a year at which an examination of applicants for certificates of registration shall be held at such places as the board shall from time to time designate, and special meetings upon request of a majority of the members of the board or upon the call of the president.

(5) To keep an accurate record of all proceedings of the board and of all of its meetings, of all prosecutions for violations of this chapter, and of all examinations held for applicants for certificates of registration, with the names and addresses of all persons taking examinations and their success or failure to pass such examinations. All the records of the board shall be public and shall be kept in the office of the board.

(6) To keep an accurate inventory of all property of the board and of the state in the possession of the board and to obtain a receipt therefor from its successor.

(7) To keep a register of optometrists which shall contain the names and addresses of all persons to whom certificates of registration have been issued in the State of Oregon, together with the date of the issuance of such certificate and the place or places of business in which each optometrist is engaged, and all renewals, revocations and suspensions thereof.

(8) To grant or refuse to grant certificates of registration as provided in this chapter and to revoke the certificate of registration of any optometrists for any of the causes specified in ORS 683.140.

(9) To designate diagnostic pharmaceutical agents for topical use in the practice of optometry from among the generic categories enumerated within subsection (2) of ORS 683.010. Said designation shall take place not later than January 1, 1976, and shall be with the advice and guidance of the Board of Medical Examiners for the State of Oregon.

~~[(9)]~~ (10) To administer oaths and take testimony upon granting and revoking or suspending any certificate of registration.

~~[(10)]~~ (11) To make rules not inconsistent with the laws of this state as are deemed necessary or proper to carry out the lawful powers and duties of the board, as may be necessary or proper to determine the qualifications of applicants for a certificate to practice optometry in this state, and to establish educational, moral and professional standards for such applicants, subject to the laws of this state. If an applicant fails to pass a second examination the board may adopt rules which may provide the required courses of study before further examination.

AMERICAN OPTOMETRIC ASSOCIATION



BULLETIN

from the

COMMITTEE ON STATE AGENCIES

COMMUNITY HEALTH DIVISION

VOLUME XXXIII, BULLETIN NO. 36

May 28, 1975

TO: State Association Presidents, Legal-Legislative Chairmen,
Attorneys, Executives

FROM: Virgil L. Rhodes, O.D., Chairman

SUBJECT: Oregon Legislation

DIST: O, T, Dr. Pitts, Division Executive Committee Chairmen, CHD-EC,
SAC, ED, WOD, GC, C, AA, Division Directors, E, NE, Drs. Holcombe,
Lind, Rush, Reslock, Administrative Heads of Schools and Colleges

On Tuesday, May 20, 1975, Oregon Governor Robert W. Straub signed into law House Bill No. 2740.

A copy of this bill, as enacted, is attached.

The bill passed the House by a vote of 31 to 27, and the Senate by a vote of 20 to 10.

Oregon is the fourth state to enact legislation authorizing optometrists to utilize diagnostic pharmaceutical agents. The three other states and the dates of their enactment are Rhode Island (July 16, 1971), Pennsylvania (March 1, 1974) and Tennessee (May 8, 1975).

[In addition there are seven 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: Florida (old AG-), Idaho, Indiana (AG+), Minnesota, Nevada (AG+), New Jersey (AG+), Virginia (AG-).]

educational standards shall cover instruction in cardiopulmonary resuscitation and other first aid techniques.

(c) Standards approved by the Committee and adopted in regulation by the department shall be enforced by the Board of Examiners in Optometry. If the Committee, after evidence presented to the Board, finds that clear, cogent and convincing evidence was presented to the Board, but the Board failed to recommend that authority to use diagnostic pharmaceutical agents be withdrawn, then the Committee may withdraw the authority to use pharmaceutical agents from that optometrist.

* Sec. 7. AS 17.15.010 is amended by adding a new subsection to read:

(b) Notwithstanding (a) of this section, diagnostic ophthalmic drug identified by regulation of the State Committee on Ophthalmic Drugs may be sold, given away, bartered, exchanged, or distributed upon the written order or prescription of an optometrist who is authorized to use the drug as provided in AS 08.72.277.

* Sec. 8. AS 17.15.030 is amended by adding a new subsection to read:

(b) AS 17.15.010 and 17.15.020 do not apply to the sale at wholesale by drug jobbers, drug wholesalers and drug manufacturers, or at retail in a pharmacy by a pharmacist, of an diagnostic ophthalmic drug identified by regulation of the Board of Examiners in Optometry to an optometrist who is authorized to use the drug as provided in AS 08.72.277.

check this out

allows optometrist to obtain drugs

AS 17.15.010 and 17.15.020 do not apply to the sale of an diagnostic ophthalmic drug identified by regulation of the Alaska State Committee on Optometric Drugs by one optometrist authorized to use the ophthalmic drug to another optometrist authorized to use the drug.

JAMES H. PATTERSON, M.D.

Diseases and Surgery of the Eye
Subspecialty Pediatric Ophthalmology
3500 LATOUCHE
ANCHORAGE, ALASKA 99504

Telephone 907: 274-2252

February 24, 1981

Charles H. Parr
Senator
Pouch V
Juneau, Alaska 99811

Dear Charlie:

During this legislative session you will be asked to vote on HB 111 or SB 136 giving the optometrists the right to use "ophthalmic drugs". It is easily documented that the present training and level of expertise of the optometrists in the state of Alaska in no way qualifies them to use medications. The wording in these bills, giving privileges for "ophthalmic drugs" approved by the Board of Examiners of Optometry opens the door for the optometrists to use both diagnostic and therapeutic drugs. For the past two sessions the optometrists have limited their request to diagnostic drugs. They now want to become physicians with the privileges of prescribing all ophthalmic medications by fiat rather than through the established mechanisms of a medical education. The use of ophthalmic drugs by optometrists would in no way increase the quality of optometric services provided to the people of the state of Alaska and would possibly give those patients on whom optometrists use of medications a false sense of security if indeed they were reassured after their examination that all things are copacetic.

I would appreciate your serious thoughts and considerations as to the full implications and ramifications of permitting optometrists the use of "ophthalmic drugs". This legislation in its present form should be defeated. As a physician I would appreciate any and all of your efforts in helping defeat this legislation in its present form.

Sincerely yours,


James H. Patterson M.D.

JHP:plz -

DR. CURTIS M. JOHNSON
OPTOMETRIST
330 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701
Telephone 456-4010

February 24, 1981

Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr;

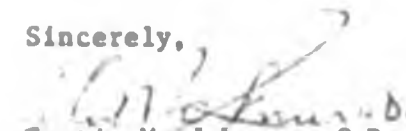
I would like to encourage the support of your HESS
committee for SB 136.

I am sure you understand the politics of this issue
and I understand the desire of some in the "HOT SEAT"
to seek a compromise when strong feelings are expressed
on two sides of an issue.

We sat down with ophthalmology last year to see if some-
thing could be worked out. Their idea of a compromise
was to allow us two drugs, in return for which we would
be required to refer to them every little deviation from
normal, whether on not, in our judgement, a referral was
necessary. Such a provision in the law would result in
many, many needless referrals, be more costly to patients
in both time and money and seriously undercut professional
judgements that optometry has worked years to attain.

In the absence of an acceptable compromise, which is very
unlikely, I think it is time for this legislation to come
to the floor in it's present form. We feel that the votes
are there for passage in it's present form.

Sincerely,


Curtis M. Johnson, O D.

CM: bab



DR. ROBERT W. MILLER

OPTOMETRIST

2808 C STREET

ANCHORAGE, ALASKA 99503

PHONE (907) 279-3041

February 23, 1981

The Honorable Mike Colletta
Health, Education and Social
Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska, 99811

Dear Senator Colletta;

Enjoyed having you and all the others at the P.A.S.I.T. party at my home last year. I was really saddened by Jack Turinsky's death. He helped a lot on P.A.S.I.T.

I'd like to urge your support for SB 136. I realize the pressure from the ophthalmologists is great since they are trying to protect, in the eyes of the public, their last remaining main difference from Optometry. Senator, no one today has a corner on knowledge and training. Optometrists today are every bit as well and in many cases better trained than ophthalmologists in the use of drugs.

Compromise with ophthalmology appears to be impossible. We've tried, but they refuse. I think they're scared. General medicine as a whole seems to have no objection.

Sure this is a turf bill but one that benefits the public and that's the whole point. Public benefit v.s. one professions protection.

Thanks for your time Senator. I do hope you'll help on this. Thanks again.

Best Regards,

A handwritten signature in cursive script, appearing to read "Robert W. Miller".

Robert W. Miller, O.D.

RWM/rna

cc: Senators

Charlie Parr
Terry Stinson
Vic Fischer
Tim Kelly

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

George Hall O.D.

SEC-TREAS

Denris Swamer O.D.

LEGISLATIVE COMM.

Maynard Falconer O.D.

Phillip Bach O.D., Ph.D.

February 12, 1981

Honorable Charles H. Parr
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Senator Parr:

Enclosed is the optometric drug bill SB 136 as it emerged from drafting. It differs slightly from the wording of the proposed bill in the booklet we sent you. It tightens the revision language in the pharmaceuticals statute (A.S. 17.15) to relate more closely to the existing paragraphs.

Your staff can use the bill number for filing the booklet.

Very truly yours,

Maynard Falconer, O.D.
Phillip Bach, O.D., Ph.D.
Legislative Committee

TESTIMONY FOR SENATE BILL 136

February 27, 1981

P.W. Bach

Gentlemen of the Committee, I'm Phillip Bach, an optometrist in private practice in Anchorage, and a member of the Board of Examiners in Optometry. I don't stand on ceremony, so my background and degrees are listed on the VITA attached to the end of this testimony.

Since I have been a professor at various times, it is my assignment to describe to you, briefly, the nature of optometric education. I'll also touch on the similarities and differences between the training of an O.D. and that of an M.D.

Professional education can be broken down into three general phases. In graduate school these phases are usually called theory courses, methods courses, and practicum. In optometry they are called didactic courses, clinic preparation or pre-clinic, and clinical experience. In Exhibit 1 of your handout, I have placed in these three categories, the courses of the Pennsylvania College of Optometry, a school I recently visited.

Didactic courses are taught in the classrooms and laboratories. They are designed to provide a fund of background knowledge which serves as a basis for exercising professional judgment. You will note that these courses are taught chiefly by professors whose doctorates are in the basic science areas, like physiology, pharmacology, pathology, clinical medicine and clinical optometry. Thus ODs, MDs and PhDs teach in this phase.

In the pre-clinic phase, students are taught to apply this knowledge to general and special areas of optometry. Instruction takes place in special clinic-like facilities designed for the purpose. The instructors in this phase are primarily ODs, who teach the clinical procedures and relate theory to practice. Students develop proficiency in individual procedures by practicing the procedures on each other.

In the clinic phase, students examine and care for real patients under the teaching and supervision of a clinic staff consisting of 37 optometrists, 5 ophthalmologists and several miscellaneous professionals in related fields. In the regular clinic, there is one supervising doctor for every 2 student clinicians. In this role, clinicians treat minor eye diseases, and refer major diseases to an ophthalmological care module located in the clinic. Cases having particular teaching value are seen in pathology clinics conducted by an ophthalmologist and attended by clinicians from the primary care module in which the case originated. (There are 4 primary care modules).

Clinicians later undergo an externship, where they spend time in field settings, such as Veterans Administration hospitals, Public Health Service clinics and private practices. At the end of this training, they receive the O.D. degree and are eligible to take state and national board examinations for licensure.

To explore another foundation of professional judgment, it is instructive to look at the type of students who enter the four year optometry program. I have long held the belief that a school is only as good as its students. It is one thing to be

it is another thing to retain and apply it. Optometry schools require a minimum of two to three years of pre-optometric college study, with specific course requirements to be completed during that time. In practice, only exceptionally qualified students are admitted with less than four years of college and a completed major. This is shown in Exhibit 2. For each school, the number of entrants having two, three or four years of college are shown in the first three columns. For all the schools collectively, the percentage of entrants who have four or more years of college is 72%. Broad college experience is desirable because it demonstrates the student's ability to sustain a program of study, particularly in upper division college courses; and it helps to develop the so-called well rounded person, which all professions seek.

An even more direct indication of the quality of the students is their grade point average, shown in column . Again, for the schools as a whole, these GPAs average out to 3.3 on a 4.0 scale, which is a high B average. Thus the schools draw their students from the top third of the college class. While grade point average does not correlate particularly well with success in practice, it does show a student's ability to get through difficult courses in the professional curriculum. And since most schools require in pre-optometry, courses like organic chemistry and differential calculus, these high grade point averages were not earned in basket weaving courses.

What sort of practitioner is produced by this educational system? An ophthalmologist? No. A general practitioner in medicine? No. A person capable only of determining a spectacle prescription and fitting contact lenses? Certainly not! The system produces a doctor in the field of health care, a professional whose training has been carefully focused and tailored to produce a generalist of the eye and visual system, a provider of primary care in the eye field. In terms of disease, primary care means diagnosis and treatment of some eye diseases, preliminary diagnosis and referral of other diseases to a specialist for further evaluation and treatment. The specialist is usually an ophthalmologist, but since the eye is a window to the body as a whole, referral may also be made to a neurologist, internist or other health care practitioner.

Exhibit 3 shows schematically where the optometrist fits in between the general practitioner and the ophthalmologist in terms of his knowledge of eye diseases. His knowledge is intermediate between the two but closer to that of the ophthalmologist. For primary care, his knowledge, office instrumentation and continuing education is far superior to the general practitioner, who must spread himself across the entire body. While the O.D. program is not short, doctors of optometry feel their educational model is more efficient and cost effective for primary eye care than that of the ophthalmologist, who first goes through four years of general medical school and receives much training that he will never use, then undergoes a three year residency heavily oriented toward surgical procedures which also are not invoked in primary eye care.

Such a system produces an expensively trained specialist, who in order to earn a specialist's level of income, must charge higher fees for rendering primary care or see more patients in the same period of time. Moreover, they are less accessible due to their smaller numbers and uneven geographic distribution. The optometric model is very similar to that of dentistry. While dentists do not seem cheap, their services would almost certainly be more expensive were they performed by medical specialists having 11 years of higher education instead of 8.

It has been suggested by opponents of the bill that ODs are narrowly trained in drug usage, without the background of the MD to handle adverse reactions that might occur. Nothing could be further from the truth. Like physicians, dentists and podiatrists, optometrists are medically trained, in ways that meet the unique requirements of their field. It is one of the hallmarks of training in a profession, that the practitioner is trained well beyond the level at which he must function in routine practice. The extra training gives him the depth with which to make proper decisions in unusual cases that come along. This is particularly true in the drug area, where the optometrist is grounded in general pharmacology as a preparation for ocular pharmacology. Moreover, the OD, by using relatively few drugs, is highly expert not only in their usage, but in knowing what symptoms to look for and in the proper use of remedial procedures. For the drugs we are talking about, remedial procedures are

relatively few. For instance, it is not uncommon for mild allergic reactions to occur with antibiotic drops or ointments. When this happens, the remedial procedure is to discontinue use of the drug. If these drugs were inherently dangerous they would not be prescribed for use at home. As a matter of common sense, no school is going to teach its students to do something that could be dangerous to the public without also teaching them the proper remedy.

In summary, an established and respected profession, optometry, offers your constituents a health care capability that is not being utilized in Alaska due to an antiquated optometry law. Authorizing Alaskan optometrists to provide their profession's primary eye health services will allow faster and more available routine treatment, better referral, save patients' time, money and travel, and not cost a dime of taxpayers' money.

VITA

Phillip W. Bach

Education

- 1961 Graduated, West Anchorage High School
- 1961-4 Attended Alaska Methodist University
- 1965-7 Attended Illinois College of Optometry, Chicago
- 1968-9 Attended Pacific University College of Optometry and Pacific University, Forest Grove, Oregon
- 1969 Bachelor of Science (psychology), Pacific University
- 1969 Doctor of Optometry, Pacific University College of Optometry
- 1970-5 Attended Graduate School, Purdue University, LaFayette, Indiana
- 1975 PhD (special education and physiological psychology), Purdue University

Experience

- 1970 Graduate Assistant, Purdue University
- 1971-4 Graduate Instructor, Purdue University
- 1974 Assistant Professor of Education, Western Illinois University, Macomb, Illinois (summer session)
- 1975 to Present Private practice in optometry, Anchorage, Alaska
- 1975 (Sept. - Oct.) Consultant to Alaska Unorganized Borough School District
- 1972 to Present Contributing Editor, "Growing Child", a monthly child development newsletter, circulation 125,000
- 1978 Part Time Instructor, Department of Education, University of Alaska, Anchorage (spring semester)

Activities and Affiliations

- 1978 to Present Member, Board of Directors, Anchorage Community Mental Health

Center (Secretary, 1979, 1980; Vice-President, 1981)

1975 to
Present Member, Polaris Squadron, Civil Air Patrol (Mission Pilot,
Safety Officer)

1980,
1981 Member, Anchorage Symphony (some concerts)

1975 to
Present Member, American Optometric Association

1975 to
Present Member, Alaska Optometric Association (Vice-President, 1980)

Exhibit #1

Phases of Professional Study,
Pennsylvania College of Optometry

A. Theory (years 1 through 4)

Course	Type of Instructor
Gross Anatomy	O.D., M.S., Anatomy
Microanatomy	M.S., Anatomy
General Biochemistry	Ph.D., Physiology
General Physiology	Ph.D., Physiology
Endocrinology	Ph.D., Physiology
General Pathology	M.D.
General Pharmacology	Ph.D., Pharmacology
Medical Urgencies and Emergencies	M.D.
Clinical Medicine	M.D.
Theoretical Optics I & II	Ph.D., Optics
Physiological Optics. I, II, III & IV	Ph.D.s Physiological Optics and Ph.D., Psychology
Ophthalmic Optics I & II	O.D.
Neuroscience	O.D., M.S., Anatomy
Electrodiagnostic Methods	Ph.D., Physiological Optics
Ocular Biology I & II	O.D., and Ph.D., Anatomy
Ocular Pharmacology and Therapeutics	Ph.D., Pharmacology
Diseases of the Eye I & II	M.D., Ophthalmology
Ophthalmic Pathology	M.D., Ophthalmology
Primary Care, Optometric Procedures I, II, III	O.D.
Contact Lens Practice	O.D.
Strabismus/Amblyopia	O.D.

Theory (cont.)

Pediatric Optometry	O.D.
Vision Rehabilitation	O.D.
Neuro-Optometry	O.D.
Health Care I (Public Health)	O.D., M.P.H.
Health Care II (Epidemiology)	O.D., M.P.H.
Health Care III (Health Care Policy and Organization)	O.D., M.P.H.
Environmental Optometry	O.D.
Practice Management and Development	O.D.

B. Clinic Preparation (years 1 and 2)

Primary Care, Optometric Procedures I, II & III Laboratory	}	14 O.D.s 1 Ophthalmologist 3 Ph.D.s
Contact Lens Practice Laboratory		
Strabismus/Amblyopia Laboratory		
Pediatric Optometry Laboratory		
Vision Rehabilitation Laboratory		
Professional Practice I, II & III		

C. Clinical Experience - at Eye Institute (years 3 and 4)

Professional Practice IV & V (general clinics)	}	37 O.D.s 5 Ophthalmologists 3 Ph.D.s 5 Other
Advanced Professional Practice (specialty clinics)		
External Education Patient Care (Home examinations and screenings)		

Clinical Experience (cont.)

**Externship I, II
(experience in settings and institutions
away from Eye Institute)**

Electives:

Biological Science Research

Visual Science Research

Health Care Research

Human Interpersonal Relations

Advanced Professional Practice

**Clerkship I, II
(observing in various practices)**

Externship III

Selected Topics in Optometry

**Theory and Clinical Practice of
Low Vision Rehabilitation**



Appropriate faculty & staff

Exhibit #1a

Pennsylvania College of Optometry Faculty

OD	MD	PhD	Other
Alexander*	Borska	Barker, P.	Brookes (MBA)
Barker, F.*	Toland* (& OD)	Carroll (& OD)	Clugh (BS)
Berman		Feinbloom	Davis (BS)
Blaustein*		Levy	Lewis, D. (BA)
Bressler		Lewis, T. (& OD)	Lombardi (MS)
Brilliant*		Myers (& OD)	Lynch (MB, DFH)
Brown		Siegfried	Redmond (BA)
Byer* (& MS)		Singh (& OD)	
Cohen, J.		Smith	
Cohen, M.			
Cook			
Crozier, G.H.*			
Crozier, G.C.			
Cummings*			
DiStefano (& MEd, MPH)			
Feinblum (& MEd)			
Fink			
Freeman			
Friedman			
Friedner			
Furer			
Gottshalk			
Granatt			
Gray*	<u>OD (cont.)</u>		
Gurwood	Press*		
Hirsch	Ragone		
Hooten	Rinehart* (& MA)		
Kaplan, H.	Robinson*		
Kasik, K.	Ruskiewicz (& MPH)		
Kasik, M. (& MEd)	Seiderman (& MA)		
Kaplan, W. (& MA)	Silbert*		
Kolb	Simon		
Laney	Skolnick*		
Lebow	Soles		
Leibowitz (& MEd, MPH)	Spinell*		
Lockhardt*	Udvari		
Margaretten	Verma		
Marrs	Volinsky* (& MS)		
Miller	Walker*		
Morrison	Walton		
Moss*	Ward (& MPH)		
Mroz	Weidig		
Mullen*	White*		
Nyman*	Whitener (& MPH)		
Oleszewski* (& MS)	Williams*		
Pitta (& MS)	Yamamoto		
Poquis			

Additional degrees at Masters or higher noted

* Also on Eye Institute faculty

Exhibit #1b

Eye Institute Faculty and Staff

OD	MD	PhD	Other
Alexander	Toland (& OD)	Feinbloom	Cope (BA)
Barker, F.	Deglin (& MSc)	Lewis (& OD)	Gerushat (MA)
Bennett (& MS)	Katzman	Singh (& OD)	Smith (MEd)
Blaustein	Kay		Terwilliger (MSW)
Brilliant	Rodis (& PhD)		Watson (MA)
Byer (& MS)			
Cole			
Crozier, G.H.			
Cummings			
Freeman			
Gottshalk			
Gray			
Jordan			
Jose			
Klopfers			
Lockhart			
McCulloch			
Moss			
Mullen			
Nyman			
Oleszewski (& MS)			
Pearlman-Storch			
Press			
Rinehart (& MA)			
Robinson			
Ruggiero			
Silbert			
Skolnick			
Spinell			
Volinsky (& MS)			
Walker			
White			
Williams			
Wilson			
Yorkgitis			
Zaba (& MA)			
Zlotnick			

Additional degrees at Masters level or higher noted

Exhibit #2

Characteristics of Students Entering
Optometry Schools in 1979

Optometry School	Years of Pre-Optometric College Study			Mean Grade Point Average (4.0 Scale)	% Applicants Accepted
	2 yrs.	3 yrs.	4 yrs.		
University of Alabama at Birmingham, School of Optometry	0	5	35	3.36	27
University of California at Berkeley, School of Optometry	0	33	38	3.35	18
Ferris State College of Optometry (Big Rapids, Michigan)	0	0	27	3.45	23
University of Houston College of Optometry	0	13	91	3.36	19
Illinois College of Optometry (Chicago)	2	35	118	3.30	19
Indiana University, School of Optometry (Bloomington)	18	21	30	3.58	14
New England College of Optometry (Boston)	0	7	80	3.19	15
Ohio State University College of Optometry (Columbus)	11	26	23	3.46	24
Pacific University College of Optometry (Forest Grove, Oregon)	20	30	35	3.36	17
Pennsylvania College of Optometry (Philadelphia)	2	19	129	3.18	22
Southern California College of Optometry (Fullerton)	9	15	72	3.32	16
Southern College of Optometry (Memphis)	21	25	104	2.90	18
State University of New York College of Optometry (New York)	0	5	63	3.27	18

Percent of all entrants having
4 or more years of college

72

Grand mean grade point average
(weighted by class size)

3.27

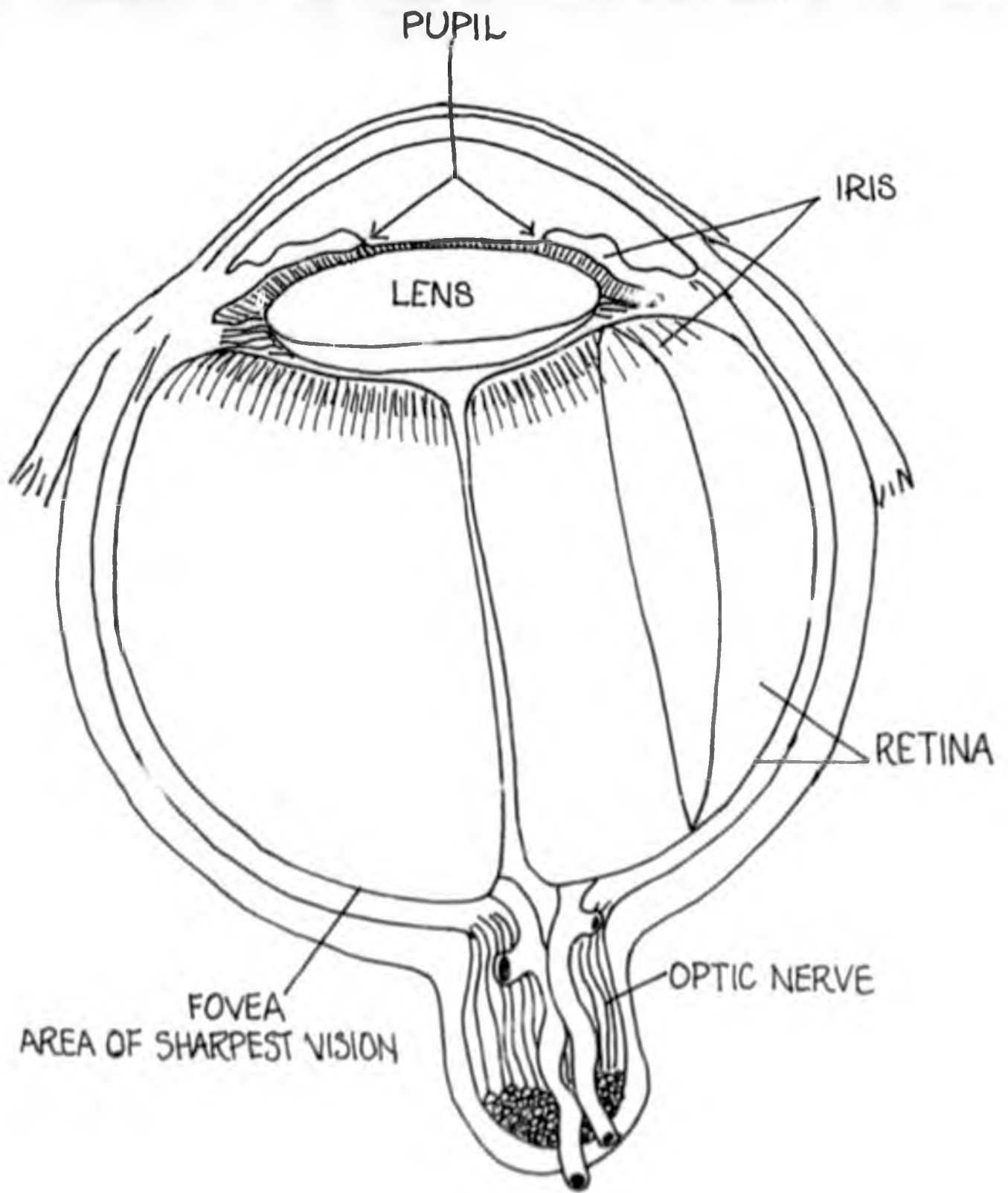
Exhibit #3

**Schematic Comparison: Relative
Knowledge of the Eye, Eye
Diseases and Eye Medicine**

Ophthalmologist

Optometrist

General Practitioner



THE HUMAN EYE

(Drawing compliments of
(Nancy Deltrick - 2/26/81
(Senate HESS Committee

SITKA VISION CLINIC
T. B. McLAUGHLIN, O.D., P.C.
BOX 498
SITKA, ALASKA 99835
—
TELEPHONE 747-6644

Senator Charles Parr, Chairman
Senate Health, Education and
Social Services Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sen. Parr:

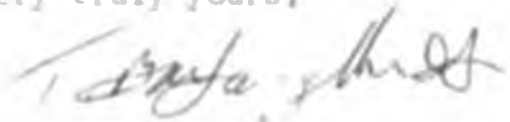
I urge your favorable consideration of SB 136, relating to ophthalmic drugs in optometry.

There are several needs together under that heading. Besides diagnostic aids, such as pupil dilating drugs, optometrists need to have the use of certain other drugs, such as antibiotic drops and ointments for eye inflammations that are not serious enough to require the services of a specialist.

For instance, painful corneal abrasions from contact lens overwear are common occurrences. Proper treatment includes instillation of a corneal anesthetic to break the pain response, followed by aspirin to hold the pain down after the anesthetic wears off (prolonged anesthetic is undesirable because it retards healing). At the same time, an antibiotic is used to guard against infection until the corneal epithelium is restored.

The optometrist has a biomicroscope with which he can monitor the progress of the healing, which usually takes 1 to 7 days. This microscope is not normal equipment for a general practitioner, and I am the only person in Sitka who has such an instrument.

Very truly yours,



Timothy B. McLaughlin, O.D.

DR. ED CRAIG
OPTOMETRIST
348 MAIN STREET
KETCHIKAN, ALASKA 99901
DIAL 228-3078

February 25, 1981

Senator Charles Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I urge your support of Senate Bill 136 which will legislate use of ophthalmic drugs by optometrists during the course of a visual examination.

While ophthalmology deals with diseases of the eye and performs surgery upon the eye, optometry is the only profession specifically licensed in the United States to deal with human vision and related problems.

The average optometrist has spent 6 years or more training for his profession. All thirteen optometry colleges now include a comprehensive study of pharmacology. The pharmacological curriculum is accepted by The Association of Schools and Colleges and is similar to that taught to medical students.

Modern technology has made sophisticated diagnostic equipment available, but their value to the patient diminishes when the law disallows them to be used in conjunction with ocular drugs. The optometrist's ability to view a larger portion of the eye with use of these drugs will result in the earlier detection of eye diseases. Of course, early detection will result in the early referral to an ophthalmologist.

Recent graduates from optometry colleges are now specifically tested in the use of ophthalmic drugs by the state boards. Having passed this examination, they should not require policing from another profession.

Respectfully,


Ed Craig, O.D.

February 13, 1981

Peninsula Ey. Clinic

PETER E. CANNAVA, MD
OPHTHALMOLOGY
BOX 1829
SOLDOTNA, ALASKA 99669
TELEPHONE 262-4462

Dear Don,

This letter concerns the House Bill relating to the practice of optometry (House Bill? As of now).

This bill would set a dangerous precedent in our state by allowing non-medical practitioners to use drugs upon the public. Traditionally, the privilege of using drugs on humans has been reserved for those professionals who have completed a course in medicine or dentistry at a recognized school and who have passed the appropriate board exam of Alaska. For non-medical practitioners to request legislation permitting them to practice medicine would be tantamount to physicians requesting legislation permitting them to practice law. For just as an optometrist takes a course in school on drugs, so too can I take a course in school on torts!

The bill itself is terrible in its wording:

Section 1 (2): The word ascertain is used to describe what an optometrist does in deciding if ocular disease is present or not. The word ascertain comes from the French "acertenes" plus the Latin "certus", both meaning to "find out with certainty if a disease is or is not present!" The word detection from the Latin "delegere", to uncover, would be more appropriate.

Section 1 (1):
Line 10 They are asking for legislation to permit them to perform any procedure taught by schools of optometry! This would give them carte blanche to perform any procedure under the sun so long as it can be shown to be taught at any school of optometry by any instructor!

Section 3
Line 10 : They are asking legislation to use any drug so long as it has been identified as an ophthalmic drug by the optometry board. This is almost incredible! They want carte blanche to use a drugs, both diagnostic and therapeutic, by eye drop or by mouth or by injection! This means their board (non-physicians) could declare morphine an ophthalmic drug because it is occasionally used to treat eye pain and thus they would be with-in the law.

Section 3 (3): They must pass an exam given by the optometry board! For those who wish to practice medicine there is already a board exam given and it has with-stood the test of time! There are no physicians on the optometry board so this would be legislating the blind to lead the blind. ! (pun intended)

I hope this information proves of help in interpreting this potentially devastating bill.

Sincerely,

Peter
Peter E. Cannava, M.D.

PEC;ccy

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE:

March 9, 1981

The Honorable Charles Parr
Chairman
Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

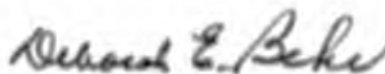
At the recent Senate HESS Committee meeting on SB 136: "An Act Relating to the Practice of Optometry," your Committee requested the following information be provided:

- (1) A list of drugs authorized for use by optometrists in other states;
- (2) A copy of Florida's optometric drug law; and,
- (3) Suggested language to amend SB 136 to protect the public's health if drugs were authorized for use by optometrists, including a list of drugs to be utilized if recommend by the Department.

We have attached the material you requested. We would be pleased to discuss this information further with you at the Committee's convenience.

Thank you for the opportunity to comment on this important matter.

Sincerely,



Deborah E. Rohr
Special Assistant

LIST OF PHARMACEUTICAL AGENTS BY NAME (OR TYPE IF NOT NAMED) THAT
STATE LAW OR REGULATIONS SPECIFY OPTOMETRISTS ARE PERMITTED TO USE

ARIZONA: No list. Effective 1/1/82, the optometry law authorizes optometrists to utilize those diagnostic pharmaceutical agents known as topical anesthetics, cycloplegics and mydriatics.

ARKANSAS: 5. Approved Pharmaceutical Agents

The following pharmaceutical agents are hereby approved for use in the manner and strengths indicated:

<u>AGENT</u>	<u>MAXIMUM STRENGTH</u>
<u>Topical Anesthetics (For Glaucoma Screening Only)</u>	
Proparacaine Hydrochloride (Ophthaine)	.5%
Benoxinate Hydrochloride (Dorsacaine)	.4%
Fluress	-
<u>Mydriatics</u>	
Phenylephrine Hydrochloride (Neo-Synephrine)	2.5%
Hydroxyamphetamine hydr bromide (Paredrine)	1%
<u>Cycloplegics</u>	
Tropicamide (Mydriacyl)	1% (.5%)
Cyclopentolate (Cyclogyl)	1% (.5%)
<u>Dyes</u>	
Fluorescein	-
Rose Bengal	1%
Methylene Blue	-

Additional pharmaceutical agents may be added when approved by the committee.

CALIFORNIA: Article 8 of Chapter 15, Title 16, California Administrative Code:

§1560. Definitions. As used in this Article:

(a) "Topical Pharmaceutical Agents" means:

Types of Drugs:

(1) Mydriatics

(a) Phenylephrine Hydrochloride:

(b) Hydroxyamphetamine Hydrobromide:

Maximum Concentration
that may be used:

2.5%

1%

- (2) Cycloplegics
 - (a) Tropicamide: 1%
 - (b) Cyclopentolate: 1%
 - (c) Homatropine Hydrobromide: 5%
 - (d) Atropine Sulfate: 0.5%

- (3) Topical Anesthetics
 - (a) Proparacaine Hydrochloride: 0.5%
 - (b) Benoxinate Hydrochloride: 0.4%
 - (c) Piperocaine Hydrochloride: 2%

DELAWARE: Section 3. Use of drugs.

3.02 Licensees who have been duly authorized by the Board may, for diagnostic purposes only, make use of the following classes of topical ophthalmic drugs; (1) anesthetics, (2) mydriatics, (3) cycloplegics, and (4) myotics; provided, however, that any such authorization by the Board shall not be construed as authorizing any licensee to dispense or issue a prescription for diagnostic drugs.

FLORIDA: No list. An optometrist may utilize pharmaceutical agents within the limits of his educational background and training.

GEORGIA: No list. An optometrist may utilize topical pharmaceutical agents within the limits of his educational background and training.

IDAHO: No list.

INDIANA: No list. Every licensed O.D. is permitted to utilize any diagnostic pharmaceutical agent

IOWA: No list. The optometry law authorizes optometrists to utilize cycloplegics, mydriatics and topical anesthetics as diagnostic agents.

KANSAS: No list. Kansas State Board of Examiners in Optometry Rules and Regulations Sec. 65-6-30 authorizes optometrists to utilize topical pharmacological agents known generically as anesthetics, mydriatics, and cycloplegics.

KENTUCKY: KY. AD. CODE §320.240 authorizes optometrists to administer diagnostic pharmaceutical agents limited to myotics for emergency use only, mydriatics, cycloplegics, and anesthetics applied topically only, but excluding any drug classified as a controlled substance.

LOUISIANA: No list. Optometry law authorizes optometrists to utilize topical ocular diagnostic pharmaceutical agents.

MAINE: Maine Board of Optometry Rules of Practice §90-382.

AUTHORIZED DIAGNOSTIC PHARMACEUTICAL AGENTS

Topical Anesthetics:

Proparacaine hydrochloride .5% (Ophthaine)
Benocinate hydrochloride .4% (Dorsacaine)

Mydriatics:

Hydroxyamphetamine hydrobromide
1.00% (Paradrine)
Phenylephrine hydrochloride 2.5% (Neo-synephrine)

MINNESOTA: No list.

MONTANA: Administrative Rules of Montana §40-3.70(6)-570020.

40-3.70(6)-570020 RULES FOR DIAGNOSTIC PHARMACEUTICAL AGENTS

(5) Upon licensure or certification the permissible drugs and their concentrations are as follows:

- (a) Mydriatics
 - (i) Phenylephrine Hydrochloride 2.5%
 - (ii) Hydroxyamphetamine Hydrobromide 1.0%
- (b) Cycloplegics
 - (i) Tropicamide 1.0%
 - (ii) Cyclopentolate 1.0%
 - (iii) Homatropine Hydrobromide .5%
 - (iv) Atropine Sulfate .5%
- (c) Topical Anesthetics
 - (i) Proparacaine Hydrochloride .5%
 - (ii) Benoxinate Hydrochloride .4%
 - (iii) Piperocaine Hydrochloride 2.0%
- (d) Miotic, only in the event of an emergency...

NEBRASKA: No list. Pharmaceutical agents mean anesthetics, cycloplegics, and mydriatics and may be used for diagnostic purposes by optometrists who are certified to use pharmaceutical agents.

NEVADA: The following topical ophthalmic pharmaceutical agents may be used in the concentrations specified for diagnostic purposes by an optometrist who has been authorized by the board to do so:

- (a) Mydriatics:
 - 1. Phenylephrine hydrochloride, 2.5 percent.
 - 2. Hydroxyamphetamine hydrobromide, 1 percent
- (b) Cycloplegics:
 - 1. Tropicamide, 1 percent.
 - 2. Cyclopentolate, 1 percent
 - 3. Homatropine hydrobromide, 5 percent
 - 4. Atropine sulfate, 0.5 percent
- (c) Topical anesthetics:
 - 1. Proparacaine hydrochloride, 0.5 percent.
 - 2. Benoxinate hydrochloride, 0.4 percent.
 - 3. Piperocaine hydrochloride, 2 percent.
- (d) Miotics:
 - 1. Pilocarpine, 1 percent in ordinary use.
 - 2. Pilocarpine, 3 percent for emergency use only.

NEW JERSEY: No list.

NEW MEXICO: No list. Optometry law authorizes optometrists to utilize topical ocular diagnostic pharmaceutical agents.

NORTH CAROLINA: No list. An optometrist may utilize pharmaceutical agents within the limits of his educational background and training.

NORTH DAKOTA: No list. Optometry law authorizes optometrists to utilize ocular diagnostic pharmaceutical agents.

OREGON: OR. AD. RULES §852-8-010:

Diagnostic Pharmaceutical Agents

852-80-010 Diagnostic pharmaceutical agents for topical use in the practice of optometry:

- (1) Anesthetics:
 - (a) Benoxinate 0.4%
 - (b) Proparacaine HCl 0.5%
- (2) Cycloplegics/Mydriatics:
 - (a) Cyclopentolate, not to exceed 1%
 - (b) Hydroxyamphetamine HBr 1%
 - (c) Phenylephrine HCl, not to exceed 1%
 - (d) Tropicamide, not to exceed 1%
- (3) Dyes:
 - (a) Fluorescein Na impregnated paper strips, as commonly used in the practice of optometry for some time; not to be stored in liquid form.
 - (b) Rose bengal 1%
- (4) Miotics (for emergency use only): Pilocarpine, not to exceed 4%; prior to use, consultation with a competent physician shall be held if at all possible. The Board recommends that any patient demonstrating any adverse reaction due to the instillation of any diagnostic pharmaceutical agent be referred to a competent physician as soon as practicable.

On 4/22/80 the Board proposed to amend OAR 852-80-010 by additions as follows (additions underlined):

DIAGNOSTIC PHARMACEUTICAL AGENTS

852-80-010 Diagnostic Pharmaceutical agents for topical use in the practice of optometry:

Anesthetics: Benoxinate 0.4%
Proparacaine HCl 0.5%

Cycloplegics/Mydriatics:

Cyclopentolate, not to exceed 1%
Hydroxyamphetamine HBr 1%
Phenylephrine HCl, not to exceed 10%
Tropicamide, not to exceed 1%

Dyes: Fluorescein Na impregnated paper strips, as commonly used in the practice of optometry for some time; not to be stored in liquid form.
Rose bengal 1%
Fluoresoft (Fluorexon .35%)

Combined agents:

Fluress (Fluorescein, Sodium, 0.25%, and Benoxinate HCl, 1%)

Cyclomydril (Cyclopentolate HCl, 0.2% and Phenylephrine HCl, 1%)

Any other FDA approved combination of two or more agents appearing on this list which may be used for ocular diagnostic purposes.

Miotics: (for emergency use only!)
Pilocarpine, not to exceed 4%; prior to use, consultation with a competent physician shall be held if at all possible.

PENNSYLVANIA:

Optometrists who are appropriately qualified pursuant to the Act of March 1, 1974, (Act No. 29 of 1974), 63 P.S., Section 231 et. seq., shall be permitted to utilize the following drugs in their practice of Optometry, by order of the Secretary of Health, October 12, 1974, finalized April 26, 1975.

A. Local anesthetics:

Benoxinate hydrochloride - Ophthalmic Solution (0.4%)
Proparacaine Hydrochloride - Ophthalmic Solution (0.5%)

B. Miotics:

Pilocarpine Nitrate Ophthalmic Solution U.S.P. (1%)
Pilocarpine Hydrochloride Ophthalmic Solution U.S.P. (1%)

C. Mydriatics and/or cycloplegics:

Eucatropine Hydrochloride U.S.P. - Ophthalmic Solution (5%)
Homatropine Hydrobromide Ophthalmic Solution U.S.P. (2%)
Hydroxyamphetamine Hydrobromide Ophthalmic Solution U.S.P.
(1/2%)
Tropicamide Ophthalmic Solution U.S.P. (1%)
Atropine Sulfate Ophthalmic Solution U.S.P. (1%)
Ophthalmic Ointment (1%)
Psclopentolate Hydrochloride - Ophthalmic Solution (1%)
Scopolamine Hydrobromide U.S.P. - Ophthalmic Solution
U.S.P. (.25%)
Ephedrine Sulfate U.S.P. - Ophthalmic Solution (5%)
Phenylephrine Hydrochloride - Ophthalmic Solution U.S.P.
(10%)

All Potencies listed above are the maximum allowable potencies.

RHODE ISLAND: No list. Any topical anesthetic, mydriatic and miotic is allowed. Cycloplegics are not specifically mentioned but the rule of mydriatic can be applied. By Board recommendation atropine sulphate in any percentage is discouraged.

SOUTH DAKOTA: No list. Optometry law authorizes optometrists to utilize topical pharmaceutical agents for diagnostic purposes.

TENNESSEE: No list. An optometrist may utilize pharmaceutical agents, to wit, miotics, mydriatics, cycloplegics, and anesthetics, within the limits of his educational background and training.

UTAH: (e) Topically applied diagnostic agents as used herein shall be defined as the following:

(i) Commercially prepared topical anesthetics as follows: proparacaine HCL 0.5%, benoxinate HCL 0.4%, piperocaine 2%, and tetracaine 0.5%;

(ii) Tropicamide in strength of not greater than 1%, cyclopentolate in strength of not greater than 1%, and atropine sulfate in strength of not greater than 0.5%;

(iii) Penylephrine HCL in strength of not greater than 2.5%, hydroxyamphetamine in strength of not greater than 1%;

(iv) Such others as may be from time to time determined by the Optometric Committee of the Utah State Business Regulations Division in consultation with a licensed physician specializing in diseases and surgery of the eye, appointed by the Utah Medical Association, and a pharmacologist appointed by the Medical Center of the University of Utah. Any

individual who is not certified to utilize diagnostic pharmaceutical agents hereunder shall post with the Optometry Committee of the Utah State Business Regulations Division an affidavit stating that the person is not now certified nor does the person desire to certify to use diagnostic pharmaceutical agents.

WEST VIRGINIA: Topical agents for the eye and treating the anterior segments only. No oral or injectible pharmaceuticals are permitted in any form whatsoever.

WISCONSIN: (9) "Diagnostic pharmaceutical agent" means any of the topical, ocular, diagnostic, pharmaceutical agents listed below if used in accordance with the following conditions: agents may be used in strengths no greater than the strengths indicated in the list; may be used by the optometrist only and may not be dispensed by the optometrist to patients for self-administration.

(a) Mydriatics

1. Phenylephrine 2.5%
2. Hydroxyamphetamine 1%

(b) Cycloplegics

1. Tropicamide 1%
2. Cyclopentolate 1%

(c) Topical Anesthetics

1. Benoxinate 0.4%
2. Proparacaine 0.5%
3. Tetracaine 0.5%
4. Benoxinate 0.4% - Fluorescein 0.25% Combination

(d) Dyes

1. Fluorescein 0.25% - Benoxinate 0.4% Combination

WYOMING: No list. Optometry law authorizes optometrists to use diagnostic agents, topically applied, known generically as cycloplegics, mydriatics, topical anesthetics, dyes and for emergency use only miotics for immediate administration to the ultimate user.

Date: January 28, 1981

File Ref:

To:

Sen. Thompson

From:

Ann J. Nancy, 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)



March 2, 1981



Ms. Deborah Behr
Special Asst./Department of Health
& Social Services
Pouch 801
Juneau, AK 99811

Dear Ms. Behr:

As you requested, here is a copy of the most recent (1980) "List of Pharmaceutical Agents by Name (or type if not named) that State Law or Regulations Specify Optometrists are Permitted to use". As indicated, and as we discussed, virtually all of the lists--any many states do not have a list--are in the Board rules and not in the statute itself. Because of the technical and evolving nature of changes in the pharmaceutical field, it is most appropriate that any listing should be in the Board rules and not in the statute which would require amendment by the legislature as needed.

Also enclosed is a copy of the report from the State of Wisconsin Department of Regulation and Licensing recommending that the July 1, 1982 "sunset" provision be removed and that the authority for optometrists to use topical ocular diagnostic pharmaceutical agents be continued. It should be of great value to you in your study.

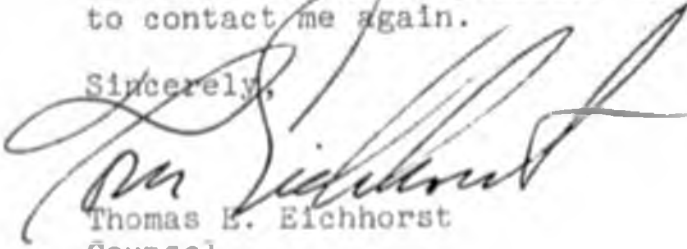
For background information, I am enclosing a listing of the 25 state laws which specifically authorize the use of pharmaceutical agents by optometrists. Another five states do not prohibit such utilization. Thus, 30 states permit such utilization. As you specifically requested, I am also enclosing a copy of the laws of Florida (which does not have a prohibition), North Carolina, Oregon (diagnostic only at this time) and West Virginia.

Ms. Deborah Behr
March 2, 1981
Page -2-

American Optometric Association

Also enclosed is a copy of a monograph providing background information on the profession of optometry in the United States. Of course, for additional information concerning the practice of the profession in Alaska, please contact Dr. George Hall, 1345 West Ninth, Anchorage, AK 99501, President of the Alaska Optometric Association. If I can provide you with further information on the practice in other states, please feel free to contact me again.

Sincerely,



Thomas E. Eichhorst
Counsel

TEE/val
enclosures

cc: George Hall, O.D.
1345 West Ninth
Anchorage, AK 99501
907-272-2558

PROFESSIONS AND VOCATIONS § 463.02

462. Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976 [See § 11.01]

Laws 1969, c. 69-100, §§ 19, 26, provided for change in division of health of the department of health and rehabilitative services for state board of health. Change in Fla.St. 1975. "[Department of Health and Rehabilitative Services]" substituted by the division of statutory revision for "division of health of the department of health and rehabilitative services" to reflect the abolition of the division of health by Laws 1975, c. 75-48, § 3.

462.21 Omitted in Fla.St. 1967

Repeal by Laws 1967, c. 67-696, § 1. Part 1, chapter 66 was repealed. Section 2 of this act provided that: "this act shall take effect the first day of the first month following the first regular session of the Florida legislature held subsequent to July 1, 1967."

CHAPTER 463. OPTOMETRY

See 463.111 Optometric services for certain public agencies (New)

Repeal of Chapter

Laws 1976, c. 76-168, the Regulatory Reform Act of 1976, which provides for legislative review of programs and functions which regulate professions, occupations, business, industry and other endeavors in Florida; provided in section 3 of the law for repeal of this chapter on July 1, 1976. For the provisions directing the regulatory review and a listing of all statutes affected by Laws 1976, c. 76-168, see § 11.01 and notes thereunder.

463.01 "Optometry" and "optometrist" defined [Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976. See § 11.01]

The practice of optometry is declared a profession, and, for the purpose of this chapter, is defined as follows, viz: to be the diagnosis of the human eye and its appendages, the employment of any objective or subjective means or methods for the purpose of determining the refractive powers of the human eye, or any visual, muscular, neurological, or anatomic anomalies of the human eye and their appendages, and the prescribing and employment of lenses, prisms, frames, mountings, orthoptic exercises, light frequencies, and any other means or methods for the correction, remedy, or relief of any "near" or abnormal conditions of the human eye and their appendages. An optometrist is one who practices optometry in accordance with the provisions of this chapter.

Amended by Laws 1975, c. 75-230, § 3, eff. June 27, 1975.

Laws 1976, c. 76-168, amended this section without change. Cross References: Optometric services, regulations, see § 463.011 et seq. 1. Constitutionality: Where the section defining optometry and optometrist, in addition to prohibiting diagnosis of human eye and its appendages by the employment of any objective or subjective means described and delineated in detail activities prohibited, remedy sought to be rendered was clearly defined and this section was not unconstitutional on ground that it was an evasion and ambiguity that it deprived defendant of his constitutional rights. State v. Yates, 211 So.2d 212 (1970).

463.02 Florida state board of optometry [Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1976. See § 11.01]

(1) The practice of optometry and the enforcement of this law shall be under the supervision of an examining and licensing board to be known as the "Florida State Board of Optometry." There to be created within the division of professions of the department of professional and occupational regulation the "Florida State Board of Optometry," which board shall be composed of five (5) optometrists, each of whom shall be a resident of the state who has been engaged in the practice of optometry in the state for not less than four (4) years providing the time of his appointment.

(2) The governor shall appoint the members of the board, with each member being appointed for a term of four (4) years or until his successor is appointed.

27-8

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT
George Hall O.D.

PROFESSIONAL PERSPECTIVES

No. 2

SEC-TREAS
Dennis Beamer O.D.

LEGISLATIVE COMM.
Maynard Falconer O.D.
Philip Bush O.D., Ph.D.

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.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

*DIVISION OF PUBLIC HEALTH
SECTION OF FAMILY HEALTH*

JAY S. HAMMOND, GOVERNOR

POUCH H 06B
JUNEAU, ALASKA 99811
PHONE: (907) 465-3100

Document# 73-81

March 20, 1981

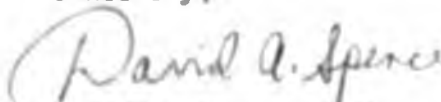
Senator Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I have reviewed the compromise substitute for Senate Bill 136. I believe the suggestions for an amended bill submitted by Debra Behr on March 9th to the committee is preferable to the committee substitute you sent me. This is particularly true with regard to the drugs and the training required. It is the Department's belief these would be better left to individual committee discretion.

I am looking forward to testifying again today.

Sincerely,



David A. Spence, M.D.
Chief, Section of Family Health