

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86/2

2246

HHESS HB 225

2246

MSG 04-00005800 PRY 1 01/21/84 13:15:40 ORIG: LM01 IN= 0005 OUT= 0080  
FROM: MATSU TO: PRIMARY MODERATOR & JUNEAU T/C  
TARGET: LJVH SUBJ: SIGN IN - MAT-SU ONLY

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

1/21/84 : DATE  
MAT-SU : SITE/LOCATION  
H. HESS COMMITTEE : SPONSOR/SUBJECT  
-1- TESTIFY/ED \*\*\*\*\*T/C STARTED 10:45AMADT  
-0- OBSERVE/ED \*\*\*\*\*T/C ENDED 1:00AMADT  
-1- TOTAL

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1. DR. DENISE L. THANEPORN,	P O BOX 871700, WASILLA 99687	376-5266	

MSG 07-00005766 PRY 1 01/21/84 14:57:45 ORIG: L508 IN= 0015 OUT= 0065  
FROM: KING IN ANCHORAGE TO: KER IN JUNEAU  
TARGET: LJVH SUBJ: OPTOMETRISTS AND PRESCRIPTIONS HB225 (11)

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: JANUARY 21, 1984  
SITE: ANCHORAGE  
SPONSOR/SUBJECT: (H) HESS OPTOMETRISTS AND PRESCRIPTIONS HB225

...5..TESTIFIED \*\*\*\*\*T/C STARTED: 10:45AM  
...2..OBSERVED \*\*\*\*\*T/C ENDED: 12:50PM  
...7..TOTAL

TESTIFIED  
\*\*\*\*\*

1. JAMES H. PATTERSON MD 3500 LATOUCHE ST. ANCH. AK. 99508 562-2969
2. STEVEN DAUBSON OF 8301 BRIARWOOD SUITE 203 ANCH., AK. 99502 349-6932
3. T. SENTER MD 718 K ST. ANCHORAGE, AK. 99501 272-2571
4. CHARLES R. RUSH/BD. OF PLANNING 1345 W. 11TH ANCH., AK. 99501
5. JON NYBOER MD 3300 PROVIDENCE DR. SUITE 302 ANCH. AK. 99508

OBSERVED  
\*\*\*\*\*

1. DENNIS BUNKERHOFF OF 1345 W. 5TH AVE. ANCH., AK. 99501 272-2557
2. T. MC LAUGHLIN OF 9750 VAN GUARD ANCH., AK. 99503

MSG 84-00005679 PRTY 1 01/21/84 13:04:16 ORIG: LBOO IN= 0006 OUT= 0020  
FROM: WALLY IN BETHEL TO: JNUTC  
TARGET: LJVH SUBJ: FINAL STATS

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LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET/FINAL STATS  
\*\*\*\*\*

DATE: 1-21-84  
LTO SITE: BETHEL  
SPONSOR/SUBJECT: HOUSE HESS/HB225

NAME/REPRESENTING ADDRESS/PHONE NUMBER

OBSERVED ONLY

1. DR. JIM TAYLOR, REPRESENTING HIMSELF, PO BOX 1018, BETHEL 543-3446 (HM)  
543-2251 (CM)

\*\*\*\*\*  
TIME T/C STARTED: 10:30 AM TESTIFIED: 0  
T/C ENDED : 12:50 PM UNABLE TO: 0  
LOCAL MODERATOR : WALLY OBSERVED : 1  
TOTAL : 1  
\*\*\*\*\*

Peninsula Eye Clinic  
Peter E. Cannava, M.D., A.P.C.

OPHTHALMOLOGY  
P.O. BOX 1629  
SOLDOTNA, ALASKA 99669  
TELEPHONE 282-4462



January 24, 1984

Representative Mae Tischer  
Pouche V  
Juneau, Alaska 99811

Dear Representative Tischer,

I felt as though the teleconference which you chaired on HB 225 went very well and I wish to congratulate you on your smoothly run hearing. You raised two points which I felt were exceedingly important and although I touched on the responses I do feel as though they deserve amplification.

You were frustrated at the inability of the public to differentiate between optometrists and ophthalmologists as they can differentiate between gynecologists and pediatricians! We agree with your problem and as a result have started to educate the public as to the vast difference in education between an O.D. vs M.D.! Our cause, however, is frustrated by the trend by O.D.'s who portray themselves to the public as the provider of total eye care! Witness, for example, the name of some of the optometry offices in Anchorage: 'Anchorage Eye and Contact Lens Centre', or 'Ophthalmic Associates'. These titles more than suggest that total medical and surgical eye care is offered at these establishments. With such misleading introduction, you can easily see why our patient education campaign is going slowly!

Your referral to this bill as a "turf" battle is a reasonable conclusion. If it viewed in that sense then imagine the "bag of worms" that the legislature is getting into if it legislates this group of providers into an entirely new profession based on a post-graduate 100 hour crash course! How will the legislature handle the myriad of other Alaskans who wish to legislate themselves into a new profession! Will it grant the "born again Professionals" new enriched status based on a 100 hour course or will it refer them back to the appropriate professional school for the time honored educational background?

Your question concerning cost of an office visit is also very important in that you will find the cost of a visit to an O.D. is traditionally equal to or more often higher than a comparable visit to an M.D.! If the public were truly informed as you would have them be, would they seek out a optometric office visit when they could buy an M.D. for the same price? This situation poses a dilemma for the O.D.'s and helps to explain their duplicity in advertising their services.

Please let me know if I can answer any more questions for your committee and please notify me of additional hearings you may schedule.

Sincerely,

Peter E Cannava, MD

Peter E. Cannava, M.D.

P.S. Please disperse a copy of this letter to your committee members. Thanks!

Mae, if I remember  
correctly Mr.  
Cannava gave  
testimony at the  
optometric hearings  
& promised to send

STATE OF ALASKA  
THE LEGISLATURE

FOUCH Y - STATE CAPITOL  
JUNEAU ALASKA 99811  
907-465-3800

LEGISLATIVE AFFAIRS AGENCY


MEMORANDUM

February 17, 1984

SUBJECT: Optometry  
(HB 225)

TO: Representative Mae Tischer  
Chairman, House Health, Education,  
and Social Services Committee

FROM: Russ Josephson  
Legislative Counsel

 You have requested a comparison of the introduced version of HB 225 and the committee substitute for your committee dated February 3, 1984. Perhaps it will be easiest to compare the two bills if I begin with a brief sectional analysis of each bill.

HB 225

Section 1 Amends the provision of law governing the practice of medicine by persons other than physicians by adding a new paragraph allowing optometrists to use certain drugs under the provisions of the remainder of the bill.

Section 2 Provides for identification and approval of (1) training programs for the use of drugs and (2) continuing education programs. Also provides for license endorsements certifying completion of required training for drug use, regulations concerning the use or prescription of legend drugs, the loss of license endorsements for violations of those regulations, and the furnishing of the names of holders of license endorsements to the board of pharmacy.

Section 3 Amends the definition of "optometry" reflect the provisions of the bill for the use of drugs.

Section 4 Amends the definition of "practicing optometry" as in Section 3.

Section 5 Adds a definition of "legend drugs".

Section 6 Adds optometrists to those excepted from the provisions of law penalizing the practice of medicine by persons who are not physicians.

CSHB 225 (HESS)

Section 1 Provides an additional ground for the imposition of disciplinary sanctions that the board of examiners in optometry may impose under AS 08.72.240: use, dispensing, or prescription of a drug in violation of the new provision regulating drug use by optometrists (Section 2). In addition, provides a modification of the provision that requires referrals to appropriate health care practitioners.

Section 2 Adds a new section to the statutes, providing for the use of legend drugs, excluding controlled substances and other types of drugs. Lists the categories of topical legend drugs that may be used by an optometrist who has obtained a license endorsement from the board of examiners in optometry. Lists the requirements for a license endorsement, including the required training before and after receiving an endorsement.

Section 3 Contains a new definition, "legend drugs". Also amends the definitions of "optometry" and "practicing optometry" to reflect the provisions of the bill concerning the use of drugs. The definition of "legend drugs" is identical to that in the introduced version of the bill. The amendments of "optometry" and "practicing optometry" differ from those in the introduced version of HB 225 in that they have added a phrase to exclude the use of surgery in diagnosis and treatment. The definitions in the introduced version of the bill do not mention surgery.

As you can see, the two bills accomplish basically the same thing. The major differences are as follows:

HB 225 contains (in Sections 1 and 6) amendments regarding the practice of medicine and providing the necessary exemptions for optometrists using drugs. CSHB 225 (HESS) does not contain these provisions, but it should.

Representative Mae Tischer  
Page 3  
February 17, 1984

Both bills provide for license endorsements and for the training required before and after receiving an endorsement. HB 225 provides for regulations to handle those requirements; CSHB 225 (HESS) provide more detail in the statute.

CSHB 225 (HESS) provides a new ground for discipline by the board of examiners in optometry; violation of the provisions concerning drugs. It also amends another ground for discipline, failure to refer a patient to the appropriate health care practitioner. Neither of these provisions was in the introduced version of the bill. HB 225 did provide for regulations concerning the use or prescription of legend drugs, and it provided for the suspension or revocation of the license endorsement for violation of the regulations.

CSHB 225 (HESS) is more specific than HB 225 in its detailing of the types of drugs that may be used by optometrists.

The definitions in CSHB 225 (HESS) contain provisions concerning the prohibition of surgery in diagnosis and treatment by optometrists. Similar language does not appear in HB 225.

HB 225 provided for the names of endorsement holders to be submitted to the board of pharmacy. CSHB 225 (HESS) does not contain this provision.

I trust these sectional analyses and this comparison will be useful. If I may be of further service, please call.

RJ:ojb  
J3/111

*The*  
**ALASKA OPTOMETRIC ASSOCIATION**

AFFILIATED WITH  
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

Alaska's doctors of optometry (O.D.) are preparing to introduce legislation that will allow qualified Alaskan ODs to use prescription drugs in the treatment of infections, allergic inflammations and minor injuries of the eyes and lids not requiring the services of a specialist. Many such conditions are treated by general practitioners, who have minimal training in this area. However the optometrist, who is considerably better qualified by training, experience and instrumentation than a general practitioner, must refer his patient to an MD (usually an ophthalmologist), at additional expense to the patient. We have estimated, based on the experience of West Virginia, that the elimination of extra visits would save Alaskans \$235,000. in the first 3 years, not counting travel and lost time.

A majority of Alaska's ODs have recently completed a 120 hour course of postgraduate education and training in ocular therapy. While 120 hours (and an equal amount of home study) is extensive for working practitioners, it should be considered only against a background of 4000 hours of professional training, much of it in the background medical sciences. The combination provides a medical background comparable to dentistry and podiatry. Dentists and podiatrists, like physicians, have unrestricted drug prescribing authority, though in practice they limit themselves to drugs appropriate to their field.

Drug legislation in more restricted form was originally introduced in 1978, when it passed the House. However ophthalmologists, who oppose the bill, have been able to tie it up in one committee or another since that time, despite a two thirds favorable majority in each house. If passage is further delayed, the skills gained or sharpened in this training will begin to deteriorate and problems of "grandfathering" may arise. The bill provides that prescribing authority will be limited to those ODs who have been trained and certified in primary care therapeutics.

Phillip W. Bach, O.D., Ph.D.  
Legislative Chairman

HES  
Monday  
Jan 16, 1984

Commie Reynolds:

Questions: Finance  
State Board Wk. Study  
HB-251

Budget:

Full Funding  
+ 30 mil more  
Increase Enrollment B.I.P.  
Archorage  
Increase Cost of Living  
Community Schools  
\* 290 Dept. Activities = \$12 mil  
98 90 \$600 mill. (due debt serv)  
Pass them to local schools

Need more explain:  
Will Produce  
& Fund Formula

? Model Curriculum - mandatory  
or voluntary  
participate?

Media Concern

Primary Concerns:

Board: Policy Leadership  
Dept. assist to <sup>develop</sup> model Elementary & Secondary Curriculum

Improve quality of Administration  
Principals Academy  
Assessment Center (for Principals)

Dick Luthie -  
Alyson Algey - Budget

HOUSE HEALTH, EDUCATION & SOCIAL SERVICES  
STANDING COMMITTEE  
January 21, 1984  
10:00 a.m.

Members Present: Rep. Tischer, Chairman  
Rep. M.W. Miller, Vice-Chair  
Rep. Martin  
Rep. Uehling  
Rep. Goll  
Rep. Koponen  
Rep. Davis

COMMITTEE CALENDAR

HB 225 "An Act relating to the practice of optometry and authorizing the use of prescription drugs by optometrists."  
HB 347 "An Act relating to the licensing of practitioners of naturopathic medicine; and providing for an effective date."

WITNESS REGISTER

Dr. James Demsky  
Soldotna, Alaska  
Position Statement: In support of HB 225.

Dr. Peter Cannava  
Soldotna, Alaska  
Position Statement: In favor of HB 225.

Charles Rush  
Anchorage, Alaska  
Position Statement: Stated concerns if HB 225 was passed.

Jan Nyboer  
Anchorage, Alaska  
Position Statement: Strongly opposed HB 225.

Steven Dobson  
Anchorage, Alaska  
Position Statement: In support of HB 225.

Mr. Center  
President  
Anchorage Medical Society  
Anchorage, Alaska  
Position Statement: Stated AMS unanimously opposed HB 225.

James Patterson

Anchorage, Alaska  
Position Statement: Opposed HF 225.

Dr. Jim Graves  
Anchorage, Alaska  
Position Statement: In favor of HB 225.

Denise ...  
Mat Su, Alaska  
Position Statement: In favor of HB 225.

Shirley...  
Fairbanks, Alaska  
Position Statement: In support of HB 347.

Harry Treager  
Director  
Division of Occupational Licensing  
Pouch D  
Juneau, Alaska  
Position Statement: Was present to answer questions on HB 225  
and 437.

Stuart Ball  
Juneau, Alaska  
Position Statement: Against HB 225.

Diane McDermott  
Anchorage, Alaska  
Position Statement: Supports HB 347.

Julia Reinhar  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Debra Lucas  
Mat-Su, Alaska  
Position Statement: Supports HB 347.

Efrin Resume  
Fairbanks, Alaska  
Position Statement: In support of HB 347.

Steven Cox  
Anchorage, Alaska  
Position Statement: Supports HB 347.

David...  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Karen Red Stone  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Molly Mauline  
Mat-Su, Alaska  
Position Statement: In support of HB 347.

Scott Jamison  
Juneau, Alaska  
Position Statement: In support of HB 347.

Joanne Selmar  
Anchorage, Alaska  
Position Statement: In support of HB 347.

David McGuire  
Anchorage, Alaska  
Position Statement: Stated concerns on HB 347.

Mark Rierdan  
Mat-Su, Alaska  
Position Statement: Supports HB 347.

John Ghaddio  
Fairbanks, Alaska  
Position Statement: Supports HB 347.

Dr. J. Bonner  
Anchorage, Alaska  
Position Statement: Opposed HB 347.

Virginia Pettyjohn  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Dr. Patton Pettyjohn  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Dr. Jasper  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Georgia ...  
Mat-Su, Alaska  
Position Statement: Supports HB 347.

Sandra Jay  
Anchorage, Alaska  
Position Statement: Supports HB 347.

Sherry ...  
Anchorage, Alaska  
Position Statement: In support of HB 347.

Jean ...  
Anchorage, Alaska

Position Statement: In support of HB 347.

Ruby Pettyjohn

Mat-Su, Alaska

Position Statement: In support of HB 347.

Karen Jasper

Anchorage, Alaska

Position Statement: In support of HB 347.

Captain E.P. Pettyjohn

Alaska Airlines

Position Statement: In support of HB 347.

Connie Walker

Anchorage, Alaska

Position Statement: Supports HB 347.

Paul Pettyjohn

Mat-Su, Alaska

Position Statement: Supports HB 347.

Bill ...

Anchorage, Alaska

Position Statement: In support of HB 347.

Tom Pettyjohn

Mat-Su, Alaska

Position Statement: Encourages the passage of HB 347.

Cindy Ziegler

Anchorage, Alaska

Position Statement: Supports HB 347.

Cathy ...

Anchorage, Alaska

Position Statement: Urged passage of HB 347.

#### PREVIOUS ACTION

HB 225

2/23/83 - First Reading.

Committee Referrals - HESS and Rules  
Committees.

See HESS minutes of April 27, May 16, 17, 18  
and 19, 1983.

HB 347

4/12/83 - First Reading.

Committee Referrals - HESS, Labor &  
Commerce, Finance and Rules Committees.

See HESS minutes of May 20 and 21, 1983.

ACTION NARRATIVE

TAPE#5, Side 1  
Recording  
Number 0001

Chairman Tischer: I express my sincerest apology for the delay of 45 minutes of at least beginning this meeting as I said before the meeting should be in Anchorage, however, the members were not able to leave Juneau because of inclement weather, the airplanes weren't flying, so we are conducting this hearing from the site here in Juneau.

Chairman Tischer: I'd like to now welcome those who have come to all sites either to observe or testify, there are several members of the public here and I right now don't have their names. I'll call off the names that are listed here on all sites and if there are any others I wish that you would pass the names on to me before we start the hearing process. Those that I have listed to testify from the other parts of the state; John Demsky and Dr. Peter Cannava from Soldotna, in Anchorage; Charles Rush, Jan Nyboer, Steven Dobson, Mr. Center and James Patterson, there is also an observer I understand in Anchorage, Dr. Jim Graves. In addition, we have a witness in Mat Su, Denise ... and please correct me if I'm mis-pronouncing these names, and Dr. Jim Taylor who is an observer at this time from Bethel and who may wish to make comments. In Juneau; we have Harry Treager and Stuart Ball, with that list than I extend an invitation for Mr. James Demsky in Soldotna, if you would like to come forward we would appreciate hearing from you.

Number 0024

James Demsky: My name is John Demsky and I'm an optometrist and practicing in Alaska for 6 years, five of those years with the Yukon-Kuskokwim Health Corporation and recently I've opened a private practice in Soldotna. I gave a lengthy testimony for the hearing in April, I believe and I don't want to repeat myself too much. I'm also a member of the Board of Optometry and I would like to make a few comments as to the Board's position; first of all we do not

intend to have any grandfather, the certification used drugs would be by examination. We plan on increasing the hours of continuing education prior with the percentage related pharmacology and pathology. The advantages that we see are;

- 1) prevented health care
- 2) much cost to the consumer
- 3) provide higher level of care

Number 0041

There is 38 states that can use drugs now, 35 of them diagnostic and 3 with therapeutic, one of the states just passed their therapeutic....last year. North Carolina in 1977 and West Virginia in 1976. There are no drug related complaints against West Virginia optometrists since that time and there have been only two formal complaints against North Carolina's optometrists and there's also been a national study done by the National Association of Insurance Commissioners from July of '75 through December of '78 and that period of time there were 47 claims against the optometrists and 354 claims against ophthalmologist and there is not any significant difference between drugs and non-drug states of optometrists. I believe that since I've said most of my other testimony previously that's all I wish to say today. Thanks.

Number 0055

Chairman Tischer: Thank you very much, Mr. Demsky. Would you be open for questions from the committee? Mr. Demsky: Certainly.

Chairman Tischer: Rep. Martin wishes to ask you a question Mr. Demsky.

Number 0058

Rep. Martin: Yes sir, I'm interested in the continuing education program, I know that if not last summer or the summer before the optometrist profession had an extensive education course during the summer involving many hours. Can you give us an update perhaps as to how many optometrists today would qualify for certification of diagnostic drugs with the latest minimum standards that the profession is putting upon itself?

Mr. Demsky: I could not answer accurately the diagnostic drugs because our pursuit is for therapeutic drugs, I do know from the course that was offered a year ago which had primary emphasis on therapeutic drugs that the majority of MD's from the state passed that took that course and passed the final exam. That course would fulfill all the requirements for using therapeutics and just about all the states, of course the major requirement is being able to pass the exam given by the Board, so all applicants would have to take ours and additional exam for diagnostic. Since your question was about diagnostic, I would just say just guessing that about 75-80% in the state already have the requirements for diagnostic drugs.

Rep. Martin: Thank you for clarifying that difference between therapeutic and diagnostic; we haven't had this bill for awhile and I forgot the difference. I think that's it for right now, Chairman. Thank you.

Number 0080

Chairman Tischer: Let the record show that Rep. Miller of North Pole is now present; and Rep. Davis would like to ask a question.

Rep. Davis: Just a quick question; Dr. Demsky do you have any comments on the bill that is still in the committee?

Dr. Demsky: Are you referring to the Committee Substitute? Rep. Davis: Yes, that's correct CS for HB 225.

Chairman Tischer: I'd like to clarify this for the committee's benefit and for those that are listening, we are hearing the original HB 225 and the reason that we are doing that is because there are three Committee Substitutes all prepared by Sen. Josephson and the sites out there do not have copies of that, so if you are referring to any particular version you must first of all state the version number and the section and line that you are identifying, if you would please, committee members and those who have copies of other bills out on the field you would have to refer to which bill or which version you are complimenting or criticizing and which section. To solve the confusion, the Chair is identifying the

original House Bill only.

Number 0097

Rep. Davis: I'm just curious on what his testimony is on the original bill or if he has an alternative one that he supports, I'd like to know that.

Mr. Demsky: Yes, the original bill was shot down rather excessively for its lack of ... I would say and there are several alternative bills that I would certainly consider, I do not have a copy of the Committee Substitutes in front of me, but I do know that one of the Committee Substitutes included a position on the optometry board and a list of prescription and non-prescription drugs with the advice and guidance of the state Medical Board. In regard to that Committee Substitute I don't see any advantage of having a position on our board, I would be in favor of having a list of different classifications of drugs that we could use, but not a list perse of each individual drugs. That is the only Committee Substitute that I am aware of, also the initial bill does not have any statements about the exam itself or the continuing education that is required and it does not list the drugs. According to the initial bill there are not any limitations whatsoever, according to the bills that we have considered as an alternative the drugs would be limited to topical ophthalmological drugs only with emergency use for systemic drugs in the office only.

Number 0126

Chairman Tischer: Thank you John. I'm looking at a version number 1 and it really doesn't matter which version. I think which version you are referring to is that particular version, which is version 1. It does set out the scope of practice, it does set out the section in section, the list of people who should be sitting on a board, one of which would be a physician and let me just read that to you and see if this meets the qualifications that you wish.

The board will consist of (6) members instead of (5), there should be a change in the original statute, appointed by the Governor the members must serve staggered term years, there will be (4) members and 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 in-direct practicing optometry; one board member shall be a licensed physician in the state. That one provision is provided for in the Committee Substitute and in addition it has another section that is called approved drugs and this is how it reads:

The licensee holding a certificated issued under AS. 08.72.277. The employer prescribe an addition to the drugs approved under another statute, legend drug as follows; and then they identify the actual drugs, subsection topical anesthetics anti-effective which lists the types of drugs underneath it, anti-glaucoma agents and so forth down the list, there are probably 35 different drugs that are listed. You're composing that these drugs not be listed that identify only in categories, is that what you are suggesting?

Number 0156

Dr. Demsky: That is correct.

Chairman Tischer: And how would you ask those drugs to be listed in categories, what categories would you suggest?

Dr. Demsky: I believe the ones that you have listed there, the anesthetic, optometric and anti-glaucomas.

Chairman Tischer: Thank you very much, do you have any comments for us to hear?

Dr. Demsky: I don't believe so.

Number 0163

Chairman Tischer: The next witness that I'd like to call would be Charles Rush from Anchorage.

Charles Rush: Good Morning, I'm sorry that I'm not well prepared on this, this is the first time that I've seen the bill, however, I am on the Board of Pharmacy and I serve as the Secretary and we addressed this bill or a similar one a couple of years or maybe last year and essentially I just want to be sure that that letter was still in the possession of the Legislature and would be considered.

I think essentially, what we said in that letter was that this was a real concern to us, that in pharmacy we have and always had sort of a traditional problem and its a very minor one with dentists who have restricted prescriptive authority in the date prescribed for the mouth, and we have the same type of problem with the veterinarians who are limited to animal, and this sometimes is a problem if they get out of their speciality.

Now we really ran into problem when we got the nurse practitioner and the physician's assistants who were given the authority to prescribe and when they came to us with this we did not see it would be a problem and we said that we thought we could monitor all the NP's and PA's. When it happened all of a sudden we were faced with every NP and every PA that had a different regiment that they could write for, as set up by their collaborating physician. This we soon found that pharmacist could not do, we were not able to keep track of the certain items that each nurse practitioner or PA was allowed to prescribe, so at that time we went to the medical board and the nursing board and we said that there was no way that we could monitor, that we felt that this had to be changed and the responsibility for the PA and nurse practitioner had to be the responsibility of the collaborating physician. Naturally all care was going to be exercised in throwing their prescriptions, but if they got outside of their field than they were allowed to prescribe and that is something the collaborating physician would have to check on and would have to handle. I feel that this optometrist would be a similar category and it would be extremely hard for the pharmacist to first of all would have to identify their prescription so that the pharmacists knew that this was an optometrist and he had limited prescribing authority and then at that time it would have to be very plain what that prescribing authority was. I think thats our main concern, the other thing that we did not address here I would presume and I would hope that you are not planning on having any DEA numbers involved with the optometrist and they would not prescribe for controlled

substance. Has that been considered?

Number 0212

Chairman Tischer: If you are asking the committee that question, is that what you are doing?

Mr. Rush: Yes, I am. I just read through this real quickly, I don't see where its addressed here, the use of prescription or legend drugs.

Chairman Tischer: There is nothing in this proposed piece of legislation that addresses controlled substances as far as I can see.

Mr. Rush: Controlled substances are legend drugs, however, normally they are classified separately, I believe if it were addressed it would save, possibly it should be in the statute, that DEA drugs, controlled substances would not be prescribed and that they would not have DEA number.

Chairman Tischer: Thank you, thats a good suggestion. How do you feel about categorical listing in this proposed piece of legislation, Mr. Rush?

Mr. Rush: I feel that its difficult I don't know, I think its going to be very hard for pharmacist to draw the line or know where the line is drawn at, if thats what you are doing. Maybe it should be like industry, they are limited to diseases of the mouth, maybe the only limitation should be limited to the eye, I don't know, maybe thats too broad a category.

Chairman Tischer: Mr. Rush, if I may, the bill addresses that by virtue of the definitions that are contained within the bill and what the licensing process should be. I have a question, am I given to understand that at the present time the pharmacists are the police force of the prescription industry if you will on all fields of medicine or is that just a policy?

Number 0241

Mr. Rush: I think this is maybe the way it really works, a pharmacist is certainly jointly liable if he fills a prescription for say for instance a dentist, who is prescribing something that is not related to the mouth. In that particular case the

pharmacist I feel is probably under a real obligation, not to fill that prescription.

As far as a doctor of medicine is concerned there is no limitation, there's certainly a limitation if you do something wrong, if its an overdose or something they should catch, but as far as a veterinarian writing a prescription for a human, now the pharmacist fills that, he certainly has some liability.

I think the same thing is true with dentistry and I think that under this, the optometrist, and I don't think we like the word "policeman" but essentially is, yes, you are saying to us, do not fill prescriptions except for the eyes and the eyelids than they are going to give us a specific list. And so, when the prescription comes in it is his determination, it could result in a law suit if he strays away from that.

Number 0261

Chairman Tischer: I think what you are saying to the committee, Mr. Rush, is that the pharmacy industry and profession feels a moral obligation to police that prescription portion of dispensing drugs to the best of their ability. What I would like to know is that if you are mandated by the law to do that and rather than the moral obligation part of it?

Mr. Rush: Well, I certainly think that we are mandated by law, yes, its in the dental statutes that they can only prescribe for diseases of the mouth, under the nurse practitioner they can only prescribe the items or the legend drugs that their collaborating physician allows them to write for. So I think, definitely that means the pharmacists fills the prescription outside of that scope, certainly, its against the law, so I don't think its a moral, I think it is law.

Chairman Tischer: Mr. Rush, I am going to ask for a legal opinion from the Attorney General's office on that account, so that the committee has a clear understanding of whether or not its a policy issue more than it is a statute. What I'm looking at here is a provision within one of the substitutes and it says; "the board shall furnish to the

Board of Pharmacy the names of all holders of endorsements issued under this section", you mean its a policy of one board to supply the pharmaceutical board list of all the holders or allowed to prescribe drugs? But it does not say anything that you are liable to police their actions and I think we need an opinion on that.

Chairman Tischer: Rep. Martin has a question.

Number 0288

Rep. Martin: Thank you Madam Chairman, Good Morning Charles, as you said we have been on this thing for 4 or 5 years now, same thing, no progress. The same questions are being asked and I believe there are answers if we don't try to nit pick this bill to death one way or the other, there's always going to be any if or but. But I feel that the categorizing drugs is probably the best way to go through this as you know in your profession there's always new drugs on the market for new things and its awful hard to keep up with, and thats up to the professional group. Ones to regulation and the ones to educational program, we know in the last two years the optometrist have done a superb job in upgrading everyone's education, making sure they had minimum hours of training for x use to what drugs or what procedures, and rather than tidy all these things in the law itself that we should let the regulation and the education be the guide line of what they are allowed to do. If we get involved in saying that we want drugs only for the eyes we know that anything that enters the body is going to go through the whole body no matter what point of interest, and than we get into the nit picking technologies on that too. What I'm looking for is to allow a professional group and we have to have faith in those professional groups to give the best that they have to offer to the patients. And I feel that in this state we have a lot of top rated optometrists that go out into the remote areas and if they have the expertise they should be allowed to use them and work upon the patients that they suddenly run into that needs it.

Number 0313

Mr. Rush: I don't know if I definitely disagree with what you said there, Terry. I

think our concern on the Board of Pharmacy is that we not put our pharmacist in the position where it is extremely difficult for them to know whether they are allowed where its legal to fill a prescription or not and I think that maybe something should be continued if you are considering that they are going to give us a list, like the list that we got of the nurse practitioner and of the PA's. That has had a few problems, they add new people all the time to the list and then there are people who are taken from the list that are no longer licensed and this gets into a continual need for updating and especially we have in our nurse practitioners and the PA's regulations a part that says if a collaborating physician no longer collaborates with the nurse practitioner, the Pharmacy Board will be let known in 24 hours. Because, if this happens, the collaborating physician has some problem with the nurse practitioner or the PA, than its essential that we get that information quickly so that we can notify the pharmacist and they don't fill the prescription.

Number 0332

Rep. Martin: Thank you, I wholeheartedly agree with your problem and personally think the pharmacists have done a number one job around the state in trying to control misuse of drugs whether it comes to doctors or where you are almost forced to at times to accept that prescription when you know darn well that a problem will speculate anyway. And I very much appreciate pharmacists I've known who have conscientiously notified the various departments if they can't get the doctor to rightly consider the prescriptions. I personally appreciate the concerns that you are expressing, I think its a very valid report and maybe the optometrist can work up an easier procedure for the pharmacist, because they want to protect themselves too. They don't want their image tarnished by any weak members.

Number 0345

Chairman Tischer: Thank you.

Chairman Tischer: I'd like to now go to Juneau, we have a Stuart Ball who would like to testify, and for those who are listening or preparing to testify I appreciate very

much if you would as you come to the table announce your name and your affiliation if any.

Number 0354

Stuart Ball: My name is Dr. Stuart Ball, an ophthalmologist, and would initially say that I am opposed to this bill. Let me go through my qualifications through college; pre-medical education, medical school - 4 years, did straight medicine, internship and 3 years of ophthalmology training for the year of specialized training in New York City and glaucoma. I'm opposed to this bill, because it proposes to give the privilege of practicing medical care of the optometrists, it is put forth by some who sincerely, but mistakenly believe that optometrists have the proper training. Fact is, this is not so. It is only recently that any ... attention has been turned to the medical care and diagnosis and treatment of condition of the eye in optometry school.

The majority of practicing optometrist have only accuracy look at this and even recently trained optometrist have certainly not had enough. The lectures they have had in optometry schools do not qualify them to practice as physicians. I maintain that is wrong minded to propose by legislative fiat to give to any professional group the rights and privileges that should have first been earned, to give the optometrist the right to practice and than ask them to return for the education they need, seems to me be both ridiculous and frightening. The fact is, few had the ... education and none had the clinical training to practice and diagnose the treatment of medical conditions of the eye without the supervision of a qualified physician. I implorē you the legislature to consider the seriousness of this bill, we are talking here about people, sight and the health of their eyes. National public opinion polls, and I'm sure you'll agree, rank loss of sight, second only to cancer as their greatest fear. You have the responsibility to protect the public, if passed this bill under consideration would only serve the complicated already confusing situation. Most of the public is unaware of the difference between an optometrist and ophthalmologist and the great differences in their capabilities and training. Passages

of this bill would imply to the public both that optometrists have the ability to diagnose and manage eye conditions and a complete understanding of the use of these drugs and the management of their possible complications. None of these conditions are true. Optometrist have claimed they can safely use the medication proposed but during my glaucoma fellowship I personally witnessed three surgical emergencies brought on solely by the use of these drugs and many more which the quick and accurate diagnosis and emergency medical treatment was vital to preserving the sight.

Number 0401

I shudder to think that the bill was passed and the public was further confused about who is the proper provider primary eye care, what needless pain and suffering and loss of sight might be caused. In summary, I feel this bill proposes to give an unearned privilege without corresponding requisite responsibility. It is unearned, because optometrists have had even none or inadequate clinical training, and they propose in this bill to determine among themselves who is competent among them to use the drugs. That frightens me, it should frighten you and would certainly frighten an informed public, also this bill gives the right to "to diagnose" to people who qualify at best only to detect and do so without requiring referral to a qualified physician for diagnosis and care. I think there's room for compromise though, certainly compromise substitute bill as being submitted to both the House and Senate for proposing to give educationally, qualified and tested optometrists the use of a limited list of drugs to assist in their detection of abnormalities of the eye, but it also recognizes their limitations to "to diagnose" as distinct from detect abnormalities of the eye and requires the referred to a qualified physician.

Number 0423

I feel this is the most appropriate to the realities of the situation and the welfare of all concerned and if I could just answer one comment that was made by the optometrist who spoke first. About the realities and the insurance; he mentioned insurance rates from '75 and '78 which were published I think by the National Association Insurance

Adjusters. I want to note that those dates were before those states had drug bills for diagnostic drugs, but were not therapeutic drugs and from '79 to '80; the insurance rates for optometrists went up 38% because of the claims against them, and since then they have gone up dramatically more, but I don't know the percentage.

Number 0435

Chairman Tischer: Thank you very much, Dr. Ball, are there questions from the committee? Rep. Davis?

Rep. Davis: Thank you Madam Chairman. Thank you for your testimony, I'm curious to know if you seen this CS for HB 225 that has been referred to as the compromise bill or is it one of Sen. Josephson's?

Chairman Tischer: Which version?

Rep. Davis: I think the only version that I've seen is Sen. Josephson's.

Chairman Tischer: You will note that some of us have several versions from Sen. Josephson's and at the top of the right hand corner for those who are privy to having a copy, its version number 1, 2 and 3, and each one is different. While you are looking for that, well, I'll let you ask that question first.

Chairman Tischer: I was looking at version number 1 to begin with.

Rep. Davis: The last version is the version the committee was looking at, version number 3.

Chairman Tischer: The real watered down one, is that what you think?

Number 0452

Dr. Ball: The last version is the one that's actually in the other body right now is the one you feel is the compromised one, the one you can live with? Is that what you're saying?

Number 0457

Chairman Tischer: Its going to be real confusing for all those listeners and observers who are testifying to carry on a conversation without documents in front of them, so I caution to the committee to make

sure that when you are identifying anything please refer to a section or a line and identify what document you are looking at. So that even though people who don't have the document in front of them will know what you are talking about.

Chairman Tischer: Rep. Davis, do you have your answer?

Rep. Davis: Yes, thank you Madam Chairman.

Chairman Tischer: Are there any questions from the committee for Dr. Ball?

Chairman Tischer: I have a question Dr. Ball; version number one of Sen. Josephson's bill; identifies a list of approved drugs and they are categorized and under the categories are subsections that list various drugs that could be used by a licensee holding a certificate. In other words the licensed optometrists that is controlled by the optometry board and so forth, would you please look at that list and make comments on it please.

Number 0476

Dr. Ball: Yes, I've been looking at the list and topical anesthetics which I think they can, certainly those who have been properly trained and tested on their recent use and effectiveness, I think is outside their realm and implies that they have a sufficient clinical understanding and knowledge to diagnose conditions. And I think they can detect when there is an abnormality, but I think it puts too big of a burden on them who have only gone back to learn.

Number 0486

Chairman Tischer: If you were sitting down on an examination for an optometrist who maintain that they had the skill and the education to utilize having effective drugs and demonstrate to you through testing and examination that they had those qualifications, what would you say?

Number 0491

Dr. Ball: If I can set an exam and they passed it, I would still feel there other people, paramedical people who can demonstrate for efficiency and certain limited areas; like intensive care nurses have certain limited specified capabilities

and certain situations, but that even then is still always under the supervision of a physician to re-evaluate and to monitor what they do, and I feel in these situations, where the health of the eye preservation of sight is always a factor. And the other categories is even more important, any glaucoma agents, any inflammatory agents, any virals, the situation comes even more important. I think that in any of these situations, they would first have to demonstrate for efficiency, but always under the guidance of a physician.

Number 0496

Chairman Tischer: I would like to have you first answer my question, if you put the exam to the optometrist and they passed the exam sufficiently to meet your desires and your needs, proving or disapproving one or the other, that they have the ability to do anything; what you are saying to me is that you would still not allow them to do it unless you supervise them, is that correct?

Dr. Ball: Yes.

Chairman Tischer: Thank you doctor. I would also like to have for those who are in the field, if you stay at the sites if you have any questions of the other witnesses through the Chair, I would appreciate you either submitting them, so we can ask them if you are not going to stay or that you direct them yourself. I think this would be a good time to have an exchange of dialog, so if you have a specific question through the Chair to another witness that would clarify for the committee and inform them I would appreciate you doing that. The next witness that we would call is in the Mat Su Valley; Dr. Denise ..., and please correct my pronunciation, if you would please.

Number 0499

My name is Denise ... and I'm an optometrist in private practice here in Mat-Su Valley and I've been here for about two years. I'm testifying in favor of diagnostic and therapeutic drug use by optometrists. You have already heard much on this, so I'll be brief. Dr. Ball seems to feel that none of the optometrists have the proper ... clinical training. I, however, was an optometrist working in Thailand for a year after I graduated and I used both diagnostic

and therapeutic drugs there and I felt that my optometric education adequately prepared me for any type optometric care. The nearest ophthalmologist to me in Thialand was about 8 hours away and I referred all my surgical patients to him, but I felt qualified to do basic diagnostic treatment myself. To be able to provide that same scope of care here in Alaska, I think would be extremely useful, not only to the optometrist but also obviously to the patient. Here in the valley, we don't have an ophthalmologist here all the time, our offices open late on Fridays and also open on Saturdays, and the General Practitioner here in town are open during those particular hours. So if you have a patient that comes with some kind of contact lens over wear or small abrasion and you want to give them some kind of antibiotic just to ....you cannot do that, so you either have to send that patient to the Palmer Emergency Room which is going to cost them a lot of money and time or send them to Anchorage, which is a real hardship on people, especially your older patients who don't like to drive that distance. So, basically,

I see it as an increased inconvenience for the patient, a lot of decrease in cost for patient and especially for people who practice not in Anchorage are a real advantage to the people that you serve.

Chairman Tischer: Does that conclude your testimony?

Denise ...: Yes, it does.

Chairman Tischer: Any questions from the committee?

Chairman Tischer: I have a question for you doctor, there is a proposed list of drugs in version number one of Committee Substitute and identify those in categories, although I did not read the entire list. How do you feel about the legislation proposing listing specific drugs versus categorical drugs or none?

Denise ...: Well I'd be in favor of categorical, however, listing them seems a little bit restrictive just because new

drugs come on the market every so often if you have a certain list and your list will be outdated and you'll have a problem if can you prescribe it and you need to change the bill and that sort of thing.

Chairman Tischer: I also have another question, Doctor, in the proposed legislation. Do you have a copy of the original bill?

Denise ...: Yes, the original bill,

Chairman Tischer: Thank you. Are there any provisions in House Bill 225, original version that you feel needs to be expanded or clarified for the protection of the optometrist as well as to prove your worth, if you will?

Denise: Basically, it seems that everything is really complete, again you have to refer to our legislative committee and again I'm not a part of that, I'm somewhat uninformed as to the various versions.

Chairman Tischer: Thank you. I have another question, will you hold on, I have to look it up. How do you feel about a provision that would require that upon the advice and guidance of state medical board that developing a specific list of prescriptions and non-prescription, diagnostic and therapeutic drugs and their dosages be used in practice of optometry?

Denise: I don't particularly like that for the reason being that with advising consent it means that if you try to get a group of people together to advise and consent to anything, its a very difficult thing to do, you have to get a meeting, you have to get optometrist and ophthalmologist together and you have to get something accomplished. Three things which are all very difficult to do.

Chairman Tischer: The language reads; with advice and guidance, it does not require approval of the medical board, but just the advice and guidance, in my interpretation it means that there be a collaborative effort to ...(end of tape).

Tape 5, Side 2  
Recording  
Number 0001

Chairman Tischer continues: ... The approval of the Medical Board be secured but that the Board of Optometry and the Board of Medicine collaborate for the best interest of the client.

Denise: ...I don't really see a big problem with that.

Chairman Tischer: Thank you very much. We'll call the next witness; James Patterson, and please indicate yourself and who you are.

James Patterson: My name is Jim Patterson, I'm an ophthalmologist who has been in private practice in Anchorage for the past 12 years; I am testifying as a concerned individual. I'm opposed to HB 225 because I feel that the present level of education and background of practicing Alaskan optometrist in no way qualifies them for using drugs for diagnosis and or treatment or to perform surgery. There are several articles and literature which dramatically demonstrate the educational differences between ophthalmologist and optometrist. One of the better articles by Don Pearson and it appeared in the transaction of the American Academy of Ophthalmology and ...; these articles indicate the present day optometrists, these are the individuals who are practicing in Alaska are sorely lacking in medical and clinic expertise. Another article by Dr. Campbell, he states an accurate and appropriate referral for treatment of eye problem in the effectively performed on the basis of a good history and externally examination...(noise in background). As high as 95% of all eye disorders can be protected and determined in this fashion, all of these procedures can be performed without the use of any diagnostic drugs. I would like to address the categorization of drugs listed in the proposed bill and point out one specific example: Cocaine, in the broad sense of the word is a ... drug, drugs when applied the front surface of the eye can be absorbed systematically within a minute of 7 to 8 seconds, it has a topical effect of numbing the front surface, it was one of the first

agents to use to perform eye surgery, it also dilates the pupils.

Number 0033

This drug included for use by optometrists in present form of legislation, this drug presently requires DEA numbers and approval for physician to prescribe this agent. In summary, if optometrists want to function as ophthalmologist, let us protect the people of the State of Alaska and require them to go back to school through the existing program and gain the necessary clinical and practical experience needed in this field of medicine. For these reasons, I urge you to defeat this proposed legislation in its present form. Thank you.

Number 0042

Chairman Tischer: Thank you, Dr. Patterson, are there questions from the committee? I see none. I have a question, Dr. Patterson, rather a comment, this present legislation that is before the committee is the original House Bill and for the benefit of those who do not have the document before them, I would like to read Sections 2 and 3, actually they are practically the same. One is the "optometry" is the examination of, the other section is; the "practicing optometry" and I would like to read that and have you comment Doctor, if you would please:

"Practicing optometry" is an examination 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 diagnosis and treatment, including the use of drugs, of inflammations, infections and injuries of the eyes and eyelids; or the prescription or application 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.

Number 0060

Chairman Tischer: I heard in your testimony something referring to surgery which this

proposed legislation does not address, but in addition to that, would you comment on that definition and give us some guidance?

Number 0063

Dr. Patterson: I would think that a surgical procedure would be the removal of a foreign body from the surface of the eye or perhaps even the removal of a partially penetrating foreign body. If an individual given an agent which has sufficient power to numb the front surface of the eyes and such a procedure can be performed I would expect that such an individual might be tempted to remove the foreign body after having removed several foreign bodies, perhaps they might be so inclined to remove a growth on the surface of the eye, since they have the agents to perform such. Surgery is not specifically excluded in the bill and I would see problems with possibly extending into the surgical area. I have trouble redefining optometry as a practice in which eye disease is diagnosed as also specific therapeutic and diagnostic procedures are performed.

Number 0078

Chairman Tischer: But there is no identification in that definition at all that deals with disease or any inference even close inference as far as I can see and surgery, Doctor, I wanted to know what you're interpreting that section of the bill correctly.

Number 0081

Dr. Patterson: I'm saying that, yes, I realize that surgery is not specifically addressed in that bill, I think that deficiency, I also am against saying optometrists diagnose and treat diseases of the eye.

Number 0085

Chairman Tischer: Thank you, Doctor, are there any questions from the committee? If not, we will go on to the next witness and that will be Steven Dobson from Anchorage.

Number 0092

Steven Dobson: This is Steven Dobson, I'm an optometrist practicing in Anchorage, I was born and raised in Alaska and attended the local Community College and University and Undergraduate. I received my Doctor of Optometry Degree from Southern California College of Optometry, I also completed a one-year residency at the Veterans Medical

Center in Los Angeles; and first of all I am very grateful for the Alaska Student Loan Program and also the WICHE program that helped finance this study. I decided to return to Alaska to practice optometry at the level of which I've been trained, I guess that's why I'm testifying here before the committee today about the issues that have been brought up by prior testimonies.

I would like to clear one area of confusion, that's the area of professional judgment; if the law requires that I treat any or all eye diseases, I have a difficult time going to my office each morning, needless to say, I utilize the professional judgment every day on every patient, and even with the drug law I still would be referring many of my patients for that secondary and ... eye care, a need whether medical or surgical.

Currently, one of the most significant role models we can use to guide this legislation is that of a West Virginia, they had a therapeutic drug law now since 1976 and I don't have the latest which talks about the success of this bill in terms of decreasing patient care cost and all of the optometric care. I do have a letter in front of me that was written three years ago; they used a total of 72 different drugs for the human eye, they treated some 47,000 individual patients, the distance of these patients would have otherwise traveled to geographical locations. Other than those treated by optometrist were treatment by ophthalmologist or appropriate medical specialist, combined a total of 620,000 average miles, 52 pathological conditions were diagnosed and treated by the West Virginia optometrist and there are 135 West Virginia optometrist that have this traditional privileges for optometric license in that state. It's also noted that there has been no reports to the Board of any adverse reaction to the diagnosis and treatment rendered to patients involved in any West Virginia certified optometrist.

Number 0136

I also have another very brief letter that was written two weeks ago from the Director of Nebraska Department of Social Services and she was responding to Sen. Don Wesley who is in the Nebraska State Legislature and

the comments were as follows:

The department anticipates a decrease in expenditures for these services for the following reasons: (Now Nebraska is also introducing a therapeutic legislation), and her first statement was; the plans will now have to go through the optometrist to an ophthalmologist for this minor treatment, therefore, the department would have to pay for one office visit and instead of two office visits. The medicaid and liable fees for optometry visits are generally less than liable fees paid to ophthalmology.

Number two: This legislation will have a very positive effect on the availability of service to the clients as there are a few ophthalmologists in outside and out state Nebraska.

We have very similar situations here in Alaska, and another issue that has been brought up in prior hearings is that for some reason the bill ends up in the Finance Committee and obviously this must be a stall tactic. The comment made here was the administrative cost of this bill would be minimal, estimated at less than \$500. and so I hope that this bill will not be tied up in the Finance Committee again, its absolutely non-productive.

Number 0157

Steven Dobson: Again some restrictions I think may be appropriate on this drug bill and one was brought up earlier by Mr. Rush and that is; controlled substances should be eliminated and therefore, would not require any DEA numbers, also classifications of drugs I think are appropriate. Restricting these specific drugs would be inappropriate because certain patients as you know have sensitivities to certain drugs and also drugs do change. That would require legislative hearings to allow the use of new drugs that do come on the market. In reference to Dr. Patterson's comment that 95% of all eye conditions were diagnosed without drugs, my question is why do most all ophthalmologists dilate the vast majority of their patients for routine eye exams.

Secondly: Foreign body removal, I work on

Saturdays and also have evening appointments in my office and patients who are working in a garage and get dust or piece of rust in the eye and make stick on the cornea, any of these are easily rinsed out with a saline irrigation. We require even a O-tip or something to superficially take this away and again these patients are referred to the emergency room, especially after hours. And again, a day doesn't go by that a contact lens patient doesn't show up in the office with an over wear or a condition that would require that they have an antibiotic and our decision is to refer them to a general physician who has less expertise and does not have the equipment or again send them to the eye specialist, the ophthalmologist for treatment. And in my conclusion, I urge the support of a diagnostic and therapeutic bill. I will answer any questions at this time.

Number 0188

Chairman Tischer: Thank you Steve, are there any questions from the committee?  
Rep. Martin.

Rep. Martin: Madam Chairman, I don't have any question except to confirm a couple of things with Dr. Dobson. We have a West Virginia Board of Optometry of 1981 report and someone has conscientiously updated it to department numbers to the various categories of drugs and the number of patients and so on. But what I like about the West Virginia report and also the Nebraska report is that they show in those areas they have similar problems to what we have in Alaska and that is a geographical problem and economic problem, a problem of availability of services needed by the people and its in my mind that the optometrist, because of the way they develop their professional group in this state of reaching people, going out into the rural areas and provide a major access to providing services that people need on small emergency basis.

Number 0201

And to me, we would be very negligent and not do our duty as legislators not to consider these factors and making it possible for people in the remote areas to receive the best medical available. Some day, some age when the ophthalmologists are

willing to travel to the bush, are willing to go out there and make themselves available to the people, than we may be able to reconsider 10 to 20 years down the road. If a person gets a splinter in their eye due to an accident or a hunter is out there and he or she knows they can see an optometrist near by; than we should help them...best, professional expertise to that individual.

Number 0213

Chairman Tischer: Thank you Rep. Martin, I'd like to ask Mr. Dobson and Mr. Patterson who is sitting here with us a couple of questions; Mr. Dobson if I were to come to you with a piece of dust in my eye, how much would charge me?

Dr. Dobson: I wouldn't charge you anything. The average patient ...brings up the issue of the economics and situation. A lot of patients come in for a routine eye examination at the same time they will mention their eyes have been tearing or redness and may have a minor infection in addition to a visual problem, and to treat that at the same time, the additional fees would be nominal. We have not set a fee schedule for that, we don't have those privileges.

Chairman Tischer: No, I'm talking just about, if I came into your office unannounced and you had time, wouldn't you charge me for an office call? Not just because I'm a representative, but because I live Spenard and am walking up to your place and I need some help.

Number 0230

Dr. Dobson: It would probably determine a number of factors; a standard office call would probably be \$25.00, but again.

Chairman Tischer: That's what I wanted to know, what your standard office call was.

Dr. Dobson: Prior patients, we see them for other care, we see them quite often for contact lens, irritation, various questions they have and again we don't charge every time they come into the office, but I would think that an office visit would be appropriate and that fee again would probably depend on type of service.

Chairman Tischer: Thank you and Dr. Patterson, if I came to you with the same problem, how much would you charge me for an office call?

Number 0240

Dr. Patterson: I would have to agree with Dr. Dobson, if you came in, there probably will be no charge. The routine office is run anywhere in my office from \$26 to \$45 depending upon what services provided. No one is turned away from my office and the fees are negotiated all the way down to nothing, this is what I interpret as the patient's financial status.

Chairman Tischer: Thank you, Dr. Patterson.

Chairman Tischer: Dr. Ball is sitting here with us also, I think he would like to make a comment before we go on to the next witness.

Dr. Ball: Well, I wanted to comment to the third question of the remoteness, which is also an issue, the remoteness of the people in the bush or in little cities or on islands to good medical care for eye problems. I want to say first all, ophthalmologist do travel to some of these remote areas and I in fact have been and we do go to Sitka, Tenakee, Wrangell and Petersburg and Pelican and places like this to give optical care. Secondly: I just joined Dr. Page so we are able to travel to these places more frequently, and to give you the exact frequency I can't right now since we are in the determination stages on how frequent we can do it with other person covering practice in Juneau, and certainly its not there all the time, but there is no optometrist in Pelican either. They were doing it in rotation basis as well. But I think just to use expediency as justification for less then adequate medical care is not I think valid.

Number 0269

Chairman Tischer: Thank you, I have something to clear up with the committee members, I mistakenly saw the name Josephson on the revisions that we have on file as being Sen. Josephson, that happens to be drafter of the revisor, I apologize for my mistake.

Rep. M.W. Miller: Madam Chairman that's correct, but Sen. Josephson is also the original sponsor of the Senate side with this piece of legislation.

Chairman Tischer: Rep. Martin?

Number 0276

Rep. Martin: Thank you. I'm glad to hear what Dr. Ball said, this is my feeling that because of the competition in the field and because we had no ophthalmologist in Southeast for a long time. The only resource that people had with eye trouble besides needing a prescription like I do, the only resource they had as to optometrist for help, there was a lot of good optometrist...I know ophthalmologist they can really help you. I'll make a point, I'll call Dr. So and So in Seattle and I'm very pleased to see that we have specialist here in Juneau and Southeast, and I know the professional people here will establish, optometrist will establish a good relationship once they have mutual touch with each other. And that an optometrist will say, hey, I know of an ophthalmologist in Southeast who is really good, you don't have to travel to Juneau or Anchorage anymore, that's the whole idea; where we allow each profession ... in the long run allow the public to know if your professional people work in hand and glove with each other. I don't believe in there needs to be competition.

Number 0293

Chairman Tischer: Rep. Davis.

Rep. Davis: One comment and one question; last year there was a testimony on this piece of legislation and one optometrist made the comment that when he was traveling in the villages, that the health aides had a lot less training, and they could do a lot more things with the eye than they could, by law. Which is sort of an interesting observation, and the other question; what percentage of care in your office is treatment of people with over use of contact lenses?

Dr. Dobson: First of all a comment on the policy about the public health service, I am not a member of the public health service.

I serve as an advisement for the health

service, mainly for pediatric ophthalmology problem, I have also done contract work in the villages doing eye screening and ... for the public health service. My understanding and having talks with specifically with the present Director, Dr. Holly Corshion, that all drugs are dispensed under the umbrella and with the full protection of the license of the ophthalmologist and the Public Health Service. The optometrist were working directly for the Public Health Service, function under this umbrella the Health Aides also work under this umbrella, if this policy has been changed I'm not aware of it. The second question as to what percentage of the individuals in my practice are over wearing contact lenses? I see anywhere from 85 to 120 people a week, on the average probably during that week if there would be 1 or 2 contact lens over wearing syndromes. Most of these are minor, heal quite readily, perhaps I don't even need a topical antibiotic to treat them.

Number 0327

Rep. Davis: Yes, thank you Dr. Patterson, I realize that those health aides in the village would be the under the umbrella with somewhat else, but I just meant on sight they have perhaps greater capability of treatment of the eye than the optometrist, its just a comment that someone made. Thank you for the information.

Number 0331

Dr. Patterson: I think the excessibility to additional advice, and consultation is an important factor there. I think thats why the system has worked so well, either through the radio network or through telephone, either with the regional hospital like in Bethel or even contact with the main hospital here in Anchorage. System has worked for ...its an every effective system.

I think that this is the kind of set up that might be looked at very carefully and maybe some of the good points be incorporated in the situation here in private practice here in Alaska.

Chairman Tischer: Dr. Patterson, it comes to mind a question as to all through the process of hearings on this bill and other bills that are proposed pieces of legislation that deal with other terms

medical profession and so forth, the legislature is seeing a real tremendous turf battle here. That's what I have come to realize, it's a frustration on the part of the legislators to accommodate the needs of our constituents and the folks in the rural areas. We find it difficult to manage this turf battle, if you will, and I guess a couple of questions; why the heck don't the professions get a little closer together in resolving some of these types of things in the best interest of the general public? And two; why is it that the general public, I'm asking this specifically of the ophthalmologists, why in the world doesn't the public understand what the difference is between an optometrist and ophthalmologist? It seems to me as if though the profession would be the primary folks that would be interested in making sure that's a clarification to the public.

Number 0363

Dr. Patterson: Without the answer to those questions I don't claim to have a particular insight. I myself, an ophthalmologist, presently because of two excellent optometrists that I had the pleasure of serving within the United States Navy. I deal with my fellow ophthalmologists on a personal individual basis, I deal with fellow optometrists on a personal individual basis, realizing that there are some individuals who are highly skilled, some that are not so highly skilled and than some I disagree remarkably with. I do not interpret this legislation as the turf bill, granted 5 years ago I did. Realistically thinking and trying to study this, this bill will in no way affect my practice, financially, emotionally or any other way.

So I dismiss it as a turf battle, I have no qualms speaking as an individual allowing optometrist to use certain medications that are listed out as prescribed and those that are given preparation for "diagnostic purposes". I have very marked reservations in creating another class of medical providers using prescription type drugs. I've persisted in coming to these hearings and making my presence known as much as I can because of my own personal beliefs on this latter as ...

Number 0392

Chairman Tischer: Thank you Dr. Patterson and could you address the problem that was mentioned here earlier, the general public doesn't really know the difference between ophthalmologist and optometrist?

Everybody knows the difference between a gynecologist and a pediatrician, but apparently very few people know what the difference is between an optometrist and ophthalmologist, so could you tell us how better you could improve that understanding to the public.

Number 0399

Dr. Patterson: I think the way we can improve is through educational programs. During the last 7 to 8 years, ophthalmologist has been behind the times in their political loxy, its taken us 3 to 5 years to catch up. We have national organizations, our present academy is doing TV spots, they are putting editorials in the newspapers in trying to educate the public. Its been my impression that people are smarter than a lot of us would generally like to give them credit for, I get a fair number of my people referred from optometrist, I also get a fair number of my people referred from themselves, because they are smart enough to realize that they have a major ophthalmological problem as opposed to an optometric problem. One other point, if this were such a burning consumer issue, I'm surprised that our legislative hearing this morning isn't just absolutely packed with consumers. I wonder why there are none present.

Number 0419

Chairman Tischer: Thank you doctor, thats why I think its a turf battle. Are there any questions from the committee? If not we'll go on to the next witness and, Rep. Davis?

Rep. Davis: That was one of my concerns too, last year, it didn't seen to be a big out cry by the consumer with this piece of legislation, but I can understand the general public not necessarily knowing the difference between professions. Some don't even know the difference between a democrat and a republican.

Number 0430

Chairman Tischer: Thank you Mr. Davis, Mr.

Harry Treager please, he is here in Juneau and we ask him to come forward to the table.

Harry Treager: Madam Chairman, my name is Harry Treager, I'm the Director of Division of Occupation Licensing for Department of Commerce. I don't not have a formal presentation to you, I can only tell you that as the administrative support for the Board of Pharmacy and for the State Medical Board, their positions are unchanged from last year, they opposed the legislation. I do not have any of the technical answers for you, as far as your questions in regards to the registration factor, if an optometrist is given prescriptive authority and do they answer to the Board of Pharmacy or do they both answer to the Board of Dispensing Opticians or Optometry, the answer would be, the Board of Pharmacy make the report to the Board of Optometry and the Board of Optometry would have the licensing jurisdiction. Other than that, unless there's some questions from the committee.

Number 0448

Chairman Tischer: Thank you Mr. Treager, is there any legal obligation on the part of the pharmacist to be the watch dog of dispensing drugs from the prescription end of it?

Harry Treager: Madam Chairman, In response to your question, I would have to say yes, because if a pharmacist licensed by the Board of Pharmacy is in violation of their statute which is filling prescriptions or over dosing by prescribing health care professionals, than they are responsible to the Board of Pharmacy, so they would be in jeopardy.

Chairman Tischer: A little more clarity on that, what if an optometrist prescribed a drug that was not in one of those categories like over dosing or the frequency of renewal and so forth, but was simply a request by an optometrist who fills the prescription for a client and the client went to the pharmacy and presented the prescription request, is the pharmacist responsible for what kind of drug that optometrist can dispense?

Harry Treager: Yes ma'am, we had one case as Mr. Rush the Secretary of the Pharmacy

Board pointed out.

Chairman Tischer: No, I'm talking specifically about optometry right now.

Number 0466

Harry Treager: Yes, I'm giving you a correlation between the two, if the pharmacist felt that the drug should not be prescribed he would contact a member of the Pharmacy Board. So, the answer to your question is yes, they could refuse to fill a prescription.

Chairman Tischer: And if they did by accident fill a prescription, lets just say accidentally, maybe they didn't look at the list, for whatever reason they dispensed that drug, and someone else knew that drug should not be dispensed on behalf of the optometrist, wouldn't the pharmacist be legally liable?

Harry Treager: Madam Chairman: In response to your hypothetical question, I have to give you a hypothetical answer. So far, all evidence points out that the licensed pharmacists in the State of Alaska are pretty conscientious and they have not to my knowledge or to the investigating agency knowledge fills any unauthorized prescriptions as you pointed out, as scenario.

Number 0483

Chairman Tischer: I'm not questioning the responsibility or the ethics in terms of dedication to their profession at all, I just want to know whether or not by whatever quirk of an imagination, a pharmacist prescribed a drug that they weren't legally privileged to do and the prescription was filled by the pharmacist to the client, if the pharmacist is going to be legally liable or is it the optometrist who is initially and primarily liable for asking for that drug to be dispensed? That is really my question and it has nothing to do with ethics or their dedication to their profession.

Number 0493

Harry Treager: Madam Chairman, I understood your question, but its hard for me to answer both the optometrist and pharmacist would be held liable to their respective boards.

Chairman Tischer: That's more clearer, thank you. Rep. Martin?

Rep. Martin: Perhaps a statement, in relationship to your question about the concern about the pharmacy board, Number one: Over the years I've been involved in medicine there has been a number one agency that really monitors whether by law or their professional standards what medical professions are doing in the misuse or use ...medical services... so there is going to be a potential abuse, they are going to be the first one to stop it. Also, I think we do have a ...in the FDA and the Medicaid Program, Medicare Program that monitors the prescriptions that go out and here again those doctors in the past who have been guilty of over use or abuses that came to the pharmacy and I don't think they'll hesitate to make sure the optometrist are responsible agencies once it is given to them. So it is not written in law, we do have this agency that above all has been controlling the misuse of drugs.

Number 0499

Chairman Tischer: They are to be complimented. Do you have any more comments Mr. Treager?

Mr. Treager: No Madam Chairman.

Chairman Tischer: Thank you very much, if you will stick around, maybe there's somebody else who might have a question.

Chairman Tischer: We have several more witnesses before we break for lunch, so I'd like to with the committee's permission to go ahead since they were patient with us to wait on the beginning of this hearing. We have a doctor Peter Cannava in Soldotna. Is Dr. Cannava available?

Dr. Cannava: Yes, my name is Peter Cannava and I'm an ophthalmologist in Soldotna here and I'd like to address a few points and I'd like to answer some questions which I felt were left unanswered. One point I think is important, is that there is no human cry from the people of the state for this bill to pass and there's several good reasons for it. One of which is that the people desire

stricter drug control laws, not liberalization of the existing drug laws.

The state already spends a lot of money on enforcing drug laws and tracking down drug problems, we don't really don't in any way and the people don't I gather from their attitude desire any more liberalization over it.

Number two: The cost of medicine is high and the people of the state and the country would do anything to try and hold the cost of the way it is or at least reduce it. And this bill is going to increase the cost, for several reasons; one of this is repetition of service and the second reason is, its going to increase the cost of medicine, its for the mis-diagnosis with the implications which will ensue after that.

The third reason; it will increase the cost of medicine in the treatment of disease and injury because there will possibly ...too long without the appropriate treatment being started. The last reason why I feel that it will increase the cost is that this was ... there's very little difference in charge between an optometrist and ophthalmologist for an office visit for similar service and I think if the people can buy an ophthalmologist visit for \$25 and an optometrist for \$25 there is little reason to suspect they will select the ophthalmological visit that is the same amount, because the money is buying a lot more. There were some questions raised which I don't think were answered, so I would like to mention to Rep. Davis that well it is true that the health aides in the village and even the EMT on ambulance have ... (noise on tape) responsibilities in certain instances than do the optometrists.

I think it should be realized these paramedical people are controlled by physicians and any time they act they do phone in for permission from physician and are very willing to do this.

Optometrists are very reluctant to be under the supervision of the physicians or hospital and as you can see from the wording

on the bill they resent and are very much oppose to having to answer to physicians, and I think that's an important difference because the health aide issue and the EMT issue is raised so frequently. Rep. Tischer said why isn't the public more attuned to the difference between OD and the MD? And I don't think you run around finding medical doctors advertising that they do things that the optometrists does. But the reverse is very true, there use to be a clear difference between the OD and the MD, because our services were advertised differently. The past few years you will notice that the optometrists are advertising that they perform services which traditionally were performed before by physicians and I think is certainly muddying the water.

The last issue you mentioned turf battle; I think you can interpret somewhat a turf battle and it wouldn't be hard to make the analogy of our feeling with those of lawyers for example; if optometrist said, well we had 100 hours of court law, we want to go to court with our clients and practice law, or if an accountant says, we had 100 hours of court law, we want to go to court and represent our clients, how would the lawyers feel if such were to occur? That's all I have to say. Thank you.

Chairman Tischer: Thank you very much, Rep. Davis has a question.

Rep. Davis: Yes, I just have a quick question, I appreciate your comments. My question is; is there some kind of an agreement, lets say an optometrist has someone in his office and its Saturday and he's in a village, is there some kind of an umbrella coverage where he could than, if is possible that he could then contact...and say look and I have this situation in my office or whatever. Is that a practice that is common or is that even permissible by law?

Dr. Cannava: That's a good question, I think the Bethel situation functions very nicely, we hear the Bethel optometrist do ... (end of tape).

Tape 5, Side 2, 2 of 2  
Recording  
Number 0002

Chairman Tischer: Thank you very much, would you clarify one more thing for the committee, I thought I heard you say in the beginning you favored the legislation, I would like your position made quite clear to us.

Dr Cannava: I favor the legislation, I'm opposed to the legislation, did I hear you correctly?

Chairman Tischer: We are getting a three time around echo here and I presume your getting the same thing, I'm not sure, maybe someone's microphone is broken or something, now I understand you to say that you do oppose the bill, is that correct doctor?

Dr Cannava: Correct.

Chairman Tischer: Thank you very much for your testimony, we have a Jan Nyboer from Anchorage to testify.

Number 0011

Moderator from Anchorage says there is an echo on the line.

Number 0020

Dr.. Jan Nyboer: This is Dr. Jan Nyboer speaking, I'm a forty-one year old ophthalmologist, certified and I have been practicing in Anchorage area for the last 8 years. I might just briefly mention you my background; aside from my degree from college, I have received a Masters Degree in Physiology and Pharmacology, I have aside from the 4 years of medical school have received additional year in internship training at a 4 year residency training in ophthalmology at the Mayo Clinic.

One thing that pressed me about our speciality is that I like optometry, ophthalmology is a branch medicine and I feel optometry since it is not a branch of medicine can just further confuse this matter. Our background has done in training has been closely integrated with clinical experience in knowledge and pursue this knowledge that we are able to gain knowledge which really bring us to day really defending our position as ophthalmologist. We are proud of our profession and realize

what we can do in terms of the public service.

The medical point that I'm opposing is the use of drugs by the optometrists is this; the eye can not be treated apart from the rest of the body, statement by Dr. Patterson earlier mentioned 95% of all the eye problems can be diagnosed and treated by pen light or undilated pupil carefully history .... Yes, we do dilate people's eye in our office but we are interested in giving that last 5%. Now before, ...for a general exam, perhaps you could be surprised what we could tell you about your eyes, and again I mention that we are concerned more than just the eye.

A similar local complaint could indicate that something else is wrong and perhaps I would be able to tell you that you have early signs of diabetes, hypertension, early signs of multiple sclerosis, brain cancer and brain tumors, maybe thyroid ... disorders, or even a surgical problem. Its hard for me to even imagine what my background knowledge without having this intensive integrated clinical experience in the past, even began to guess whats going on with these situations and for this reason, sometimes I have to consult other physicians and colleagues to get further answers.

Number 0054

In short, when I'm looking through the eye, looking at the back of this its not that we are just ...(noise on tape) computer print out of what we see there, its an analytical procedure considering all the possibilities drawn and all the general medical knowledge in training and clinical experience. In terms of the drugs being applied to the eye, it is well known that it enters in the blood stream quickly and ...the problems of some of these drugs have the potential to stop the heart, stop breathing, cause seizures and could even blindness... and what physician is going to want to cope with these types of questions. Now some of the optometrists in Alaska who want the privilege of using diagnostic and therapeutic drugs for their clients and I say some because they are not all in agreement that they want this. It has being denied in the past by all previous Alaskan

Legislators, but it is re-attempted every year. And with this privilege, comes responsibility, but how can one be really responsible without the knowledge, even general physicians here in town and emergency room physicians are aware of their limited knowledge and the potential hazards to the patients.

They are intimidated by a good percentage of these cases they have and so they do call us for consultation immediately, eye sight is too precious and too perishable to laws, however well, their intentions may be that could result in permanent loss or impaired vision. So if I can by my position here against this bill can say that by opposing this bill, I feel that I have won, because I'm a long term thinker and not a short term immediate gratification thinker.

Now, considerations further on this, dilations for treatment of course have certain dangers and we don't need to get into that, how does the optometrist really know what he is treating without that indepth knowledge, when does he decide to refer the case, what if he never does refer the case.

Number 0085

I can tell you from my experience at Mayo Clinic, we saw interesting cases from all over the country, I can go through several horror stories regarding delayed referrals and situations like this and who pays double or suffers...(noise on tape). So, the optometrists have the right to use free enterprise, but there are some things I feel they don't have, basic college degree, medical training, clinical experience, they are not educated primarily by ... they do not have hospital privileges, many of them do not have a follow through program, after the patients referral for which they can learn from the past patients and many of them do not have rapport with other ... for advise. There are some things that I feel the optometrist should not have; I feel they should not receive support in the national campaign to get something for nothing, they want the MD's image without 24 years of schooling. They want to re-educate the public by PR rather than further educating themselves, they want their patient's trust

without taking the responsibility. I am not in favor of any compromise bill, I may sound abrasive, maybe we are dealing with a ego problem or a financial marking problem looking for legal license, but please don't give it to them. Thank you.

Number 0107

Chairman Tischer: Thank you Dr. Nyboer, I would just like to make a comment from some of the comments which you were making. As little similarity to the bill before us in terms of the expansion that you talked about; one of which is the hospital privilege and so forth. I would not want anyone to be misled by the some of the testimony that you have given, although you were justifying the Doctorate that you hold in order to practice medicine. I do have a question; the frequency in which the other states allowed prescription drugs to be dispensed and prescribed by optometrists, can we have approximately 35-38 states who's citizens are now jeopardized if you will, according to the ophthalmologists' position in terms of their eye health. Do you think that is a menace mistake, that 38 states have already made and how do you compare that with those that have not so far, thats about 2/3 of the entire 50 states.

Number 0123

Dr. Nyboer: Well, you know, two wrongs do not make a right, I feel that I can't really in terms of the numbers I'm not prepared to ... those numbers, only to say that, someone would like to give me some testimony from ophthalmologist and basically check the fruit on the tree and talk to the people that are in the middle of the system and namely the ophthalmologist and feel how happy they are with the situation. I really don't know.

Chairman Tischer: Thank you doctor. I think the main concern of this committee is to make sure that there are provisions for the general public for their protection of health and welfare, and also, on the other hand to make sure that there isn't a corner on the market, if you will, on any specific thing. Not just dealing with the paramedical profession. This committee is concerned and will deliberate on those issues as best as we know how and the advise from the professionals and legal

professionals that we are able to garner. We have one more person to testify, unless there are others out there, Mr. Center from Anchorage and is that person still available?

Number 0142

Mr. Center: My name is Thomas Center, M.D., I'm a board certified dermatologist who has been in practice in both Anchorage and Fairbanks, and am going on my third year. I also am informally an emergency room physician, approximately 7,000 hours I've serve in various emergency rooms across the country. I have not practiced that sort of medicine since coming to Alaska. I'm here this afternoon for two reasons; one as an individual physician, and the second; is in my capacity as President elect of the Anchorage Medical Society, the later capacity I would like to inform members of the committee that the Anchorage Medical Society unanimously indorses the resolution firmly opposing this bill. As an individual physician I just have a couple of comments to make and than I will be done.

Number 0156

The first that I have is; I wonder what need there is for this proposed bill, as being pointed out by a couple of the other speakers this morning there are no consumers present in this room and I would be curious to see how many consumer patients are in the other rooms around the state. Secondly: Again to repeat that comment made earlier by both Dr. Patterson and Dr. Nyboer, the 95% of eye complaints can be handled essentially with very little hands on medicine and no drugs, I think is a very good one to keep in mind. However, back in my experience as an emergency room physician, most problems that I saw when I was in the emergency room were referred on to an ophthalmologist, because I felt even with two months of clerk-ship as a medical student and then as a resident in dermatology, I did take a month of ophthalmology because I felt that there was enough correlation between the eye and the skin and that I should broaden my knowledge in that area. Even with those two months I felt I still felt uncomfortable, particularly I worried about the last 5% that Dr. Nyboer so eloquently talked about.

Number 0171

The second concern that I have; is really

related to the first, in addition to the need I wonder about the possible harm that could be brought upon the patients of Alaska by giving a group of people who not really have the training or background to handle some more sophisticated drugs that I can see possibly could be included in this generic list that's been offered. Let me give you a couple specific examples; and again I am not an ophthalmologist. I wonder about someone as an optometrist being allowed to prescribe a drug such as demoral, this is a drug which is a ... blocker, what little I know about the drug and is used in ophthalmology, is that it's marvelous, it helps to control glaucoma, however, like any good drug it has side effects.

From my emergency room background, I know that such a drug in that class precipitate a case of asthma, and what would the optometrist do if he were to prescribe this drug if he were in the bush somewhere, (loud noise on tape), even more alarming to me would be an ... reaction, a person could get from topical neosporin, if put in someone's eye rapidly absorb in the system where the patient could suffer from complete cardiac arrest and die. I would like to ask the members of the committee, would you like to have that resting on your conscience, I'm done, thank you.

Number 0189

Chairman Fischer: Thank you Dr. Center, any questions from the committee members? I'll repeat a question that I had for the previous witness. What's your feeling on the measure of success if you will, by the push if you will, the optometrist throughout the country successfully presenting arguments and obviously new legislation was initiated and about 38 other states regarding the dispensing of prescription drugs. What's your opinion about that?

Number 0195

Dr. Center: Again, this is my personal opinion, I think that the optometrists in those states must have good lobbyists and I don't think that their legislatures in those states are good as ours, furthermore, that's one of the reasons I came to Alaska, because I felt that the lawmakers were a little more enlightened and would protect the public with far greater expense than the 38 states

where the optometrists are allowed to prescribe drugs.

Chairman Tischer: Thank you very much doctor. Dr. Ball has a comment.

Number 0202

Dr. Ball: I would like to make a comment to your questions, specifically to clarify in those 38 states that have given the optometrists the right to prescribe drugs, it is only three states that optometrists have the right to prescribe drugs, the other 35 states have the use of diagnostic drugs in their office.

Chairman Tischer: Thank you for that clarification, Dr. Ball. Are there any other witnesses out in the field that wish to come forward and testify before we take a recess for our next bill.

Number 0210

Dr. Jim Graves: Hello, this is Jim Graves, optometrist from Fairbanks, Alaska, Fairbanks Medical and Surgical Clinic. I'm back in this year to state my position on this legislation, I went to Pacific University College of Optometry with a grant from the State of Alaska, and this was sponsored in part by WICHE, as with Dr. Dobson. When I went to Pacific University and was also involved in elective for sensor ships, such as, at the Yukon-Kuskokwim Health Corporation and Seattle Indian Health Board, I studied both diagnostic and therapeutic pharmaceutical agents, and much of that study was done in a clinical study. Since my schooling I've come back to Alaska my home to practice, being a resident in Alaska for 15 1/2 years, I wanted to establish an optometric practice in Alaska even though I knew relative to what I learned in school, and being ... to optometry to practice I would still be able to practice limited optometry.

I feel that those who will benefit most by the passage of this legislation would be the patients themselves. When applicable, they'll have the same appropriate services as provided by ophthalmologists, by optometrists without extra expenditures.

I'm not concerning myself right now with the difference between fee amounts, but the fact

is whenever you have to go to a second doctor its going to cost you a second fee. I would also like to mention the importance in the extra time off that a person must take off to go to an ophthalmologist for a second evaluation.

Also, I would like to ask Dr. Patterson before he changed his position on the use of diagnostic drugs, Dr. Nyboer and Dr. Center, what about the other 5%, the extra 5 out of every 100 persons, that may have a serious problem with their eyes that could potentially be blinding. If optometrist are limited to such that they have just those clinical evaluatory tests to make without the use of drugs, would they than, as you mentioned have 5 out of every 100 that could potentially go blind, whenever they could go to that primary health specialist? Thats all, thank you.

Number 0252

Chairman Tischer: Thank you. Are there questions from the committee members? I have a question or comment, and it deals with your educational background, specifically you mentioned in regards to study of dispensing drugs and so forth. I need to have some clarification on that as far as individual's concern, when you go to school and are studying to become an optometrist, how does your education and requirements compare do that of an ophthalmologist in dealing with prescription drugs in dispensing and administering that, please, if you have that information.

Number 0258

Dr. Graves: Ma'am I feel that could be best addressed by a committee member relative to this legislation.

Chairman Tischer: I'm not sure what you mean by that.

Dr. Graves: Thats a committee member meaning an optometrist who is on the committee to follow this legislation through.

Chairman Tischer: You are talking about optometrist committee, you are not talking about the legislative committee, is that correct?

Dr. Graves: Yes ma'am.

Chairman Tischer: Do you have someone in mind?

Dr. Graves: Well, I think Dr. John Demsky is one, Dr. Steven Dobson would be another one.

Chairman Tischer: Thank you, are either one of those gentlemen present yet and if so, would either one of them come forward and try to answer my question?

Number 0270

This is the moderator in Anchorage, Mr. Dobson is no longer present at the Anchorage center.

Chairman Tischer: Is Dr. Demsky in Soldotna available?

Dr. Dobson: Yes I am.

Chairman Tischer: I will restate my question as best as I know how. I'd like to know from somebody when an optometrist or one who is wishing to become one takes their training and scholastic education on drugs and prescription drugs and such as that.

How does that prepare with an ophthalmologist's training, is it optional in terms of what is studied and is there amount of time that must be is mandated for completion and certification of your education? What is it that is different from optometrist and an ophthalmologist? Could you tell me that?

Number 0283

Dr. Dobson: I can try. I graduated over 10 years ago and at that time there was only (1) state that allowed any optometrist to use drugs, so my pharmacology training ends in formal optometry school is very limited.

I had a (2) hour course in most of the training I received and since then it's been post-graduate or just about all of it. Now all optometry schools have a minimum of 110 hours of ocular and systemic general pharmacology and courses they also have labs for using those drugs. Ophthalmologists receive their diagnostic training in medical school and they received much more intensive training and clinical use of therapeutic

drugs, most optometrists schools work jointly with other medical schools or with pre-sensorships, inter-ships such as Dr. Graves and Dr. Dobson mentioned, or their therapeutic use of medicine. Did I answer your question?

Number 0299

Chairman Tischer: Yes, you did in part, what it sounds as though, sounds like there is going to be any measure of relaxing, you would have to have examination to decide whether or not an individual qualified and knowledgeable versus their training and their clinical experience in dispensing drugs and application, thereof, am I joined the proper conclusions?

Number 0304

Dr. Dobson: Yes, I would not want any grandfather and if this bill is passed, as a board member we intend to examine everyone who wants to use drugs.

Chairman Tischer: Thank you, Dr. Ball, do you have any comments on that? Could you help us out with that a little bit?

Number 0309

Dr. Ball: Yes, initially I'm a little confused that somebody who admittedly had so little training initially and then only in post-graduate courses later is going to be the person deciding who has adequate training to dispense drugs under the present proposed bill. And to answer your question; as was pointed out just before, in the past optometry schools have not covered pharmacology or only in just a little cursory lectures at present they do require two semesters of pharmacology, as do medical schools require two semesters of pharmacology, but the big difference is after that, that's in second year of medical school for the next 6 years there's the practice of pharmacology in human subjects, it marks the difference between an ophthalmologist and optometrist.

Chairman Tischer: Thank you for your help Dr. Ball. Are there any other witnesses out in the area that would like to testify?

Number 0332

Dr. Demsky: I would like to further clarify that, in regards to Dr. Ball's comment about our limited knowledge, we certainly intend to use all of the resources available for

writing the exam and for giving the exam, as the other three states do, who now use therapeutics. Our national board is in the process of writing a written national exam for pharmacology and pathology for those states who have the use of therapeutics.

Chairman Tischer: Thank you, as that exam is being written, what assistance from the medical profession are you aware of in creating that examination?

Dr. Demsky: I believe there are specialists and authorities, especially in ophthalmology who will be assisting in the writing of the exam, however, since I'm not associated with that board, I cannot answer that, not 100% accurately.

Chairman Tischer: Thank you, would you be able to assist this committee by giving contact that we might secure information that is desirable for committee members regarding that national test? Is there a contact, is there a board, office telephone number or address that you might request that information?

Dr. Demsky: I believe there is, I don't have that with me, but I could send it to your attention, if thats alright with you.

Chairman Tischer: I would appreciate that very much if you could, are there any other witnesses that could wish to testify.

Moderator: Rep. Tischer, this is Anchorage and Dr. Patterson would like to make additional comment at this time.

Number 0348

Dr. Patterson: Rep. Tischer, in one of the references that I alluded to in my original testimony is by Dr. Pearson, specifically looks at the curriculum with the number of hours of study in pharmacology and comparing optometry to ophthalmology, this study was published in '77,

I have included it in my packets that I've sent before, I will do so after this testimony, but Dr. Pearson ... lives 126 hours of pharmacology being standard or average in the optometric schooling contrast to rather marketedly to 200 hours in the

ophthalmological training with additional 3 years of clinical experience with 148 hours of ocular pharmacology. Pathological training; study of pathology, specifically 60 hours optometrist compared to better than 200 hours, so approximately 3 to 1 would be a conservative estimate, difference in hours devoted to study, and like I said earlier, I would be sending you this with the letter, Thank you.

Chairman Tischer: Thank you, Dr. Patterson. What I'm attempting to do here is to secure enough information so that the second bill might be drafted, if that is the wish of the committee, to make sure that guidelines that are provided for in the legislation so that all areas are protected, but all areas are equally addressed and that's the reason for my questions and request for information. It is not the wishes of the Chair that this measure goes unaddressed, on the other hand we are very cognizant of the dangers involved in exercising legislative powers over an area that none of us have the expertise to do, we are hopefully going to garner as much information from the professionals as possible so that we can make an intelligent judgment as to what decisive action can be taken in fairness to all.

I just want to insure those that are still listening that I'm not interested in ramrodding this legislation through with eyes closed, on the other hand I'm not interested in preserving a turf that may very well be expanded carefully and with consideration for the benefit of the general public as a whole. So, thank you very much for those of you who have put the time in testifying and again, my apologies for the lateness of the beginning of this hearing, with that we are going to recess for 20 minutes so that committee members can grab a sandwich and be back at 1:15 p.m., to continue the hearing on the next House Bill. Thank you very much. Recess.

Tape #6, Side 1, 1 of 2  
Recording  
Number 0002

Dr. Jay Bonner: ...well I first can't answer your number of the ones that have been misdiagnosed, the majority of patients that

I am seeing now are referred by another physician because they see my expertise in the field of phrenologist because they either didn't know they had ... problem or they were questioning what type of problem they had. The majority of these are legitimate questions, many of them don't have questions that are being asked; example, they refer a patient to, since we are talking about adrenal problem, does this patient have ... disease. I think that the question that they are asking you is legitimate many times, this is a rare disease many times they don't have it, the question they pose is; legitimate and so that...(loud noise in background). The naturopath owe them one patient that I can think of it not directly referred to me, the patient from the naturopathic physician came on their own. So I just want to be more specific.

Number 0014

Chairman Tischer: Thank you doctor, that answers my question very nicely. I appreciate your comment. Lets see, I think we have, we need to go to Mat-Su now.

Number 0017

(anonymous) ...and I'm a mother of four children and I would first like to make a statement, that I and my husband are in favor of the House Bill 347 for the licensing of naturopathic physicians, and I feel it is our constitutional moral right to chose the kind of doctor and treatment that we feel that is best for ourselves and our family. Naturopathic treatment has helped me in Alaska, Oregon and Utah, when other types of treatment could not.

I feel that highly trained and skilled naturopaths in our state would be an advantage to us in our community, and also to ensure that naturopathic medicine will be practiced responsibly and professionally, so I would urge you to support this bill.

I would also like to say that I've had one child in naturopathic clinic in Oregon and I had two children at home with naturopaths, I had one in the hospital and I have always had very professional care and felt very comfortable and I would also have another child coming and I would definitely want to have it at home and have that choice over

the hospital. I feel that its helped many women who had children at home for the naturopath and they never had complications or problems, and when they had, the naturopath was able to take care of them responsibly and I also like to state that you mentioned before that the reason we didn't have a Board of Naturopath before was there wasn't enough people, there was only 3 or 4 practicing in Alaska.

If this wasn't passed than what would ensure that in the meantime we would be able to practice according to the ...of our conscience ...that there was not a board to regulate this and I would just like to urge you to pass the bill and put my support and my family's support on this bill. Thank you.

Number 0036

Chairman Tischer: Thank you, I have a question, as a mother of 6 children who were born 5 different births, I have twins, you and I can have a private conversation here if you would. One of the doctors in her earlier testimony, I don't know exactly who it was, had indicated that there are times that during childbirth as you and I both know, there is usually surgical procedure to arrest the stretching of the vagina for the child to pass through, sometimes that tear reaches a long way. Have you had that experience in your natural childbirth, whether it be with a naturopath or mid-wifery? How was that handled, did the naturopath do the surgical stitching or what happened?

Number 0046

...Yes, my first child was 8-lbs, 14-oz and I did not have a surgical for the baby to come through and there is a procedure by messaging and by helping the baby to come through that this is not necessary. I had all four of my children without any risk or care without any surgical tear and I just had a baby that was 9-lbs., 10-oz. also.

Chairman Tischer: Boy, you beat me about 3 oz., there. Thank you, I would like to go to Fairbanks and than we have one witness here in Juneau.

Number 0054

Shirley... in Fairbanks: I would like to speak for Sheila Baker who could not wait,

she had to be back at work, so this is her written statement that I will be reading:

As the former owner of a health food store many people who are not helped by standard medical procedures were helped immensely by a naturopathic doctor in Anchorage. I myself have been, and feel very strongly about being denied my rights to use the type of medical care I want. A woman I know had a tumor on her uterus and the medical doctor wanted to remove the tumor which would result in the abortion of the baby she was carrying, she asked me what to do, and I said, if I were she I would go to the naturopathic doctor in Anchorage, which she did. Not only did the naturopathic doctor dissolve the tumor with treatment, but the woman gave birth to a beautiful, healthy son. And on my own, I strongly support House Bill 347 for my ... for naturopath and I think that one of the important things that we looked at today so far is that keeping these people and other alternatives, health practitioners in the closet will not help people get healthy. All we'll do is help people practice fearfully and without more information in the public and its very important that we let more people know that alternative help is available without leaving the state, and that we make here quality alternative help available to anyone who desires it. Thank you.

Number 0067

Chairman Tischer: Thank you very much, and now from Juneau we have Mr. Treager.

Number 0064

Harry Treager: Madam Chairman, my name is Harry Treager and I'm the Director of the Division of Occupational Licensing for Department of Commerce. I am just here to answer any questions the committee might have. I think that possibly I could offer some assistance with a difference of license and ...license activity, without the state license sanction. Its been my experience from the Attorney General's Office that without a license doesn't mean that the practice can't continue.

The license moreless legitimizes the profession, but any profession would carry over to another already licensed profession is where the problem starts to exist. And I

think from hearing some of the testimony this afternoon. (problems on microphone, Anchorage couldn't hear the testifier).

Harry Treager: Again, Rep. Tischer, its the licensing or unlicensing function, its because one occupation or profession is not licensed does not prohibit that occupation from proceeding, its when they carry over areas of those already licensed; such as naturopathic healing to medicine, thats where the problems become complicated. Our position is that we are not restricting anyone from seeking what ever care or treatment they desire. Its just that cross over situation that complicates the issue, and I think one of the things we would have no problem with licensing naturopaths, I think our problem is with defining the scope of practice.

Chairman Tischer: So, its really a turf that we are protecting in a licensed area and a non-license area, isn't that correct?

Its kind of like truckers that in some places they are required to be licensed to do certain things and travel certain places and where somebody else gets into their area there is a complaint, because they are infringing on, I think its the same thing as professions. Am I reading this correctly, Mr. Treager?

Number 0095

Mr. Treager: Madam Chairman, I don't think I'm qualified to on the turf protection issue, you could also say turf protection and try to become licensed also. It sounds to me more like a legal question, but I just encourage the committee to give something in the scope of practice that you would want me or for the state to follow.

Number 0100

Chairman Tischer: Thank you, Rep. Uehling has a question.

Rep. Uehling: One of the questions that I had, do we have an idea to exactly how many naturopaths we have in the state right now and what we are talking about as far as numbers?

Mr. Treager: Rep. Uehling, the last knowledge I had was two; Dr. Pettyjohn in

Anchorage and Dr. Jamison here in Juneau.

Rep. Uehling: A follow-up question, what you're saying is we have a couple of people, it sounds as if have other people to testify, but there is no licensing structure, there is a licensing structure now?

Chairman Tischer: There is no licensing structure, Rep. Uehling, for naturopathic medicine and I add to Mr. Treager's comments that even as of late last year there was testimony and you will see it in your minutes that there were two practicing naturopaths known, there was another naturopathic practitioner that wasn't practicing that medicine because there was no licensing procedure. There are also several chiropractors that are trained as naturopathic physicians, but are practicing under the licensure of chiropractic.

Rep. Uehling: Than I will also follow a question on that, so in other words if we were to license them, what is that potential number that we will actually have, obviously there is a lot of report there from the stand point of people testifying, but what is the potential number that we are going to license?

Chairman Tischer: There has been a request for that information and all that I have been able to determine is that, there are more that would attempt to be licensed if there was a provision for that so that they could legally practice and there has been a request to establish a board for naturopathic medicine and it has been suggested that perhaps we might make a provision within this legislation, that when the numbers reach, lets say (6) that is an automatic trigger to establish a board for examination of licensing. But until that time, although there has been objection by a number of witnesses, that the Department of Commerce and Economic Development be the overseer until that time occurs, but the objection comes from the fact that there is no expertise in that department literally do the licensing and examining, because they don't have the background.

So it would have to be some input from some place or some content within this legislation to establish guidelines by which the department could establish their examination criteria and that's what the original bill attempted to do, to give that guideline and seek that input. It is definitely addressed and we might want find ...so that it provides the guidelines for the department of temporarily at least, to do exactly that. I'm sure that the profession itself probably would be instrumental itself in assisting in that and I sure would be glad to and as well as consultation with the medical profession in order to make sure that the general public's protection is at hand.

Number 0140

Chairman Tischer: If there are no further questions from Mr. Treager, than I'd like to go back to Anchorage again and take the next two witnesses.

Diane McDermott: Hello, I'm here to speak in favor of House Bill 347, my husband wrote this editorial and it explains our feelings on this matter. (loud noise on tape) ... my wife and I were informed by our pediatrician that our son would have to be kept on three very strong drugs and a series of allergy shots for several years. (loud noise on tape).

Number 0168

Chairman Tischer: Thank you very much Diane, I wasn't able to hear you as clearly as I'd like to have and I'm going to ask the committee members if they heard. Otherwise we could perhaps ask LIO to transmit your testimony written so we could make it part of the record, just for clarity, if you could do that Diane, we would be very appreciative. Thank you and I would like to have the next witness in Anchorage.

Number 0173

Moderator in Anchorage: Rep. Tischer we have Julia Reinhart from Anchorage next.

Julia Reinhart: I have had a relatively short experience ...very pleased to say that I've experienced. First of all, there's been some questioning of the training that naturopaths receive. In many cases a patient does not even know what to ask the regular physician as far as their training

is concerned, we don't know what to ask a doctor, do you know how to do this medication, all kinds of ways given, will you show me? Do you see what I'm saying, we don't even know what to ask the regular doctor in his training. What it comes down to is the patient's responsibility to establish individual trust in whoever is treating him. There are incompetent physicians, even with all their ...regulations, boards and so forth, licensing or requirements that they have to meet. So I think first of all, I want to continue to be able to go to naturopath,

I'm sorry that there are so many licensing requirements in effects of life, but if this bill is required for my naturopath to continue practicing, I am in favor of it. If someone is concerned about the care that they are receiving whether from a naturopath or from their regular doctor it is up to them to ask questions and establish the trust in their care giver. Thank you.

Number 0195

Chairman Tischer: Thank you very much, Julia. Are there questions of the committee? Hearing none, I'd like to go to Mat-Su and take another of their witnesses please.

Debra Lucas: I'm a patient of Dr. Pettyjohn. When I came up here almost two years ago I was 8 1/2 months pregnant, when I was down in Texas my doctor told me I would have to have a Caesarean. When I got here I couldn't find an OB doctor to take me, so I was referred to Dr. Pettyjohn from my brother-in-law and he told me that there was no complications why I couldn't have my child naturally and have it at home. I had my son at home and I was in labor for 21 1/2 hours, my son did rip me with his shoulders, Dr. Pettyjohn took care of me and I've been going to him ever since. I'm 6 1/2 months pregnant now and I wouldn't go to an OB doctor if it was the last thing to do, that would be the only way I'd go. I am for this bill and I think it needs to be passed and I agree with everybody that is for this, I think it does need to be passed. It is our opportunity to have the choice of who we want to go to and who we don't want to go to. Thank you.

Number 0213

Chairman Tischer: Thank you Debra, if I may ask you a personal question, can you and if you care to answer tell me why you weren't acceptable as a patient to an OB doctor, under what conditions did you seek one?

Number 0217

Moderator in Mat-Su: Madam Chairman, your coming in very badly and we could not understand your question.

Chairman Tischer: Thank you, I'll try again, please identify if I'm coming through better; Debra, could you tell me if you would please, if you care to answer, why was that you weren't accepted by an OB physician and by what criteria did you try to select one when you first came here?

Debra: Yes, I was referred to three different doctors and I won't give their names, but none of them wanted to take me because I was so far along and didn't want to take the risk. When I left Texas I had my medical records with me, blood tests and everything so that if anything did happen to me or if I had to go through the emergency room I had all my paper work with me.

Number 0231

Chairman Tischer: Are you saying that because of your risk that they didn't want to attend to the birth of your child, is that what you are saying?

Debra: I don't understand that question, please repeat it.

Chairman Tischer: I'm trying to figure out as a mother of (6) how in the heck did a doctor turn you down if you went to them for assistance in the attempt to have your child, if they turned you down and wouldn't accept you as their patient.

Debra: I was told that I was too far along for them to accept me and I don't feel that was right if they are an OB doctor they should be able to take anybody no matter what risk they have.

Number 0242

Chairman Tischer: Thank you very much for your candid remark, Debra. I would like to go to Fairbanks for the next witness.

Efrin Resume: This is Fairbanks and I am Efrin Resume and I have a few points to bring up: One is that I was raised in New York State and at that time the chiropractor profession was not licensed, as a matter of fact it was one of the last states not to be licensed. Now I was raised and my family on chiropractic care and naturopathic care and so we were very involved in what was going on there. At last (the AMA in New York State by the way was very strong), they realized that some licensing was necessary and what they tried to do in my opinion was have chiropractic license with the greatest limit possible and so chiropractors were licensed there even though it did take them a very long time. It seems to me that licensing is the only way that doctors in this state can answer their own questions as to the professionalism and still of the naturopath.

The other area I would like to address; that since I've been in Alaska for the last 15 years, I have lived a great amount of time in the bush, as a matter of fact 11 years ago and a couple of days, I delivered my own daughter in a cabin on the Yukon River and I have not had any specific training in any of these areas that we are talking about. But I did try to get as much advise as I could and I have talked to many of the people living in the bush in the Interior of Alaska and I have not found yet one person who was not very interested in naturopathic medicine and was not followed and tried to get advise in those areas.

So I think that there is a great need for when one was in the bush one might have a radio and one may be able to get a plane called in or have a plane, but basically the many situations even in a village, prevented medicine is crucial. This isn't enough time in many circumstances to get to the doctor, so many young people come into Alaska and wanting to be away from the city vendors have had a great need to learn and to get by as far as keeping their health and keeping the health of their families safe where they do not need surgery or do not need to get to a hospital. Naturopathic medicine is that alternative, that helps people learn more about their bodies and do care for

themselves where they will avoid having to have the use of a hospital. So I am very much in support of HB 347. Thank you.

Number 0284

Chairman Tischer: Thank you, are there questions of the committee. Hearing none, I'd like to announce that because there's at least 15 or 16 folks at the Anchorage site still waiting to testify and I am going to take 3 at a time from Anchorage, than alternate to Fairbanks and back to Anchorage or the Mat-Su so that we will give equal time to every one before they decide to leave.

Number 0293

Steven Cox: My name is Steven Cox and I reside here in Anchorage, and I would like to state a few facts; my opinion for passing HB 347, it is my belief that people in the United States are ... (loud noise in background) ... for the American Medical Association and through this we had very little choice as far as what type of medical care or health care we need to have. (loud noise on tape). I feel it is very beneficial and has come a long way ... but I also believe that our nation also needs more emphasis placed on life saving medicine which naturopathic practitioners provide. (loud noise on tape)

Number 0336

Chairman Tischer: Thank you very much and could we have the next witness from Anchorage, please.

Number 0337

David ...: My name is David ... I am speaking for myself and also for my wife, I've been a patient of Dr. Pettyjohn since when he first began his practice in Anchorage and I have never had any cause to regret that my family has been under his care, what I'm basically saying is that I'm very much in favor of this.

Three doctors here have said they have no objection to alternative health practitioners practicing, but they don't want to see any kind of licensing which to my mind is they are going to give us our choice, but they are going to deny the practitioners the right to provide us what we want and thereby, make us incompetent in what is now perceived as a crime, practice of medicine without a license. They are

denying the practitioners the right to provide them with care that they would give us, there seems to be a growing body of evidence that a lot of the practices, methods and really the entire focus of the "traditional medical community" are inappropriate or based on assumptions which have not been proven or just plain don't work. So I think that we really come down to a question of attitude and approach, prevention versus treatment of symptoms helping the body to heal itself versus intervention with drugs, which often have many unpleasant side effects and also often inappropriate and unnecessary surgical procedures.

I feel that naturopaths need to be licensed, I would hope that would be just the beginning, I would like to see a licensing procedure established for mid-wives. I'd like to point out in Holland the OB courses are taught by the teachers of the national mid-wives' school, the mid-wife in Holland teach the doctors how to do their jobs, because it is perceived in that the country that the mid-wives know more about what they are doing. My own child was born with the services of a mid-wife and I was present there, there were no complications of any kind for which I would say that we were blessed, but the attitude of the mid-wife that dealt with us and the attitude of all the mid-wives that I talked to is one of constant vigilance to possible trouble and they have fairly strict series of guide lines so that if you don't fit within the practice of their requirement they won't do the delivery, they will send you to the doctor or to the hospital. They know what their limitations are and everything that I've seen says they are eager to operate within their limitations. I would say this an attitude that characterizes all the alternatives of practitioners which I dealt with and I recommend that this bill be passed into law.

Number 0401

Chairman Tischer: Thank you very much David, and more witness from Anchorage, hold on just a minute, Rep. Koponen has a question.

Rep. Koponen: Thank you Madam Chair, the

question I have is in regards to mid-wives, do you happen to know how many mid-wives there are in the different categories?

David: I don't understand what you mean by categories.

Rep. Koponen: Well there are nurse mid-wives or plain mid-wives or nurse practitioners who are mid-wives or in other words if there are people who aren't MD's who do attend childbirth and I'm just wondering if you have any notion how many types of mid-wives there are, or how many gentlemen, mid-wives. I heard a number of mid-wives in practice and I was wondering how they were in practice.

Number 0416

David: Well, mid-wives that we dealt with was a nurse mid-wife, her education was in England and she immigrated to the United States and she went through a re-accredited program with a college on the east coast, I believe Boston. I've known mid-wives that fall into all three categories, I would say that they are all characterized by the same kind of attitude toward what it is they are doing, they are dedicated people who are trying to see the best done with the least amount of intervention possible, more by allowing nature to do the job, than to force issue.

Number 0428

Rep. Koponen: Do they have difficulty in practicing that you know of?

David: Yes, there is a great deal of difficulty in practicing, I've known several mid-wives who were given good service to their clientele who have been harassed by medical community, have met with open hostility in attempting to make referral.

I've heard of comments from the medical communities if they chose to go the mid-wife that you are stuck with it, we aren't going to help you. And I know that's a ... for me to say, but I have witnessed such a thing to happen.

Rep. Koponen: In light of that, which do you think is the more immediate problem, licensure of mid-wives or licensure of naturopaths?

David: Frankly, I would seem them as equal necessities, there's an immense growing number of community people who are teaching the natural methods of health and the naturopaths and the mid-wives have received ... in the same basic category of health care, it comes down to the question of specialization as you find in the more conditional medical community.

Rep. Tischer: Thank you very much, we have one more witness from Anchorage.

Number 0454

Karen Red Stone: I'm here to testify for this bill, I've looked around at these three doctors that gave their testimony and I must admit admit that I was rather upset by the last, I wished that I had taken enough notes that I would be able to counter some of the claims that she made, and I feel sorry that the women who have gone through .., as she has gone would deny the naturopaths who have also the same amount of college and medical schooling. The doctors I saw here in town were willing to use drugs the first couple of months to help me with the ...to prevent premature labor, none of them wanted to check into the background of why I was so ill for a couple of months except to tell me that it was in my head. And I'm sorry, but I couldn't buy that, I did see a naturopath, I worked with him for 9 months, became pregnant, I was 15 pounds underweight at that time, the first 3 months of pregnancy, I found myself hospitalized both previous pregnancies, this time I did not, I gained 15 pounds, brought my weight up for normal pregnancy and continued on. In the spring I had dilation that occurred at 20 weeks and continued dilating up until I delivered my daughter, who was born 4 days before her due date. She was the only baby that I had that I could carry full term and I must remind you that I lost two besides the two that were premature, both came from going with the medical community.

I have a daughter who is 5 1/2 years, who tends to have nosebleeds, I have medicine for her that says prescribed by naturopath, if she takes two pills every two minutes for about five minutes, her nosebleed will stop, however, the school nurse at her school refuses to give my daughter her medicine,

she would rather let her bleed for 30 minutes, and this woman could not get it stopped and I went to the school to pick up my daughter, I found the blood on the the front of her clothes and the waste paper basket half full of tissues that were bloody. Now that is the kind of standard medical care that these doctors are trying to keep us in line with, and I don't want any part of it, and I would also like to point out, that naturopaths in their naturopathic college have existed before the AMA was started.

After the AMA was started there was so many doctors that were so against the naturopathic route, that the AMA ... and politics managed to close these colleges down, I would suggest that before people condemn the education of naturopaths, they should check in to their education. I would also like to say that naturopaths do use laboratories, they use pathologists, my doctor sent my daughter to the pathologist and he ran laboratory tests on her to make sure that she didn't have a breathing disorder and that would be the cause of her nosebleeds. I know that my mother doesn't necessarily believe in naturopaths and is a little upset because I don't take my children to "the regular doctor", but I would like to point out that my mother is consistently on prescription drugs and must run a bill that is at least \$60 a month and has been for the last 16 years and I see her getting no better. I see her staying the same and as far as I'm concerned I don't want my choice taken from me.

I think this licensing is what is needed and I think its good, as far as superficial laceration would be merely a minor cut, I see no reason for these people to be terrible upset that an 8 inch gash is going to taken as a superficial laceration that seems to be taken things a bit too far. I don't know what else I could say, I've been to these teleconferences before, I have gotten a hold of legislators before and I received letters, and I'm just a little tired that we are spending all this time talking about whether or not it should be or not be. If this bill passes it would certainly help us with our medical

insurance, we pay \$700 a year insurance and it doesn't cover naturopath and since I don't see a medical doctor and none of my family does, we pay for that extra out of our pocket. If this bill was passed we could get the insurance to cover the naturopathic which would in turn cut down the money that we spend every year, I think thats all I have to say, thank you.

Number 0499

Chairman Tischer: Thank you very much Karen, any questions from the committee? Rep. Koponen?

Rep. Koponen: I'm not entirely certain that licensure makes much different than what the insurance company is willing to sell you on the policy. I know that the policies that we handle cover a great number of medical practices, but not others, it doesn't cover examination and it lists a whole list of things.

Chairman Tischer: Thank you Rep. Koponen, we will now go to the witness in Mat-Su.

Molly Mauline: I am for bill number 347, I have not had a lot of experience with naturopaths, mainly because my family has been blessed with good health and also I don't have much need for any type of doctors, except when I had my babies. But I do believe that we as Alaskans deserve the choice to chose what kind of health care we would like for our family, if maybe that in the future I would need more services of the medical community and I would like to be able to choose, I would like to try the natural method first ...(end of tape)

Tape 6, Side 2, 2 of 2  
Recording  
Number 0001

Chairman Tischer: In messages which have come in on this particular bill last year, during the last session and I compiled all those and if those that didn't receive them were unaware, I provided the message from the public to them and there is a large group of folks out there that not only support this, but wish it to be moved along and we would like to do that. But once it hits the floor for debate and vote, if we don't have your legislature in our pocket, so to speak, for their yes vote, the bill could be voted

down, not only that, but once it passes through the committees, but especially in the other body, and the legislation becomes watered down or practically made ineffective. Then you would see perhaps a movement of that particular legislation to the floor of the Senate, and passage may take place and a valueless bill would have become a statute.

What we need is the cooperation of the entire body on both sides of the isle in order to pass this piece of legislation. We have not yet been able to confirm that support, not because of their constituency support, but because of other valid or invalid reasons, whatever, the case may be, so the tough issue here is we need to get the support of the other legislators in order to get their yes vote on both sides of the house, both the Senate and the House.

Along with that we have one more hoop to jump through and that is the legislation has to be signed by the Governor, and as you know the latitude of the Governor is to sign, not sign or veto and many times, especially veto comes under constitutional issues or others issues that are sent down as an opinion by the Attorney General, and the legislature has to take heed of that. In order for us to move along, in our best interests and yours to garner the support and cooperation from all three areas in order to pass this legislation and I sincerely hope that we can do that before the end of this session, it is my wish to do so. So I appreciate your comments, they are very well taken, thank you. Could we go on to Juneau, we have Dr. Jamison, would you please come forward.

Number 0035

Scott Jamison: I'm a doctor of naturopathic medicine, I am a graduate of the National College of Naturopathic Medicine in Portland, Oregon, currently living and practicing in Juneau, Alaska, and I wish to speak today in favor of the licensing of the naturopathic profession. In previous testimony, I spoken to different points of concern on HB 347, I've spoken to the establishment of a Licensing Board of Naturopathic Examiners, which I would like to see, but at the same time I understand

the financial limitation of such an act, I've spoken to the scope of practice which has come into question and a number of items that have already been in my testimony.

What I would like to say today is simply that our profession has been around for over 150 years and we have been recognized as being valuable in the field of preventive health care and natural health care for that length of time. And that our profession deserves to be recognized legislatively, many of our therapies are simple as common sense itself, as earlier testimony by a woman who stated naturopathic profession goes all the way back to ..., and further.

In addition to these traditional health practices that we learned over the years we have the valuable information of scientific community giving us bio-chemical and molecular information on the functioning of the body, biophysiology, pathology and so on. And naturopathic profession than is a combination of traditionally proven treatment and the latest scientific information in the field, rather than talk any longer, I would simply make myself open to questions from members of the committee. So at this point if there are any questions, I'll be glad to answer them.

Number 0065

Chairman Tischer: Thank you Dr. Jamison, Rep. Davis?

Rep. Davis: I have a question or perhaps a comment, Dr. Jamison, if you could at some later date take a look at the bill, you had some concerns on it, perhaps you could provide that to the committee, last year we were looking at a proposed bill and also a committee substitute so perhaps you could make some comments on that, go through the bill and see what concerns you have and give us your testimony.

Dr. Jamison: I'll be glad to do that.

Number 0075

Rep. M.W. Miller: Dr. Jamison, on April 22, 1983, you testified against this same bill, what has made you change, now that you support, because it is the exact same bill, what has made you change?

Dr. Jamison: The guiding force in making me change my mind on this bill is the committee substitute offered by Dr. Fritz who is no longer a member of the HESS Committee, but apparently his committee substitute is still here.

Rep. M.W. Miller: Are you testifying because you like the committee substitute, we are not discussing the committee substitute we are discussing the original bill, HB 347.

Number 0087

Dr. Jamison: At this point in time I feel that the House Bill currently is the best thing we have going for us, there have been concerns expressed to me, that I have addressed in previous testimony, and as regards to naturopathic professions there are still very few naturopaths practicing in the state and in terms of presenting a united front I want to go along with my profession. Although there are concerns that I would like to see addressed in the bill, I've already mentioned the establishment of the Board of Naturopathic Examiners. In previous testimony I've spoken to our scope of practice. Towards the end of the bill there is a grandfather clause which would be added on to the original bill four years ago when it was first submitted. Neither Dr. Pettyjohn nor myself particularly feel a need for that clause, although it was added and if the committee feels that is not necessary or that is not advantageous, I would personally not be upset if it weren't deleted in the bill.

Chairman Tischer: In other words, Dr. Jamison, the grandfather clause in the existing piece of proposed legislation would allow practicing physicians presently practicing to continue practice and to receive a license without the examination and what you are saying is that there would be no reason for you or any other practicing naturopath to refuse to take or not wanting to take the examination that you would prefer to be able to take that examination, to prove your worth and expertise in order to be licensed under the limitations of the present legislation, or whatever it comes out as. Is that correct?

Number 0112

Dr. Jamison: Thats correct.

Chairman Tischer: Thank you, are there any other questions from the committee?

Number 0114

Moderator in Anchorage: There is some concern in Anchorage that the committee members and witnesses in Juneau are not using their microphones; we hear the exchanges in the committee room in Juneau and there is quite a bit of interest here in what is being said there. We would ask that the people in Juneau to remember that there are listeners here in the North. The next witness is Joanne Selmar.

Number 0121

Joanne Selmar: I want very much to support House Bill 347, I have been a patient of Dr. Pettyjohn for at least 4 years and he has helped me in so many ways in clearing up my digestive problems that I hadn't been able to get help prior to 6 years before that. And through him and following his guidance and advise I now can have a balanced metabolism. And I think very much that he would continue to help people who want to be with him. Thank you.

Chairman Tischer: Thank you very much Ms. Selmar. Could we have one more witness from Anchorage before we go to Mat-Su.

Number 0132

Dr. McGuire: I'm an orthopedic surgeon practicing in Anchorage and I'm a member of the Alaska State Medical Association. I'm speaking from two view points; one from that of a concerned citizen and physician and one of that as a representative from State Medical Society. I'd like to thank you the opportunity to appear before you.

First I would like to point out what we perceive to be certain issues of fact and that is that we have not found this legislation, but it appears that it has been mandated by the Attorney General and that it has been asked for by naturcpaths. It is not our position that we would deny to any patient the opportunity to seek whatever medical care they would deem appropriate, however, if the state has licensing care, we are concerned that it be done in a fashion that all who would seek this care have the assurance that they understand what care it

is and what things are included in that scope of practice.

Theoretic stands I would invite your attention on page 5 of the bill and some of these points may be reiterated in the sense that they have been previously mentioned.

There is a concern on our part as to what constitutes superficial lacerations and abrasions, what in fact are benign superficial abrasions and how will this be defined, and further if they are removed is there a standard of care as to their ultimate diagnosis? And I would point out to you that certain lesions which indeed appear very superficial if they are not subjected to appropriate pathological diagnosis may in fact not be that, but may be something far more malignant and I think those are important considerations.

Furthermore, we are concerned about the consultation available in the removal of certain foreign bodies, sometimes what appears to be a simple problem and in fact is not a simple problem and can lead to other serious consequences if not managed to appropriately. For example, foreign body in the ear if not managed appropriately can become impacted, in fact and cause significant difficulties with hearing, etc.

Again we would reiterate if anyone who wants to seek medical care on their own or any fashion, we are certainly not opposed to, we are concerned again that they understand that the understanding is wide spread. What for example, will be the treatment of complications should they occur in the course of ordinary obstetrical problems? Are these individuals in fact trained for neonatal resuscitation and if not should that be something that could be considered.

Certainly any normal childbirth suffers the potential of becoming complicated at any time if the infant in question is having difficulty. What are the procedures that will be followed or to insure the most optimal of outcome?

Number 0172

In paragraph B of that same sentence, we go down subsection 4, in which it would appear

from reading of this, that certain drugs will be allowed to be used by naturopaths, our concern is, as regards to local anesthetics, will these be applied topically or will they be injected or will they be applied to the mucous membranes? There are legitimate concerns I think as to that, for example, if local anesthetics are used in injectable fashion they can be rather severe in immediate and ... reactions to them. Are there provisions for these to be managed and should they be spelled out or should there be some appropriate referral? Once again the difficulty with plants and animals concentrate etc. has been mentioned, certainly many of the drugs we use right now are ... of plants and animal origin, and if such can be very potent medicine, should these be defined further and are they defined further?

Number 0185

Finally, what remedies are available for patients for poor results for pain, will these doctors be subject to the same malpractice problems that the rest of the medicine is subject to or will there be pure review? If so, how will it be accomplished? Who in fact will determine whether or not the individuals have training as outlined in the proposed bill. And finally, what will be the position in regards to the present existing malpractice view panel as to naturopaths, should they be licensed? Once again, I would like to reiterate that the cross for this bill has certainly not come from the medical doctors as a group nor to my knowledge individually, but rather has come from the Attorney General who ruled that these individuals must come under the laws of relating to the medical practice and finally, I think from the individuals themselves. Thank you for the opportunity to present this information, I'll be happy to answer any questions if I can.

Number 0198

Chairman Tischer: Thank you Dr. McGuire, I have before me, this is in regard to the Attorney General remarks that you made. I am aware of the fact that there is one naturopath, Dr. Pettyjohn who has been ordered by the Attorney General to cease and assist in practicing.

I have before me, March 29, 1979, Attorney

General's opinion handed down by Attorney General Gross, on page 2 it reads; given the medical boards posture with respect to naturopathy it is highly unlikely that the state would undertake any action to prosecute or otherwise discipline an individual naturopath for the unlawful practice of medicine. In essence then, the naturopathy within the State of Alaska is an unlicensed activity, and it goes on say in the second paragraph:

It is my understanding from the conversation with your administrative assistant Carlos Mercer, by the way this opinion was directed to Mike Colletta who happened to be at that time, Chairman of Rules in the House, it says; it is my understanding from my conversation with the administrative assistant that you are currently contemplating legislation to regulate the practice of naturopathy in the state. In formulating this legislation, two fundamental issues arise:

1. Does the practice of naturopathy constitute a practice which poses a risk to the health and safety of Alaskans? Such that it should be regulated and,
2. In what manner can the state best control entrance into the occupation and support and enforce standards of practice among licensed practitioners.

Chairman Tischer: Now the two points I think you have addressed properly in terms of questioning the pure review and my question to you in that regard is; would you favor establishing a pure review board, such as the medical profession has the dentistry and so forth, would you favor that there be a professional of state board of naturopaths consisting of a number of profession involved in health care? In order to do this pure review in number 2, I would like to have your reactions on that, on the original Attorney General's opinion.

Number 0230

Dr. McGuire: I'm not sure I'm in the position to speak on the original Attorney General's opinion, certainly I'm not an expert on the law. I would as to the risk and safety of the patient, I think that is a

legitimate concern, and inspite of some contentions on some orders that the Board of Medical establishment is interested only in the well being. I think it is a legitimate concern that we've attempted to present.

Whether or not, the establishment of a pure review board is the best solution to this problem. I don't know I would find myself in sympathy with Mr. Smith's testimony earlier that we find ourselves increasingly saddled with regulations and restrictions and assumingly unending appearance of board and licensing, etc. I wonder whether or not, such a system might be more complicated than productive. I don't have a solution to that problem, as I said earlier, we didn't propose this bill, we are trying to present what we think are legitimate concerns in that regard. I realize I haven't answered your question precisely not because I'm not trying to, but because I can't.

Number 0247

Chairman Tischer: I appreciate that doctor, I'd like to pursue this Board of Examiners or whatever we are going to wind up calling and ask the question in dealing with the established medical profession. What guidelines are you committed to practice and would you prefer that it could be less limited and less regulated and less restrictive?

Dr. McGuire: I think our guidelines for practice are clearly spelled out and there are several stages of redundancy where they have practices beginning in both at the level of the state and local medical societies, continuing on to the hospital based physicians which are subject to privileging credentialing and appear review process which to say the least, are elaborate, and finally, ending with the state division of licensure which has the authority upon sufficient evidence to revoke the license.

One of the problems that we may face in this state, is certainly the medical doctors don't want to be in the position of commenting on whether or not a given naturopath is a good naturopath, certainly it is not our area expertise, it is not our interest to do

I would however, point out to you that I think we are capable of commenting on whether the result of pain by a particular method of treatment are favorable to the patient and whether or not they should be pursued as a group, and that I'm pointing out to you again does not mean to say that I'm applying that naturopathy isn't useful or should be used, I don't have an opinion on that, I'm expressing a concern as to how if the state takes upon itself the burden of licensing these individuals, how indeed will they ensure that the license so given speaks to the issues raised.

Number 0271

Chairman Tischer: Thank you Doctor, and one more question that I have and I appreciate those comments. It's my understanding that at this time the practitioners of naturopathy are not allowed to, don't have physician's privilege in hospitals that are normally extended to professions such as yours, and is that correct and what's your opinion about that?

Number 0277

Dr. McGuire: To my knowledge that is correct, that I think those apply simply to naturopaths or other alternative health care practitioners who do not have privileges to practice within the hospital.

I think that is a subject upon which we could spend an entire day, but there are several comments that are germane, at the present time in Anchorage the situation is such that we are in dire shortage of hospital beds for patients who are treated by traditional means, I don't mean to point out words by medical doctors and surgeons if you will.

Providence finds itself in a position frequently of having 99 to 100% occupancy, what I've seen personally is, patients in the halls because there are no beds to put them. Now certainly we are moving in that direction with the recent approval of ... to allow building of such hospital beds and outpatient facilities are helping that burden, but I wonder if we extend those privileges to other practitioners what the practical effect would be. Now I'm concerned if that be the case the individuals who are in dire straight will

not have room for hospitalization.

That's what I think is the first and most obvious concern, there are other significant concerns on how the practice of surgery, for example, will be regulated, at the present time there are elaborate training of requirements for any surgeon within Anchorage itself general practitioners who are medical doctors who completed medical schools and family practice residency do not have specific free standing ability, capabilities or privileges. We felt that was necessary with our own profession because we felt that the present standard of surgery is so demanding and exacting that is not something that can be practiced casually. But it would seem to me that this would apply across the board to other practitioners, now as to the areas of internal medicine, I would think that as I'm an orthopedic surgeon, particularly confident to comment on those what I would suspect that the same kind of concerns would attain.

Number 0306

Chairman Tischer: Thank you doctor and I have one more question, this is on personal basis, as far as individual physician is concerned. Would you collaborate for the best interest of a patient with a naturopath and treatment of that patient?

Number 0310

Dr. McGuire: Well I personally have not had the occasion to do so, because I've never been consulted by a naturopath nor have I been consulted by a patient with a request that I do so. I'm somewhat at a loss to respond to that for the reason that I do not consider myself an expert in naturopathy and that's why I don't know what the questions would be that would be asked of me. I think I can say this, and this I'm speaking for myself personally and not as a representative of the medical society, as far as I'm concerned my position as a physician is to see those patients for the problems that I considered myself to be expert in dealing with and I'll see those patients whether they are not they were referred by a chiropractor or by anyone else. Now whether or not it is that I collaborate with the care of that treatment by a mutual program of treatment worked out

by the naturopath or chiropractor, I think that that is not something I'm prepared to respond to. I don't know the questions about how that would work and I have a lot of questions about the ultimate benefit to the patient would be, I hope that answers your question.

Number 0325

Chairman Tischer: In part it has doctor, I just wanted to know whether or not you would be reluctant to assist or to collaborate with the treatment of a patient, if they requested that collaboration, for example if I fell down and dislocated my shoulder and my regular physician was naturopath and that I also felt as if though because it was a bone injury I should see an orthopedics, would you be offended or professionally perhaps reluctant to work with my naturopath in treatment of that dislocated shoulder?

Number 0333

Dr. McGuire: Again I'm speaking personally and not as a representative of other physicians, I personally wouldn't have any problems. I would ask the question though, how would we resolve the problem if a recommendation that I thought was important to the patient was in contra distinction to the recommendation of the naturopath had or for that matter, any other alternative health practitioner and who ultimately would hold the responsibility for the treatment outcome if one or the other is preserved.

Again I don't mean to be evasive, but I think these are complicated issues and my saying would be that I am perfectly willing to collaborate with naturopaths so it may lead me to a situation which I wouldn't be willing to. I would say again, emphasize that point I have a certain sense of the ethics of medicine and I believe in it strongly and if I don't that I would be asked to do something that I thought was not in the best interest of the patient. According to my training and experience than I think that I would not be willing to be a party to that no matter who asked me to do that, and for whatever its worth that would apply if it were another physician who wanted to do that. I would say respectfully that my opinion is to the contrary and that my recommendations are due otherwise.