

ALASKA LEGISLATURE COMMITTEE FILES

1983-1984

80/2

2247

HHESS

HB 225

-

HB 230

2247

Number 0352

Chairman Tischer: Thank you doctor, I appreciate those comments, its been very helpful and I guess the reason that I ask is it comes right down to what you are directing to me and that is if it were my shoulder and if it was an injury that I've asked you to look at as well as another physician, whether it be an optometrist or a naturopath or what have you, that ultimately don't you believe that it would be my decision as to who's advise I was going to take?

Dr. McGuire: I think thats absolutely true, it should be your advice and I would like to emphasize the comment that I made early on, speaking personally for certain and I thinking speaking for medical establishment as a whole. There is a perception on a part of many people that we are somehow felt that ... and that no one has the opportunity to seek the kind of care they would want and I think thats erroneous. I can say with no question at all thats erroneous as far as I'm concerned. I'm a great believer and all the freedoms that we have and everybody should be free to do whatever it is they want to do. I'm concerned however, when we take upon ourselves as members of society to legislate and to license individuals and with that it carries a responsibility to be certain that we define what in fact those individuals are, what they do and therefore, what the public can reasonably expect from them. But in another way, if we give the stamp of authority of the state to an individual and therefore allow the public to believe ...unwillingly that they are capable of doing next thing in fact they are not, than I would hold that we are amiss with the legislation and our legal responsibility.

Number 0380

Chairman Tischer: Thank you for your testimony. I think the next place is Mat-Su is it not?

Number 0384

Mark Rierdan: Good afternoon, I'm here to voice my support for HB 247. I'm married and have (3) children and the past year we have all been treated by Dr. Pettyjohn, a naturopathic doctor in Anchorage, as a matter of fact he delivered my last child.

I feel that naturopathic medicine is not

only a viable alternative ... (loud noise on tape) medical community in Alaska. Being a natural born skeptic I was at first somewhat apprehensive about being treated by naturopathic means, but after some study and talks with Dr. Pettyjohn, my mind was put at ease and now I'm quite comfortable and now go to Dr. Pettyjohn as our family doctor. In conclusion I feel would be grave judgment if HB 347 did not pass and you would be committing a disservice to this community, if you did not support this bill, thank you.

Number 0396

Chairman Tischer: Thank you very much, I'd like to now go to Fairbanks, is there another witness?

John Ghoddio: I am representing Fairbanks North Star Holistics Network which is a group of 200 concerned citizens who meet monthly for interest in having alternatives for holistic medicine including naturopathic doctors available to us. We strongly support the passage of HB 347, but would also like to say that every person that came here today is in support of HB 347. Thank you.

Rep. Koponen: Thank you Madam Chairman, John, is there a naturopathic practitioner in the Fairbanks area at this time and if so, do you have their name or any information about them?

John Ghoddio: Unfortunately there is none and a lot of people have to travel a long way to get treatment by naturopathic doctors, so we are really in need of one.

Number 0417

Rep. Koponen: Isn't there a place on Eleventh Avenue downtown that advertises naturopathic services? I have a photograph of a store down on Eleventh that advertises or are they just advertising supplies?

John Ghoddio: We have places in Fairbanks where you can get herbal supplies and other alternatives, but not naturopathic doctors.

Number 0425

Chairman Tischer: I would now like to go to Anchorage for the next witnesses.

Dr. Jay Bonner: (loud noise in background)... My first comment is to agree

with the doctor you spoken to before me and the last statement that Dr. McGuire made on the sample of approval that you will be given to the practice of naturopathic medicine by legitimizing the practice through a licensing board, I think its not in the best interest of the public. (am I coming through)? By licensing the naturopath you have given a creditation to their training, I practiced for 17 year in the Southern Mississippi as a teacher in the School of Medicine and the University of Mississippi.

I taught many of these subjects that are outlined on page 2, others that were left out were internal medicine, pediatrics and ... these are left out that are suppose to be included in their training. I am not aware that any particular licensing of these two that is nationwide as there is of medical school. The first part of this century there was a report on the medical indication in this country and it pointed out some of the problems of medical education that there were many licensing boards, many groups that joined together in approving and overlooking the ...I don't think there is that track record with naturopathic medicine in this country.

We had many years of looking into how to practice medicine and how they are taught, many of the subjects that are listed here. By giving a license to these individuals and saying that we are crediting them, we are also crediting their education, we are saying that we know that they passed these particular subjects and I do not believe they have had legitimate training on all these subjects that are listed.

Also, I don't believe that the instructors that are hired by these naturopathic have the doctor's degree in chemistry and anatomy and microbiology, etc., and that the teachers are competent to teach the individuals these particular subjects. I'm not disagreeing that people have the right to chose to go to naturopathic physician if they want to so, but I'm saying that we should not by any means say that we are giving a stamp of approval to any of these training or practice of naturopathic

medicine.

Also, you mentioned that you were going to devise a test, I'm not sure how this test could be devised, to test a naturopathic physician and licensing them. I'd like to additionally express my concern of the medications that they prescribe, animal and plant compounds or extracts and of course as pointed out earlier many of these that we prescribe as insulin, cortisone, thyroid and plant medications, etc. can be very toxic and should go in use under special circumstances. There are other substances that I know the naturopathic physicians are prescribing or they are dispensing to the patient called ...adrenal extract, valid extract and I have seen these in patients that bought these to my office. Almost a 100% of the patients that I've seen in my office that have been seen by naturopathic physicians have been mis-diagnosed and mistreated or treated inappropriately.

I think I'm surrounded by a number of people who have had very positive experience with naturopathic physicians and I'm glad that they have and had no adverse effect. But I'm just telling you the many patients here in Anchorage who had adverse effects on these treatments or negligent in the treatment because they had not seen a physician to correctly treat them early enough. And I have seen complications as a result, probably from some of these substances that are being prescribed although I cannot surmise the investigation to determine exactly what's in these substances that are given to the patients and I would call naturopathic physicians before to try to talk to them to see what is in these substances so I can determine what is the result of what they were taking or the result of something else, and they would not communicate with me. I would just get a list of what they were taking from the office shelf.

I would also like to speak to the consumer, because I have had privilege of having 3 children and I have had obstetrician who been certified in the practice of obstetrics to deliver my children. For millions of years, as long as man has been on this earth

there has been a natural childbirth and I imagine that billions of people who have been born here by far the majority have been by natural childbirth. I think in this day and age in this country that I would not personally select anything but an obstetrician or a family practitioner who's had a lot of experience in delivering children, but for my own safety and for the safety of my newborn child.

Thank you for letting me testify and at this time I would like to answer any questions. If you would propose the same question to me as you did to Mr. McGuire, would I collaborate with a naturopathic physician? I would not collaborate, I have had couple of referrals from naturopathic physicians and well, one that I can remember and I cannot collaborate with that physician. I'm not exactly sure what you mean by collaboration, however, I prescribed what I thought was best for the patient and I don't think any of them have the training that I do to determine what is best for the patient. Now if they would like to carry out or help enforce my prescriptions or my treatment of the patient I would not (loud noise in the background).

Chairman Tischer: Thank you doctor, I have a question and I would like to go back to the instances where you talked about the patients you had, obviously taken ill with some toxic substances, something like that, I'm not sure that I followed your comments, but I'd like to have you be more specific about those particular instances. Can you give me a closer vision of what you were talking about, precisely and how you got to see these patients in the first place, were they referrals and from whom?

Dr. Bonner: My current practice is limited to referrals from physicians, because I'm very busy now, I've been practicing in Anchorage for (4) years, Initially when I came here patients sought my care because they knew I was a phrenologist, there was no other practice in phrenologist in the state at that time. Majority of them were self-referred patients, the ones who had been to naturopath before.

I still do see some patients who have been to naturopaths and if the naturopath were to refer one to me I would probably see the patient, depending on whether or not it was in my field or not, I certainly would not see them for dislocated shoulder. But the ones that I did see that were mis-diagnosed, some of them had mis-diagnoses of thyroid diseases when they did not have a thyroid problem, they were taken some sort of thyroid extract. I've seen patients who had over active thyroid problems who were also taking a thyroid extract which would be against the practice of medicine, if you had an over active thyroid to additionally prescribe thyroid on a long term basis you could try on set basis for what we call suppression care, but not for a long term treatment of that particular individual.

So I do not know as I said earlier what are in these extracts, there is a ... thyroid which is made from animal gland extracts which has been prescribed for many years as a thyroid replacement for people who have under active thyroid which is ... drug approved by the FDA. I don't think any of these substances are extracts that they are using are approved by the FDA. In fact I just don't know what they are and I don't know how to find out exactly what they are, they are what they say they are, thyroid extract, adrenal extract, ... extract and they are not being used properly.

Another case would be adrenal extract, a patient was diagnosed as having an under active adrenal and our terminology would be attitude's disease or ...-adrenal problem and they were getting adrenal extract... the patient was mis-diagnosed as having adrenal insufficiency and did not need cortisone and cortisone if it isn't adrenal extract they are prescribing is ... specific indication for it. And if it is prescribed for certain doses it has very hazardous side effects like ... (loud noise in background and end of tape).

Tape 6, Side 1, 2 of 2
Recording
Number 0003

Chairman Tischer: Thank you for your testimony. There are no questions from the committee, so I would like to go back to

Anchorage to take the next three witnesses from Anchorage.

Number 0005

Virginia Pettyjohn: I'm the wife of Dr. Pettyjohn, I hold a Bachelor of Arts Degree in Physical Education and hold a teaching certificate in the State of Alaska. I feel this is important because I'm not speaking from respective of one who has not been through several years of schooling and thus have an educated approach to this. I'm also the mother of four children all whom were delivered naturally through a clinic and through my home.

It has been brought up by the speakers from the medical profession that have legitimate concerns about training and the specific things that are designated that a naturopath is able to do. The testimony, I feel that they would like to so limit the scope of the practice of naturopath that it would be non-existent and that this is through benefit not only to self, but their profession that they don't have to be in competition with anyone else. It sounds like a major grocery store limiting another alternative of store that would be in competition with him. I would like to point out to few of the legislators that before we had not heard the general public's speak in direct opposition, it has only been those who are in competition with naturopath's.

I'd like to say that the general public has been here and several people had to leave and many whom have not been able to stay because of the time factor, and also the factors that this has been filled and there hasn't been a place to sit down. I think that HB 347 needs to be passed specifically because of the posture of the medical board and the Division of Occupational Licensing and ...the law needs some improvement in order for naturopaths to continue their practice. Thank you.

Number 0031

Chairman Tischer: Thank you very much Mr. Pettyjohn. Any questions from the committee? None, could I have the next witness.

Number 0033

Dr. Patton Pettyjohn: I have been practicing in Anchorage for (4) years now.

I'd like to if I may address my issues for the scope of naturopathic practice, a lot of the opposition from the medical profession is in regards to the scope of practice and whether or not have a qualification. The bill that is submitted is very closely resembles the law that's in the State of

Oregon and has been in existence there for since 1927.

Naturopathic physician decides using natural therapy which includes plants and animals, also trained as general practitioners and such. We have training in minor surgery and if we have the particular training prior than we should be allowed to practice for surgery, especially where it involves childbirth, because it would be very inconvenient if we have the quality and expertise to repair a vaginal laceration.

But because of the pressure from the medical community you feel that you do not include this into the law, than we will have to unnecessarily transport every woman who had a laceration to the hospital when it's not her desire to do so, when there would be someone right in her home capable to do such.

Also, in regards to superficial lacerations again, this is something which the State of Oregon for the past 50 years had no problem with, with naturopaths. Any qualified physician can suspect malignant lesions and if they are suspicious than they can get a biopsy to exclude whether they are suspicious or not before they would attempt to do any superfluous surgery on that lesion. So it hasn't been a problem in other states and I can't see why it should be a problem in this state as it is written in the law.

There were some questions also regarding plant, animal and mineral substances that some of these products are potentially used as medicine, of course they are, that's what naturopaths are trained to do, use natural animal substances, natural plant substances as medicine. And we realize that some of these are used by the medical profession as well, but that should not exclude us from

using them if we have the training and expertise to use them. So if we feel that fox glove which the lab may ... is in the best interest of the patient than we feel that we have the expertise to treat that patient with that plant, that we feel that our training, we should be allowed to do so.

If we feel however, that a patient needs hospitalization and needs a particular prescription that is out of our field, its out of our expertise and needs to be managed by highly skilled and staff of the hospital, than we will refer that, but see every general practitioner, every family physician has the same dilemma to face. They have to practice within their qualifications, every pilot has to make decisions whether he wants to fly in certain weather and the same thing with physicians, if he does not feel competent with the specific procedure, he refers, but that doesn't necessarily mean that there would be other naturopathic physicians that would feel competent to do minor surgery, because we have been trained to do so. And these are things that would be handled under office procedure.

Number 0082

There was a statement made by one of the doctors that made reference to, she wonders who teaches these classes and wonders if they are qualified to do so. If she had made much investigation she would realize that the basic medical sciences of anatomy and physiology about chemistry, pathology and micro-biology have all been taught in schools by professionals, academic people who have Phd's in those particular basic sciences. Because of the flak that we gotten in the past relating to minor surgery, that it is made sure in our schools we are taught minor surgery by licensed surgeons from one of the medical schools in that community, to make sure that they have no misgivings the kind of qualifications that the training these naturopaths receive concerning minor surgery. The reason why we do minor surgery is to see a complete family practitioner and naturopathic schools have always taught minor surgery, have always taught natural childbirth and obstetrics, its not something new that we are asking for.

Number 0096

Because we are taught and we are trained, we should have the ability to practice our profession as trained, just like the medical doctors have the privilege of practicing as they are trained. At this time I would just like to conclude my remarks and say again that I feel that it is very important that we as naturopaths have constitutional right to practice as we are trained and that patients also can be available to our services.

At the present time there is a problem because the medical board's posture and these are made up of medical doctors, they do not want us to treat the sick anymore in any form whatsoever. It doesn't make any difference if we are using natural therapy or not, they do not want to treat the sick unless this bill is passed. So I urge the passage of this bill and will be open for questions at this time.

Number 0106

Chairman Tischer: Thank you Dr. Pettyjohn, Rep. Koponen has a question and so do I.

Rep. Koponen: Dr. Pettyjohn, during the course of the testimony this afternoon some comment was made about the problems that you have had in continuing your practice, someone mentioned cease and assist order; could you be more specific in what this regarding this disability you have currently in not being licensed?

Number 0114

Dr. Pettyjohn: Certainly, when I first came to Alaska I was told through the Attorney General, that naturopathy was an unlicensed activity and I could practice unharassed.

That was under the Hammond Administration and now we are the Sheffield Administration and there are new people in different departments and divisions. It was brought to the attention of Occupational Licensing that I was diagnosing and treating the sick and so because of that the issue to cease and assist order, saying that was a practice of medicine I needed a license to do that.

My attorney right now, went to court to keep my practice open and we have in fact a restraining order ... against that, cease and assist order, until certain hearings can

be made. After which time, we will proceed into court to declaratory judgment, but this may take several months or even a year to complete the judicial process whether or not I have the constitutional right to practice.

Naturopathy is not a sub-speciality of medicine and should not be under the jurisdiction of the medical board and it appears we need a licensing procedure so that naturopaths can diagnose and treat the sick in Alaska, unless we can go to court and get a declaratory judgment.

Number 0135

Chairman Tischer: Dr. Pettyjohn, Rep. Davis has a question.

Number 0137

Rep. Davis: I assume that you've seen the original bill and proposed committee substitute and I'm curious as to what your feelings are on that, and also the licensing board that you admit. There are only two people that are practicing with your profession in the state, I don't know how that would work. My second questions is; would you oppose to have other than naturopathy people on that board, having a medical doctor on that board? Thank you.

Number 0145

Dr. Pettyjohn: I was opposed to Milo Fritz' committee substitute, because he removed the minor surgery and practice of obstetrics, the use of x-ray diagnosis and many other things that we are trained to do, moreless, said that we could treat with nutritional therapies and that was it. Of course, we do that, but he watered the bill down so much that it took out half the things that I've been trained to do. So I was in opposition to that committee substitute. I want to practice as trained, I want to practice as I'm licensed to do in Oregon and I feel I have that right.

The second question; yes, thats one of the reasons why because they are not allowed naturopaths in Alaska, thats the reason why we felt that naturopathy should first be licensed under the Department of Commerce to the Division of Occupational Licensing. We tried to set out in the legislation, the principle and the regulations which the naturopaths would be licensed, so that the

department would have to follow the law as it is written. They would have to examine the applicants, make sure that they were qualified in the different subjects that naturopaths must be trained and if there were complaints than the Department would have to handle those.

As far as I know know, there are three full-time practicing naturopaths in Alaska, and there are four others who would be qualified to become licensed if they chose to, because they have legitimate degree and these are also practicing; as chiropractors in Alaska.

So those are the people that I'm aware of that have the ability to be licensed. I know of two students that want to come to Fairbanks who are graduating this year and I have not too long ago also received some letters from three other naturopathic physicians from Oregon who (one has graduated a year ago, two others that are graduating this year) would like to come to Alaska and I am waiting for this license or bill to pass and to find out the outcome of my court case, whether or not they would like to come to Alaska.

Number 0182

Chairman Tischer: Rep. Davis has one more brief question.

Rep. Davis: In prior testimony, Dr. Jamison mentioned that he learned there would be some kind of peer board versus being licensed and having an oversight by a branch of the State of Alaska at least within the Commerce Department, but do you know who is not practicing that would license in the Fairbanks area?

Number 0189

Dr. Pettyjohn: Yes, Dr. Spaulding and Dr. Hampton, both are chiropractors who have naturopathic degrees and are licensed in other states as naturopaths. And also, theres a Dr. Weaver here in Anchorage who is a chiropractor that would be qualified to be licensed, and there's a Dr. Hammond in Juneau, who is a chiropractor that would be qualified to be licensed as a naturopath.

Number 0196

Chairman Tischer: Dr. Pettyjohn, I have a couple of questions; would you read to me the cease and assist order for the record or

if you send it to me, I would appreciate it. I'm presuming that its written.

Dr. Pettyjohn: Yes, it is and after our conversation after I first received it, I took it into your office there in Anchorage and I told them to hand deliver it to you because you weren't there, but I can certainly send another copy to you.

Number 0202

Chairman Fischer: Well, if you brought it up to me, I'm sure it must have been sent down here to Juneau, the next thing I'd like to ask you is; what's your definition of "minor surgery"?

Number 0206

Dr. Pettyjohn: Minor surgery, we tried to define it as according to the way it was defined in the Oregon Statute, but minor surgery technically means, you do not go into the chest cavity or the abdominal cavity and do surgery. Those are typically referred to major surgery techniques, however, there are many minor surgery techniques that need to be done by a highly skilled surgeon that would be very high risk and should be done in hospitals, and this is the judgment of the physician, where to refer and when it would be the best interest of the patient to refer to a specialist.

Primarily as naturopaths we are interested in the surgical procedures that can be done safely in the office, repairing superficial lacerations, wart removal, hemorrhoid treatment, removing ... and minor surgery techniques related to childhood.

These are common office procedures type of techniques that we are trained to use, and if there was a technique that was under some type of legality permissible as minor surgery and we attempted to do that in our office and had not proper training in that specific technique, than we would be open to the same judicial process as all other family practitioners are, it would be malpractice negligents, or whatever. But this is up to the professionally trained clinician, physician to know when he is not qualified within that particular technique.

We have had 50 hours of professional schooling in minor surgery in school and we

had the clinical intern-ship where we are instructed in the surgical techniques through qualified physicians that are licensed in those states where we received our schooling, and those techniques which we have been trained we feel we should be allowed to use and if there are some minor surgery technique that we are not trained in, than it would be our responsibility to refer them if the case would arise if we feel that patient would be best served by going to a physician thats highly skilled in a particular technique.

Number 0243

Chairman Tischer: So vaginal lacerations under your estimations would be classified as minor surgery, is that correct?

Number 0245

Dr. Pettyjohn: That is correct, however, if there is a particular type of laceration which perhaps involves the tearing of the rectum and a particular naturopathic physician didn't feel competent to repair that, than thats where his judgment comes in, and of course he would refer so that the patient could get the best treatment possible.

Chairman Tischer: Thank you, what I'm trying to get at is, in the list of the original bill of licensure requirements, minor surgery has been a c ate. That is inclusive of the types of instruction that would be included for testing purposes and examination purposes for licensure. And as you well know the debate on what is minor surgery, it has been brought up in testimony today, is likely to be contested again.

I'm trying to the best of my ability outline some kind of a format by which the quality prevails in terms of the testing, and if it is based on the educational procedures that are given to the applicant for licensure based on the norm in terms of naturopathy study, than I think we have some basis to go on. But as you know that has been a basis of objection and I'm trying to maintain some equilibrium on that issue.

Another issue that I would like to expound on a little bit, is prescription drugs and that which was related in terms of natural

elements. Two of them were brought up, you mentioned fox glove or ..., and the other one was cocaine, and the fact that there are physicians dispensing those purity drugs in pure form if you will, under prescription and the naturopaths preference to dispense that in the form of a natural herb.

I have a theoretical question; if you were to prescribe fox glove for me for whatever reason, would I be able to overdose on that prescription in its natural form and if so what provision would be made in the prescriptions that I would not be allowed to overdose?

Number 0278

Dr. Pettyjohn: Yes, with everything that we give a patient, we would give them instructions to follow and after we give that substance to a patient, you know if they don't follow those instructions certainly they could overdose themselves, everything has potential harmful effects if misused and abused. There are some plants that have potentially toxic effects and naturopath physicians are trained to use these non-toxic, non-poisonous dosages and so if the patient wants to overdose themselves and go contrary to the order than, yes, they could potentially overdose themselves on some remedies that have potentially toxic effects, but thats the same with any type of medicines.

Number 0290

Chairman Tischer: Thank you very much Dr. Pettyjohn.

Number 0294

Moderator in Anchorage: Rep. Tischer we have a witness and several had to leave, right now we have Dr. Jasper.

Number 0297

Dr. Jasper: I'm a naturopathic physician, I grew up in Haines, Alaska & am a third generation...(loud noise in background). I feel some of the comments were unnecessary and the question whether or not the practitioners are qualified to practice is an irrelevant question (noise on tape)...

The point is every physician will diagnose a patient that others have not been able to diagnose accurately and every physician will mis-diagnose a patient, who will eventually seek health care elsewhere and they will be

able to make an accurate diagnosis. I think that's a point that should be kept in mind. I urge that this bill be passed and people ought to have that choice for their health care practitioners. I appreciate Dr. ... comments, I was available to talk to him about his feelings to the testimony, he felt that maybe if we had a naturopathic board and have at least one medical doctor on it, and keep a very close eye on our practice maybe that would be acceptable to him. I indicated to him that I didn't think that was necessary. They practice without a naturopathic physician to keep a close eye on them. He felt that was not the same situation, but I feel very much it is, the right of the physician to practice to provide health care to those patients that feel competent in their services. I don't want to be ... in my comments today, but I think that the points that are being brought up here today are largely irrelevant.

Number 0355

We have nurse practitioners here in this state as well as physician assistants that practice in this state and other states that have wide scope of practice and are able to prescribe many drugs and perform minor surgical procedures and do all of these things. And these are physician assistants who have maybe two years of training, we have nurse practitioners who have gone on for additional training beyond their nursing, but yet we ask for the scope of practice which wouldn't exceed that which they give the nurses or physicians' assistant. Now all of a sudden they call it a question, concern over public's safety. I feel that naturopathic physicians ought to practice, at least in the same scope of a nurse or physician. If there are questions I would be glad to address them.

Number 0369

Chairman Tischer: Thank you very much, Dr. Jasper. I see no questions coming from the committee members, if we completed the three designated people from Anchorage, we will go to Mat-Su.

Number: 0376

Moderator in Fairbanks: We have no participants left here in Fairbanks, would it be ok for me to disconnect from the teleconference?

Chairman Tischer: Yes, should you have contact with those that weren't able to testify, I would ask you to tell them if they have testimony which is pertinent they are free to send by telecopy to the committee so that we can make their testimony part of the record. I apologize for the lengthy hearings, but since all things weren't equal today, I would like to continue until at least a majority of the people are heard. Thank you Paula.

Number 0388

Georgia ... in Mat-Su: I'm speaking for myself, my husband and my two sons. We support HB 347, we are extremely concerned of the fate of the naturopathic doctor in our state, Dr. Pettyjohn has been our family doctor for four years. We are tired of going to medical doctors who knew practically nothing about nutrition and diet and absolutely nothing about herbs. Dr. Pettyjohn took the time to listen very thoroughly to our symptoms and inquired about the total picture of our health and diet. The herbs and nutritional supplements that we received from Dr. Pettyjohn are superior to others found locally. We resent tremendously the idea that people ignorant to the science of naturopathy and preventive medicine are trying to abolish the science practice in our state and worldwide. We feel it is entirely our right to seek professional (loud noise in background) ... Thank you.

Number 0416

Chairman Tischer: Thank you Georgia, are there questions from the committee? Hearing none, I would like to go back to Anchorage and take couple more testimonies from Anchorage.

Number 0419

Sandra Jay: I'm a chiropractor recently licensed in Anchorage, I'd like to testify in support of HB 347. Because our time is simply growing short, I'd like to say that I agree with the support on the statements made and the only thing that I might add is; there are many people who question the competency of medicine and medical doctors, but that is not a good reason to prevent them from practice and they do practice freely across the nation and world. I don't see any reason why there is a difference between them in that circumstance and the

naturopaths and their circumstance. Other than that, all the reports that I've heard from people who have been treated by Dr. Pettyjohn and Dr. Jasper have been very positive, and I see no reason why they should not continue to practice in the way that serves the public very well. Thank you.

Number 0434

Chairman Tischer: I have a question for you as a chiropractor; if a board of examiners were to be created for naturopathic medicine, what would be your suggestion as to the types of expertise to sit on that board?

Number 0439

Sandra Jay: They would have to be judged by people that are trained naturopaths and those people would have to have naturopathic education for naturopathic colleges. I would suggest inclusion of a lay member, inclusion of a chiropractic board and I assume they would be included on other boards in the state. At the moment I know most board members are appointed by the Governor, I feel quarrel with that, or possibly even an elected position. Does that answer your question?

Number 0448

Chairman Tischer: Yes, Sandra, thank you very much. The dilemma that we would face at this time in creating that board would be that the same people who would be sitting on the board at this time because of the small numbers of practitioners in naturopathic medicine would also be judging themselves, unless another board outside of state, for example, might suffice until at such a time that we grew in numbers. What would be your opinion on how we would handle that?

Number 0456

Sandra Jay: I have a question in return that must have also risen when the board was first put into practice for any of the professions that are licensed, and I would think that similar guidelines could be followed in those instances.

Number 0460

Chairman Tischer: Thank you, that's a good suggestion. Do you feel that the existing original bill as it now reads at least has provisions that cover the question whether or not there are competent people in the Department of Commerce to administer an

examination? Do you think that we have covered enough basis in the bill to properly examine the potential candidates so that they could prove themselves in their profession to practice here?

Number 0469

Sandra Jay: I briefly read over the bill that I have in my hand, it seems that the areas examined are quite complete, I don't know who in the division would be qualified to test those, as I do not know if there are professional people trained in those areas employed by the division.

Number 0475

Chairman Tischer: Thank you for your comments, Sandra. Can we go to the next witness in Anchorage. I would like the audience to recognize that Rep. Ward has now joined the committee as an observer.

Number 0480

Sherry...(loud noise in background)...There would be great disservice done to the people of Alaska if House Bill 347 were turned down. As a mid-wife I have been in both hospital and home birth and I did much handling of births in the hospital and very much in my personal care of mother and babies. In working with Dr. Jasper, I've seen skill, care and concern during deliveries. He hasn't hesitated to refer patients during pregnancy and during delivery if he felt there was a need to.

Number 0494

Chairman Tischer: Thank you Sherry, could you explain a little bit further on your role as a mid-wife, are you licensed, how do you practice, do you keep an office, how do you get your referrals and so forth?

Number 0496

Sherry...: I am what they call a mid-wife, not certified. I practice mainly for home births, do pre-natal for Dr. Jasper, (loud noise in background)... We do very many referrals for people who have been dissatisfied with hospital births and have been very happy with home births. Did I answer your question?

Number 0499

Chairman Tischer: Yes Sherry, thank you very much, at this time I have to make this comment because you are not present here in the room. Mr. Treagor who earlier testified on behalf of the Department of Commerce and Economic Development in Licensing Division

is sitting here and closed his ears to the fact that you are a lay mid-wife and that you are not licensed, so I sent him away from here. I want to also, go on record that I credit you with the courage to come forward knowing that you may be jeopardizing your position and if anything occurs in the next foreseeable future years, I believe the next two, and if you are practicing your mid-wifery that I wish that you would contact me, because I will like to know whether you are going to be harassed or not, because of your testimony. Thank you.

Jean ... from Anchorage: My family and I have been very pleased with the service and good health we enjoyed from our naturopathic doctors during the last four years. We believe so strongly in naturopath that we use Dr. Pettyjohn, even if our Blue Cross does not cover the bill. Our health in all cases have improved much better and faster with the homeopathic remedies, than with the regular antibiotics and drugs that the doctors have prescribed. I have found Dr. Pettyjohn to be conservative in his approach compared to our medical doctors and pediatricians. There have been times that Dr. Pettyjohn has had to refer to specialist and he does not hesitate to say when he (loud noise in background)... I appreciate having a natural alternative to my health care and I feel that I should have the right to chose what kind of health care I receive. Please support HB 347. Thank you.

Chairman Tischer: Thank you very much Jean, we appreciate your comments.

Ruby Pettyjohn in Mat-Su: My name is Ruby Pettyjohn and obviously I'm for HB 347; at this time I would like to make one other comment in regard to what the doctor had to say. At the present time I have been under the care of three specialists with kidney problems. One in Salt Lake, one in a prominent clinic in Seattle and one here in town. They each diagnosed a little differently and the mode of treatment was different. I also of course went to Dr. Pettyjohn and at the same time I also confirmed with a naturopath in Seattle. I think that there comes a time when the patient has the responsibility, I have had

of course had to evaluate all of the information that I've gotten and made my decision as to what I would do. I don't think you can legislate the responsibility of the patient in these matters, but I think that we have a right for a choice in what we do and I would like to support the bill.

Chairman Tischer: Thank you Ms. Pettyjohn. No questions from the committee. Lets go back to Anchorage and take the next three witnesses.

Karen Jasper in Anchorage: I would like to support HB 347, I believe that we live in a free country and that we should have the choice of the physician that tends our family ... (end of tape)

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

Karen Jasper continues: I know that naturopaths are qualified and trained properly to handle emergencies and illnesses, I support this bill very much. Thank you.

Number 0005

Thank you Karen and to the moderators in both Anchorage and Mat-Su can you give us a list or a number of people who are left who would like to be heard before I continue?

Number 0008

This is the moderator in Anchorage, we have two more witnesses who have not had a chance to testify and Dr. Bonner has an additional comment she would like to make.

Number 0011

This is the moderator in Mat-Su, we have three people who are waiting to testify.

Number 0013

Captain E.P. Pettyjohn: I would like to add my support to the licensing of naturopath in Alaska, I am a very strong believer in the benefit of naturopathic medicine. Several years ago my wife was severely ill and we took her to all the best MD's in the Anchorage area, and I honestly believe that she would have died, had we not found a fine naturopathic physician in Seattle who treated her successfully. We need good qualified naturopaths in Alaska and I am Captain E.P. Pettyjohn from Alaska Airlines.

Number 0021

Chairman Tischer: Thank you Captain, I

wished you would have flown down here today so we could have come back to Anchorage to hold this hearing. Unfortunately, we are isolated from that, thank you.

Number 0024

Connie Walker in Anchorage: I would like the bill put into law, I have gone to Dr. Pettyjohn over the last four years and have found him to be a very confident physician.

I have had some rather bad experiences with the medical society here in Anchorage, but don't wish to go into detail, but this is one of the reasons that I feel that I prefer to go to a naturopath, because my experience with naturopaths has been superior to that of going to a regular medical doctor. Once more I wish to voice my opinion, I am in favor of this bill.

Number 0032

Chairman Tischer: Thank you Connie, I have a question for you, if you would answer please. If you are seeking medical advise from a naturopath, in what way do you feel that you would benefit by the authorization of dispensing the natural drugs for example, in this bill it addresses that it would allow the naturopaths to practice medicine, to practice naturopathic medicine in the manner in which they have been educated and trained to do, have you felt as though you had some restrictions on that delivery of service at this time?

Number 0042

Connie Walker: I don't feel that there has been any restrictions, however I can see what is going to take place if this bill does not become law. The doctors here will probably be asked not to practice, and this would be a disservice to people that depend on them, who do not care to go to a medical doctor. Now, Dr. Pettyjohn has referred me to a regular medical doctor for previous problems and I feel that he would continue to do such in the future and under his guidance I would go to a medical doctor for those problems. As to why I am so interested in this bill, I have always been interested in medical professions until the time I was very small. I also have been interested in all the different alternatives health practices here in Anchorage, I've also been extremely interested in naturopathic doctoring and would honestly

like to be a physician. However, I do have a family and it does require 7 years of study to become a doctor, and at this time I find that is a conflicting thing for me, I could not go to Oregon and become a physician without great difficulty to my family. I hope this answers your question.

Number 0059

Chairman Tischer: Thank you Connie, I appreciate that.

Number 0061

Paula Pettyjohn from Mat-Su: I support HB 347 and I think that it should be passed. I find it interesting to note that each and every doctor who testified earlier, when they were referring to naturopath physicians and their experience and training, they started out by saying; I don't believe and I don't know, and I don't feel, they had no real basis except for their feelings about naturopathic education and the profession itself. How can they be asked to give an expert opinion on something they haven't researched and that they know nothing about.

I doubt that when the laws were passed the license ... of dentists could do oral surgery and chiropractors that the medical profession was consulted into greater detail. Why are they than being consulted now?

The naturopathic view and treatment itself is light years away from the traditional medical profession, the naturopath's views to get the body to heal itself and the traditional medical profession is either treat the symptom and not necessarily the illness itself. They can't take care of the problem then they'll try to cut it out. The doctors and the representatives of the medical society are saying that the ... (loud noise in background). Doctors are making it very difficult for people to bear children and have traditional OB care and they are looking for alternative methods, because they just cannot afford what they are being charged right now. I've seen Dr. Pettyjohn deliver babies and I can assure you that his care is far superior to anything that I've received in the hospital.

If my doctors were even there to begin with, which most of them weren't, the nurses

delivered it. I think we should have the alternative. I completely support this bill, and I hope you guys have been listening to what we've been saying today, I think its very important for our medical care. Thank you.

Number 0114

Chairman Tischer: Thank you Paula, and I assure you, we have been listening, we have been more than listening, we have been taking notes and we record everything down in a form of minutes for permanent record, so that I want to reassure everyone that, we are not just cursory listening to you. Could we now go back to Anchorage again?

Number 0119

Moderator in Anchorage: We have three more witnesses and Dr. Bonner who wishes to comment. Our next witness is Bill...

Number 0123

Chairman Tischer: Before Bill ... testifies, could you indicate if Dr. Pettyjohn is still in the room?

Moderator in Anchorage: Yes. Dr. Pettyjohn is still here.

Chairman Tischer: After the testifying of this one witness, I have one question to ask him.

Number 0127

Bill ...: I'm a local businessman, and I'd like to go on record in favor of the bill and would like to see it passed. I am representing my wife and family, who have been treated successfully by Dr. Pettyjohn. I'll keep this brief... thank you.

Number 0132

Chairman Tischer: Thank you Bill, before we go to Mat-Su, Dr. Pettyjohn if you will come forward for just a moment, in the committee substitute that was offered by Dr. Fritz, there is one line that I would like to consult you with and get your reaction on it. It has to do with the disciplinary sanction section, it states that; after a hearing the department may deny, suspend or revoke a license or censor a licensee, if the person;

(1) habitually overusing alcoholic beverages,

(2) impersonating a health care provider,

(3) performs or assists in the performance of abortions,

What is your reaction to that specification?

Number 0146

Dr. Pettyjohn: Well, concerning abortions, as far as I'm concerned you could put in a law that naturopaths are not allowed to do abortions, and that philosophy of naturopathic profession, is to do no harm to the patient, and I feel that personally that, that would be no problem. Naturopaths as far as I know are not licensed to do abortions in any other state and the United States and that it would be a conflict of the philosophy of natural treatment and to do no harm to the patient. So that would be no problem with me personally.

Number 0156

Chairman Tischer: Thank you doctor, now could we hear from the witness.

Number 0158

Tom Pettyjohn in Mat-Su: I'm the brother of Dr. Pettyjohn and I don't have a lot more to add to the comments today, but I do agree with the passage of HB 347. I would just like to add that I am personally acquainted with my brother and his dedication of the well being and the health of his patients and I know that he spent many years of service of trying to gain and educate, and trying to do the best that he can. He can take care of the health of the people and this is one of the true goals in his life, its to provide good health for those people that seek him out and this is my comment.

Number 0172

Chairman Tischer: Thank you very much Tom. There are no questions from the committee members, so lets go back to Anchorage for the next witness there.

Number 0175

Cindy Ziegler in Anchorage: Good afternoon, I'm here to support HB 347, and I would like to say basically that I am as far as for medical care I seek traditionally with the traditional medical establishment probably 90% of the time. I have used naturopath medicine about 2 or 3 occasions and I found it to be very satisfactory when I was at dead end wall with traditional medical help. It did not automatically transfer me over to constantly using the naturopathic way, however, it was very comforting at the time

to know when I reached the dead end at one point that there was an alternative that I could go to and make an intelligent decision of my own.

As near as I can gather from the research that I've done, the study areas and the training of the naturopathic physicians and much of the training is exactly the same or very similar to what the traditional medical physicians receive. If the naturopathic approach and use of that material is different than I'm not too sure why that upsets the many people it seems to upset. I resent very much the idea the medical profession or the legislature or anyone else to come forward in a protective role and concern for my welfare. I am a totally rational, intelligent human being and not someone who doesn't know anybody or doesn't know what she is talking about and that choices should be taken out of my hand because these people are more educated and know what is good or bad for me.

The other question that I would like to mention or address which prompted me to get up and speak; one of the last remarks about the misuse of drugs and their concern that naturopath may in fact misuse drugs. If there hasn't been enough television programs and books on the subject of doctors misusing drugs, and doctors giving out valium prescription and etc., to people who misuse them or handing them out like candy, I really fail to see much difference between the abuse of a prescription under a naturopath is and to the abuse of a prescription under a physician's use. That is a person's choice. It seems to me a person's choice should be something that they can't take away from and should be something that we should be allowed to have a little bit of say in. Thank you.

Number 0202

Chairman Tischer: Thank you Cindy, I appreciate your comments. Now could we go to Mat-Sue and is this the last witness?

Moderator in Mat-Su: Madam Chairman there are no more witnesses.

Chairman Tischer: Thank you, are there any more witnesses in Anchorage that would like

to speak?

Number 0209

Cathy ...: I'm a registered nurse and I'm very enthusiastic of HB 347, if it passed it would mean the fostering and encouraging the naturopathy in the State of Alaska. Not only would the licensing of naturopathic physicians would be a means of quality control, I believe it would also encourage more naturopaths to relocate to Alaska and making this method of healing available to more Alaskans. I urge you to pass this bill for the benefit of the profession and the health and welfare of all Alaskans.

Number 0219

Chairman Tischer: Thank you very much Cathy. We appreciate your comments, there are no questions from the committee members, so are there other people who would like to speak in Anchorage?

Number 0225

Dr. Bonner: Thank you for allowing me to speak again, the main reason that I wanted to speak again; was to say that after listening to many patients here and people who testified about naturopathic medicine, I did want to make a point that a lot of people seem to be confusing the issue of natural childbirth with the practice of naturopathic medicine. Remember I said earlier that billions of people of course we all know have been delivered by natural childbirth or none of us would be here today. And of course natural childbirth, majority of people are able to do very well with natural childbirth, it seems a lot of women confuse natural childbirth with the practice of naturopathic medicine and we are not opposed to natural childbirth of course in the practice of medicine. I would be remiss of course rebutting some of things that were said about my earlier testimony and so I would like to say something about that right now.

Number 0240

The comments were made that said I did not investigate whether or not the naturopathics were well staffed or whether they were well trained, and there is a position paper that you are pretty well aware of that was put forth last year on HB 347, in which it said, in 1968 studies, U.S. Department of Health, Education & Welfare stated that naturopathic theory and practice are not based upon the

body and basic knowledge relating to health diseases and health care which has been ...of course this division has been willing to unchange today. They are not in the line of the usual customary practice in standard medical practice in the community, and this is where I based some of my comments about that they had mis-diagnosed patients.

I know that physicians do not always make correct diagnosis, but I think the majority of the physicians could pursue a diagnostic or scientific approach through the procedure of the diagnosis and disease that is based on scientific evidence in the scientific community, that's why they accept this throughout the entire medical community in the world. The naturopathic physicians do not use this same methodology, as far as I concerned.

Number 0256

An early comment by the naturopathics today; it was opposed to abortions, and I respect that opinion. I am certain he was sincere in his opposition to abortion, however, the Anchorage Medical Society had a meeting the other night and an obstetrician testified and said someone here locally, practicing naturopathic medicine who used such an abortion in the home and did an episiotomy.

It is unfortunate that the obstetrician could not come this afternoon, because the obstetrician was involved in the delivery of a baby in the hospital, but I don't know whether or not this is hearsay or this is sufficient. I think this physician has actual evidence that this was practiced by someone who says they are practicing naturopathic medicine whether they fall into the same category as these other naturopaths, I do not know. That's the end of my comment.

Number 0271

Chairman Tischer: Thank you doctor, one thing I would like to make the committee aware is that, if such a statement from the physician although it was a statement, I caution you to understand that that was hearsay and unless those accusations can be proven to us we will strike it from the record, dealing with the abortion issue on the naturopath. I would do the same for any physician, unless they were present and in

the room to answer such an accusation. With that than I believe we had satisfied all the stations in Anchorage who wish to testify as far as I know. We can close the network now.

Number 0280

Moderator in Anchorage: Dr. Jasper did also want to make additional comment to the committee.

Number 0286

Dr. Jasper: I appreciate the opportunity to address the committee again. I made a list of specific points I wanted to address.

The slanderous statement made by Dr. Bonner is typical of ill will among people who make the statement that such a practice is going on in the naturopathic medicine, and than not to substantiate it with a name, date or place is the worst type of dirty politics that I'm aware of. I find it reprehensible that she would make that statement. I feel that the statement was slander in its nature and that she owes an apology.

The people who have come to this hearing in good faith, expecting to have a chance to hear things and not to hear that type of slander or statement.

Going off of that, Dr. Bonner's statement that she supports natural childbirth in the practice of medicine is the medical establishment's idea of natural childbirth and the practice of medicine is in a room located in the hospital which is made up to look like a hotel room, wallpapers, lamps and etc. And if the person did not ... (loud noise on tape) the situation they will have the baby there, otherwise they take them up one flight of stairs in an elevator and have a standard hospital delivery. Many hospitals in the country are now doing this, they only did that in response to the movement, the grass-roots movement to seek out better obstetrical care. There was only mid-wives and naturopathic physicians begin ... and becoming more and more prominent than a competitive measure, the hospitals began trying to offer a service similar to try and regain the market there.

Number 0311

I think the reason people confuse natural

childbirth with the naturopathy is because, by and large, naturopathic physicians are the ones who do natural delivery, the home delivery. So I can see why that confuses what exists, and its not a confusion, its a fact.

Medical doctors by and large don't do natural childbirth today, or were trained in and more appreciative of the medicated standard type of delivery. Its not a confusion, its a fact there. The report that she made in reference to the 1968 report from the U.S. Department of Health, the fact that that report is (16) years old, was also issued by the United States Department of Health which was all staffed by medical doctors. Now this is very similar to, I use these names only as an example, but because the case is similar; that Chevron Gas Company issuing a report that Texico doesn't have good of a gas, that really doesn't mean that Texico doesn't have good gas, but only that Chevron is anxious to sell their product.

As far as our profession that we are pursuing scientific basis in our diagnostic procedures, again I find that to be an error. We pursue the same diagnostic techniques that their profession uses, the terms of radiological work-up, the pathological reports, etc., and for her to say that we don't use that as a basis of our diagnostic work-up, she is in error on that.

Number 0330

I think what's important here is this is a human rights issue, its the right of people to make their own choices in ways that affect their lives. And just because one particular profession does not understand the things that we understand and are not aware of the knowledge we have doesn't make our knowledge any less beneficial. We all know that for over fifty years the treatment of scurvy with vitamin C was considered a quack treatment, because the standard accepted medical society did not accept the treatment of vitamin C, but that story also goes farther. It took fifty years for the Royal British Navy to accept the vitamin C as a treatment for scurvy, it took eighty years for the British Medical Society to accept vitamin C in the treatment of scurvy.

And so, here we have the same thing, the summary of today's hearing is that those of us who are in favor and of the established medical community who are against it. This is why there needs to be a choice in health care through a choice establishing ...certainly both professions have a lot to offer, both professions utilize quite a lot of people when their services or desires are most appropriate. Thank you.

Number 0352

Chairman Tischer: Thank you, Dr. Jasper. Since there are no other witnesses in Anchorage, is that correct?

Moderator in Anchorage: Dr. Center has asked for a minute to testify.

Chairman Tischer: Well, we have the minute but two committee members have already left, because of the bad weather and they are fearful that they won't get home tonight.

We could extend this hearing to another time, may I suggest that Dr. Center perhaps submit a written comment to the committee and we could make it part of the record in that fashion if that's acceptable procedure to him.

Number 0364

Moderator in Anchorage: Dr. Center will forward his comments to you.

Number 0366

Chairman Tischer: Thank you, I also extend that invitation to anyone else that may have additional comments to make or rebuttals to comments that were made and so forth. The committee is open to any type in that way before the deliberations finish on this particular piece of legislation, with that I'll ask the moderators to close down the network.

Number 0375

Chairman Tischer: For the record before we adjourn this meeting, I'd like to indicate that committee has not yet received a fiscal note from the Department of Commerce and Economic Development. We do have a HESS Department fiscal note on this, which is a zero fiscal note. The committee will be asking for a fiscal note from Legislative Finance also. It will be the practice of this Chair to require that the legislative fiscal arm of the Legislature provide us

with fiscal notes. As you well know sometimes fiscal notes that come down are tainted by favoring or disfavoring any particular piece of legislation, and I feel it is necessary to qualify those fiscal notes by an independent fiscal note based on information that we are able to garner or wishes of this committee. So don't be surprised if we recommend a fiscal note passed on with a bill from Legislative Finance. With that than, are there any comments from the committee?

Number 0394

Rep. Davis: I will be writing to Dr. Hampton and Dr. Spaulding who are chiropractors or naturopaths in Fairbanks, I'll be asking for their comments and will give you a copy.

Number 0398

Chairman Tischer: Can you do that with rapid haste? I would appreciate that. I will be directing staff and I worked on this personally and have put together and have already developed some language that I think we've already asked the drafter to include.

What I want to do is to bring that draft for you independently so that you will have an opportunity to study it and next time we meet on this, it will be from the limbo file and expect it practically any time. We have taken testimony last year and this year and I think we've exhausted our external differences.

Number 0422

Chairman Tischer adjourned the meeting.

POSITION PAPER

DRAFT COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 225 (HESS)

For an Act entitled: "An Act relating to the practice of optometry and authorizing the use of certain drugs by optometrists."

This draft Committee Substitute differs from the original Bill in several significant ways:

1. It permits the board of optometry to impose disciplinary sanctions on optometrists who fail to refer a patient to an appropriate health care practitioner for treatment of conditions beyond the scope of the licensee's training.
2. It forbids use of controlled substances.
3. It permits use of topical ophthalmic drugs only in contrast to the original Bill which would have permitted use of systemic drugs.
4. It defines the types of topical drugs which can be used and eliminates a role for the board in determining what drugs can be used.
5. It defines the type of training which must be obtained before a license endorsement can be issued in contrast to the original Bill which required the board to issue regulations prescribing training.
6. It prohibits the practice of surgery by optometrists.

This draft Committee Substitute, in the view of the Department, is a definite improvement over the original Bill. The Department would still prefer to restrict the types of topical drugs which are authorized to diagnostic drugs.

Recommended by:

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

Date:

Approved by:

Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date:

Alaska State Legislature

REP. MAE TISCHER
CHAIRMAN



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3777

House of Representatives
HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE
Wednesday, 22 February 1984

Agenda

Call to Order

Comments by Representative Tischer, Chairman

Consideration of HB 225, "An Act relating to the practice of optometry and authorizing the use of certain drugs by optometrists."

Comments by members

Announcements

Adjournment

Article 2. Licensing.

- Section**
- 170. License to practice medicine or osteopathy
 - 180. Application for license
 - 190. Contents of application
 - 200. Qualifications of physician applicants
 - 205. Qualifications for osteopath applicants
 - 207. Qualifications for acupuncture applicants
 - 209. Qualifications for podiatry applicants
 - 210. Examination required
 - 215. [Repealed]
 - 220. Contents of examination and grading
 - 225. Foreign medical graduates
 - 230. License granted
 - 240. License refused
 - 250. Licensure by endorsement
 - 255. Interview required
 - 260. Re-examination
 - 270. Temporary permits

- Section**
- 272. Residency and internship
 - 275. Temporary permit for locum tenens practice
 - 280. Record of license
 - 290. Examination fee
 - 300 — 310. [Repealed]
 - 311. Biennial license renewal
 - 312. Continuing education requirements
 - 313. Inactive license
 - 315. Fees
 - 320. Disposition of fees
 - 325. Limits or conditions on license; discipline
 - 330. Grounds for revocation of license
 - 332. Automatic suspension for mental incompetency or insanity
 - 334. Voluntary surrender
 - 336. Duty of physicians to report
 - 340. Statement of grounds of refusal or revocation of license
 - 350. Certification of revocation

Collateral references. — 61 Am. Jur. 2d, Physicians, Surgeons and Other Healers, §§ 5, 19-23, 30-43.
70 C.J.S., Physicians and Surgeons, §§ 11-13.
Pardon as restoring public office or

license or eligibility therefor. 58 ALRM 1191.
Statute of limitations relating to medical malpractice actions as applicable to actions against unlicensed practitioner. 70 ALR3d 114.

Sec. 08.64.170. License to practice medicine or osteopathy. (a) A person may not practice medicine, podiatry, osteopathy or acupuncture in the state unless the person is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose or treat persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensure under AS 08.64.370;

(2) a physician-trained mobile intensive care paramedic may render emergency lifesaving service; and

(3) a person licensed under AS 08.36 may perform acupuncture in the regular practice of dentistry, subject to the regulations of the Board of Dental Examiners.

(b) Repealed by § 4 ch 101 SLA 1974.

(c) A chiropractist practicing in the state on May 16, 1972 is exempt from this section.

(d) A podiatrist from this section application is (§ 35-3-81 AC 1972; am § 1 ch 24 SLA 1

Editor's notes redrafted by the remove personal p

Sec. 08.64.180 practice medicine in writing to the § 1 ch 22 SLA 1 am § 2 ch 21 SL

Sec. 08.64.190 state the name, a in medical or os degrees were gra sary. The applica am § 1 ch 22 SL

Sec. 08.64.200 for foreign medica cian applicant sh (1) be of good n (2) submit a cer cal school accredit and the Council of ciation;

(3) submit a cer applicant has satis or intern for a per

(4) not have a lic or territory which reasons; and

(5) be a citizen permanent resident am § 1 ch 18 SLA 1 1970; am § 1 ch 85

Sec. 08.64.205. C osteopath applicant 08.64.200(1), (4) and (1) submit a cert school of osteopathy

ment. The statement, together with the written decision of the board shall remain of record in the department. (§ 35-3-89 ACLA 1949; am § 23 ch 77 SLA 1969)

Sec. 08.64.350. Certification of revocation. When a license is revoked, the fact of revocation shall be certified by the secretary of the board to the clerk of the superior court in the judicial district where the license is on file. The clerk shall endorse the fact of revocation and the date of revocation on the face of the license or a certified copy of it which is on file. The same information shall be noted in the registry book provided for in AS 08.64.280. (§ 35-3-94 ACLA 1949; am § 24 ch 77 SLA 1969)

Article 3. Unlawful Acts.

Section

360. Penalty for practicing without a license or in violation of chapter

Sec. 08.64.360. Penalty for practicing without a license or in violation of chapter. Except for a physician assistant and a physician-trained mobile intensive care paramedic under AS 08.64.170, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a misdemeanor and upon conviction is punishable by a fine of not less than \$50 nor more than \$100, or by imprisonment for not less than 10 days nor more than 90 days, or by both. Evidence that the defendant has failed to file a license with the clerk of the court is prima facie evidence that the defendant is not licensed. Each day of illegal practice is a separate offense. (§ 35-3-93 ACLA 1949; am § 25 ch 77 SLA 1969; am § 2 ch 3 SLA 1972; am § 11 ch 101 SLA 1974)

Collateral references. — Illegal practice of medicine under statute, ordinance or other measure involving chemical treatment of water supply. 43 ALR2d 453.

Hypnotism as illegal practice of medicine. 85 ALR2d 1128.

Single or isolated transaction as falling within provisions of licensing requirements. 93 ALR2d 129.

Practicing medicine, surgery, dentistry, optometry, podiatry, or other healing art without license as a separate or continuing offense. 99 ALR2d 654.

Acupuncture as illegal practice of medicine. 72 ALR3d 1257.

Article 4. Miscellaneous Provisions.

Section

365. [Repealed]
366. Liability for services rendered by a physician-trained mobile intensive care paramedic

Section

367. Prescription or administration of laetrile by physicians
368. [Repealed]

Title 7
BOROERS

Title 8
Business and Professions

Title 6
Liquor and Intoxicants

Sec. 08.64.365. Stances.

Repealed

Editor's note derived from

Sec. 09.64.365. Physician-trained mobile intensive care paramedic under AS 08.64.170, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a misdemeanor and upon conviction is punishable by a fine of not less than \$50 nor more than \$100, or by imprisonment for not less than 10 days nor more than 90 days, or by both. Evidence that the defendant has failed to file a license with the clerk of the court is prima facie evidence that the defendant is not licensed. Each day of illegal practice is a separate offense. (§ 35-3-93 ACLA 1949; am § 25 ch 77 SLA 1969; am § 2 ch 3 SLA 1972; am § 11 ch 101 SLA 1974)

Sec. 08.64.366. Physician-trained mobile intensive care paramedic under AS 08.64.170, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a misdemeanor and upon conviction is punishable by a fine of not less than \$50 nor more than \$100, or by imprisonment for not less than 10 days nor more than 90 days, or by both. Evidence that the defendant has failed to file a license with the clerk of the court is prima facie evidence that the defendant is not licensed. Each day of illegal practice is a separate offense. (§ 35-3-93 ACLA 1949; am § 25 ch 77 SLA 1969; am § 2 ch 3 SLA 1972; am § 11 ch 101 SLA 1974)

Editor's note

Sec. 08.64.367

Repealed

Article 1. Board of Examiners in Optometry.

Section	Section
10. Creation and purpose of board of examiners	40. Qualifications
20. Membership of board and terms of office	50. Power of board to adopt regulations
25. Removal of board members	60. Miscellaneous powers and duties of board
30. Vacancies	70-100. [Repealed]

Sec. 08.72.010. Creation and purpose of board of examiners. There is created the Board of Examiners in Optometry to regulate and control the practice of optometry and to protect and promote the public health, welfare, and safety. (§ 35-3-132 ACLA 1949; am § 2 ch 75 SLA 1980)

Effect of amendments. — The 1980 amendment added "to regulate and control the practice of optometry and to protect and promote the public health, welfare, and safety."

Sec. 08.72.020. Membership of board and terms of office. The board consists of five persons, appointed by the governor. Members serve staggered terms of four years. (§ 35-3-132 ACLA 1949; am § 2 ch 102 SLA 1976; am § 3 ch 75 SLA 1980)

Effect of amendments. — The 1980 amendment substituted "four" for "three" and deleted the former third sentence, which read: "The terms of the public members of the board shall be set so that they do not expire at the same time."

Sec. 08.72.025. Removal of board members. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal. (§ 4 ch 75 SLA 1980)

Sec. 08.72.030. Vacancies. The governor shall fill vacancies on the board by appointment for the unexpired term. (§ 35-3-132 ACLA 1949)

Sec. 08.72.040. Qualifications. Four board members shall be licensed, practicing optometrists who have been residents for at least three years. One board member shall be a public member. A person who has served two successive complete terms may not be reappointed until four years from the expiration of the second term that he served. (§ 35-3-132 ACLA 1949; am § 23 ch 102 SLA 1976; am § 3 ch 75 SLA 1980)

Effect of amendments. — The 1980 amendment substituted "Four" for "Three," and the material beginning, "One board member" and ending "term that he served" for the former second sentence, which read: "Two shall be persons who have no direct financial interest in the health care industry." Editor's notes on the bill redrafted by the sponsor of the bill.

remove personal pronoun with AS 01.05.031(c) and SLA 1982.

Sec. 08.72.050. I shall adopt rules and (1) necessary for (2) governing the (3) for the register (4) necessary to (5) prescribing chapter must meet § 35-3-133 ACLA

Effect of amendment added paragraph

Sec. 08.72.060. The board or a member administer oaths jurisdiction.

(b) The board (1) adopt a seal (2) define professional

(c) The board (1) elect a president (2) order a licensee's

(d) Repealed (e) Repealed (f) Repealed (1980; am § 3

Effect of amendment removed and repealed and The board

Sec. 08.72.060. Repealed Sec. 08.72.060. Repealed

Title 7
Business and Professions

Title 6
Business and Professions

remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.72.050. Power of board to adopt regulations. The board shall adopt rules and regulations

- (1) necessary for the proper performances of its duties;
 - (2) governing the applicants and applications for licensing;
 - (3) for the registration of optometrists;
 - (4) necessary to govern the practice of optometry;
 - (5) prescribing requirements which a person licensed under this chapter must meet to demonstrate continued professional competency.
- (§ 35-3-133 ACLA 1949; am § 6 ch 75 SLA 1980)

Effect of amendments. — The 1980 amendment added paragraph (5).

Sec. 08.72.060. Miscellaneous powers and duties of board. (a) The board or a member designated by the board, may issue subpoenas, administer oaths and take testimony concerning any matter within its jurisdiction.

- (b) The board may
 - (1) adopt a seal;
 - (2) define professional conduct and adopt rules of professional conduct.
- (c) The board shall
 - (1) elect a president and secretary from among its members;
 - (2) order a licensee to submit to a reasonable physical examination if the licensee's physical capacity to practice safely is at issue.
 - (3) Repealed by § 3 ch 59 SLA 1966.
 - (4) Repealed by § 23 ch 75 SLA 1980.
 - (5) Repealed by § 3 ch 59 SLA 1966. (§§ 35-3-133, 35-3-140 ACLA 1949; am § 3 ch 59 SLA 1966; am §§ 7, 8, 23 ch 75 SLA 1980)

Effect of amendments. — The 1980 amendment rewrote subsections (b) and (c) and repealed subsection (e), which provided that the board may define professional conduct and adopt rules of professional conduct.

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.72.070. Applicability of Administrative Procedure Act. Repealed by § 23 ch 75 SLA 1980.

Sec. 08.72.080. Compensation of board and secretary. Repealed by § 3 ch 59 SLA 1966.

Code of Civil Procedure

Title 9

Collateral references. — Right of corporation, or individual not himself licensed, to practice optometry through licensed employee. 102 ALR 343; 128 ALR 85.

One who fills prescription under reciprocal arrangement with optometrist, as

subject to charge of practice of optometry without license. 121 ALR 1455.

Practicing medicine, surgery, dentistry, optometry, podiatry, or other healing arts without license as a separate or continuing offense. 99 ALR2d 654.

Sec. 08.72.115. Malpractice insurance.

Repealed by § 40 ch 117 SLA 1978.

Editor's notes. — The repealed section derived from § 24, ch. 102, SLA 1976. As to purpose of repealing act, see § 1,

ch. 177, SLA 1978 as amended by § 7, ch. 46, SLA 1982, in the 1982 Temporary and Special Acts and Resolves.

Sec. 08.72.120. Registration. It is unlawful for a person to practice, or attempt, or offer to practice, optometry without first obtaining a certificate of registration from the board, and without filing the certificate with the clerk of the superior court in each judicial district in which the person practices. (§ 35-3-135 ACLA 1949)

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity

with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.72.125. Registration of branch offices. (a) The board shall issue a branch office certificate of registration to an Alaskan licensee who maintains a full-time practice in the state but who serves the communities in the state on a part-time basis.

(b) It is unlawful for a person to practice, or to attempt or offer to practice, optometry in communities on a part-time basis without obtaining a branch office certificate of registration from the board, and without filing the certificate with the clerk of the superior court in each judicial district in which the person maintains a branch office,

(c) The board shall prescribe in the regulations the factors to be considered in issuing a branch office certificate of registration. (§ 2 ch 9 SLA 1969; am § 9 ch 75 SLA 1980)

Editor's notes. — The 1980 amendment substituted "shall" for "may," and inserted "a branch office certificate of registration" in subsection (a).

redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Editor's notes. — This section was

Sec. 08.72.130. Optometry register. The clerk of the superior court in each judicial district shall keep a record known as the "Optometry Register" and record the certificate of registration of each optometrist who files a certificate. The clerk shall charge the regular fee for registration. When an optometrist dies, or when the

Title 9
Code of Civil Procedure

Sec. 08.72.230. Fees and disbursements. The department shall collect all fees and keep a record of each transaction, and shall remit to the Department of Revenue all money received. (§ 35-3-138 ACLA 1949; am § 12 ch 76 SLA 1969)

Sec. 08.72.240. Grounds for imposition of disciplinary sanctions. The board may impose disciplinary sanctions when the board finds after a hearing that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime which affects the licensee's ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) failure to keep informed of or use current professional theories or practices;
 - (C) addiction or severe dependency on alcohol or other drugs which impairs the licensee's ability to practice safely;
 - (D) physical or mental disability;
 - (E) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;
 - (F) failed to refer a patient to the appropriate health care practitioner after ascertaining the possible presence of ocular disease, § 35-3-140 ACLA 1949; am § 32 ch 177 SLA 1978; am § 17 ch 75 SLA 1980)

Effect of amendments. — The 1978 amendment added paragraph (4) of this section as it existed prior to the 1980 amendment. The 1980 amendment rewrote the section.

Editor's notes. — This section was amended by the revisor of statutes to

remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

As to the purpose of the 1978 amendatory act, see § 1, ch. 177, SLA 1978 as amended by § 7, ch. 46, SLA 1978, in the 1982 Temporary and Special Acts and Resolves.

Code of Civil Procedure
Title 9

Sec. 08.72.250. Disciplinary sanctions. (a) When it finds that a licensee is guilty of an offense under AS 08.72.240, the board may impose the following sanctions singly or in combination:

Sec. 08.72.275. Lenses and frames for eyeglasses and sunglasses. (a) A person may not fabricate, distribute, sell, exchange, deliver or possess with intent to distribute, sell, exchange or deliver eyeglasses or sunglasses unless they are fitted with plastic lenses, laminated lenses, heat-treated glass lenses, or glass lenses made impact resistant by other methods. All plastic and heat-treated glass lenses, before they are mounted in frames, shall be capable of withstanding the impact of a five-eighths inch steel ball dropped on the lens from a height of 50 inches. The impact test shall be conducted at room temperature, with the lens supported by a plastic tube one inch inside diameter, one and one-fourth inch outside diameter, with a one-eighth inch by one-eighth inch neoprene gasket on the top edge.

(b) A person may not fabricate, distribute, sell, exchange, deliver or possess with intent to distribute, sell, exchange or deliver eyeglasses or sunglasses having frames manufactured from cellulose nitrate or other highly flammable materials.

(c) A person who violates this section is punishable by a fine of not less than \$50 nor more than \$100.

(d) A licensee may sell, exchange or deliver eyeglasses or sunglasses which do not meet the requirements of (a) of this section if the sale, exchange or delivery is authorized in a written request signed by the patient. (§ 1 ch 220 SLA 1968; am § 1 ch 48 SLA 1973; am § 20 ch 73 SLA 1980)

Effect of amendments. — The 1980 amendment added subsection (d).

Editor's notes. — This section was redrafted by the revisor of statutes to

remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 24 SLA 1982.

Sec. 08.72.280. Violations. A person may not falsely personate a registered optometrist, or buy, sell or fraudulently obtain a certificate of registration issued to another or advertise the practice of optometry in violation of rules of the board. Practicing or offering to practice optometry is sufficient evidence of a violation of this chapter. (§ 35-3-144 ACLA 1949)

Sec. 08.72.290. Penalty. A person who violates this chapter is guilty of a misdemeanor and is punishable by a fine of not less than \$100 nor more than \$500, or by imprisonment for a term of not less than 30 days nor more than 90 days, or by both. (§ 35-3-145 ACLA 1949)

Article 4. General Provisions.

- Section
- 300. Definitions
- 310. Short title

Sec. 08.72.300

(1) "board"

(2) "optometry"

of the human

a departure

visual system

taining the pr

normal which

the diagnosis

anomaly of th

prisms or ocul

(3) "practicing"

of drugs, of the

taining a depa

human visual

ascertaining th

from the norma

ners; or the dia

muscular anom

prisms or ocula

or the holding c

(4) "lenses" m

(5) "recognize"

approved by the

tees;

(6) "departmen

omic Developme

am § 13 ch 76 SL

75 SLA 1980)

Cross references.

designation require

ments, see AS 08.02.01

Sec. 08.72.310.

Optometry Law. (1)

Collateral referenc

es which constitute pract

ices.

Chapter 76. Pa

tion

1. Transactions to be

kept at place of bu

2. Manner of recording

Sec. 08.72.300. Definitions. As used in this chapter

- (1) "board" means the Board of Examiners in Optometry;
- (2) "optometry" is the examination, other than by the use of drugs, of the human eyes and the visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye;
- (3) "practicing optometry" is an examination, other than by the use of drugs, of the human eyes and visual system for the purpose of ascertaining a departure from the normal, ascertaining the status of the human visual system, including refractive and functional abilities, or ascertaining the presence of ocular disease and any other departure from the normal which requires referral to other health care practitioners; or the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye, or the holding of oneself out as being able to do so;
- (4) "lenses" means conventional or contact lenses;
- (5) "recognized school or college of optometry" is one which is approved by the American Optometric Association or one of its committees;
- (6) "department" means the Department of Commerce and Economic Development. (§ 35-3-131 ACLA 1949, am § 2 ch 95 SLA 1966; am § 13 ch 76 SLA 1969, am § 53 ch 218 SLA 1976; am §§ 21, 22 ch 13 SLA 1980)

Cross references. — For professional registration requirements for optometrists, see AS 08.02.010.

Effect of amendments. — The 1980 amendment rewrote paragraphs (2) and (3).

Sec. 08.72.310. Short title. This chapter may be cited as the Optometry Law. (§ 35-3-150 ACLA 1949)

Collateral references. — Optometry, what constitutes practice of, 88 ALR2d 321

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

Chapter 76. Pawnbrokers and Secondhand Dealers.

	Section
Transactions to be entered in book kept at place of business	30. Criminal liability
Method of recording entry	40. Disposition of unredeemed property

Code of Civil Procedure Title 9

Original sponsor: Josephson

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 CS FOR SENATE BILL NO. 189 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the practice of optometry and
7 authorizing the use of diagnostic drugs by optome-
8 trists."

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

10 * Section 1. AS 08.72.020 is amended to read:

11 Sec. 08.72.020. MEMBERSHIP OF BOARD AND TERMS OF OFFICE. The
12 board consists of six [FIVE] persons, appointed by the governor.
13 Members serve staggered terms of four years.

14 * Sec. 2. AS 08.72.040 is amended to read:

15 Sec. 08.72.040. QUALIFICATIONS. Four board members shall be
16 licensed, practicing optometrists who have been residents for at least
17 three years. One board member shall be a public member with no inter-
18 est, direct or indirect, in the practices of optometry, opticianry or
19 medicine. One board member shall be a physician licensed in this
20 state. A person who has served two successive complete terms may not
21 be reappointed until four years from the expiration of the second term
22 that the person served.

23 * Sec. 3. AS 08.72.050 is amended by adding a new paragraph to read:

24 (6) concerning the use of diagnostic drugs and the educa-
25 tional requirements for a license validation for their use.

26 * Sec. 4. AS 08.72.060(c) is amended by adding new paragraphs to read:

27 (3) with the advice and ^{consent} [guidance] of the state medical
28 board, develop a list of specific diagnostic drugs and their dosages
29 that may be used in the practice of optometry in this state by a

1 person licensed and registered by the board and with a license valida-
2 tion for the use of diagnostic drugs; and

3 (4) provide for continuing education, including an examina-
4 tion, for optometrists desiring to use diagnostic drugs.

5 * Sec. 5. AS 08.72.120 is amended by adding a new subsection to read:

6 (b) An optometrist may not be registered or certified to prac-
7 tice optometry in this state beyond the scope of the optometrist's
8 training. The board of optometry shall determine the optometrist's
9 qualifications.

10 * Sec. 6. AS 08.72 is amended by adding a new section to read:

11 Sec. 08.72.235. REFERRAL TO MEDICAL SPECIALIST. An optometrist
12 who determines during the examination of a patient that a pathological
13 condition may exist shall

14 (1) advise the patient of the possible condition; and

15 (2) refer the patient to an appropriate medical specialist
16 for further evaluation.

17 * Sec. 7. AS 08.72.240 is amended by adding a new paragraph to read:

18 (10) has used the prefix "Dr." or "Doctor" before the licen-
19 see's name without using the word "optometrist" as a suffix to the
20 licensee's name or in connection with it.

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

22 Sec. 08.72.257. DIAGNOSTIC DRUGS. (a) An optometrist regis-
23 *registered:*
24 *licensed*
25 *for* tered and certified to practice in this state who desires to employ
26 the use of diagnostic drugs shall

27 (1) submit to the board evidence of satisfactory completion
28 of the educational requirements of the board for the use of diagnostic
29 drugs; and

(2) pass an examination administered by the board.

(b) An optometrist seeking to be registered and certified to

1 practice in this state with a license validation for the use of diag-
2 nostic drugs shall

3 (1) submit to the board at the time of the licensing exam-
4 ination evidence of satisfactory completion of the board's educational
5 requirements for the use of diagnostic drugs; and

6 (2) pass an examination administered by the board.

7 (c) Upon a determination that the applicant in (a) or (b) of
8 this section has met the requirements for the use of diagnostic drugs,
9 the board shall validate the license of the optometrist or successful
10 applicant to allow the use of diagnostic drugs.

11 (d) An optometrist with a license validation for the use of
12 diagnostic drugs shall undertake the continuing education requirements
13 established under AS 08.72.060(4). Failure to fulfill the continuing
14 education requirements shall be grounds for revocation of the license
15 validation for the use of diagnostic drugs.

16 (e) An optometrist with a diagnostic drug validation may by
17 written order or prescription sell, give away, barter, exchange, or
18 distribute diagnostic drugs.

19 * Sec. 10. AS 08.72.300(2) is amended to read:

20 (2) "optometry" is the examination, other than by the use
21 of drugs, except diagnostic drugs, as limited by this Act, of the human eyes and the visual-
22 system for the purpose of ascertaining a departure from the normal,
23 ascertaining the status of the human visual system, including refrac-
24 tive and functional abilities, or ascertaining the presence of ocular
25 disease and any other departure from the normal which requires refer-
26 ral to other health care practitioners; or the diagnosis of an optical
27 deficiency or deformity, visual or muscular anomaly of the human eye,
28 or the prescription or application of lenses, prisms or ocular exer-
29 cises for the correction or relief of the human eye;

1 * Sec. 10. AS 08.72.300(3) is amended to read:

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

13 * Sec. 12. AS 08.72.300 is amended by adding a new paragraph to read:

14 (7) "diagnostic drug" means a cycloplegic, mydriatic or
15 topical anesthetic that is listed in the official United States Phar-
16 macopoeia, or official National Formulary, or in a supplement to
17 either of them, *and approved in accordance with AS 08.72.060(c)(3)*

18
19 Sec. 9. AS 08.72.290 is repealed and reenacted to read:

20 Sec. 08.72.290. PENALTY FOR PRACTICING WITHOUT A LICENSE
21 OR IN VIOLATION OF CHAPTER. A person practicing
22 optometry in the state without a valid license or permit or
23 who violates this chapter is guilty of a class B misdemeanor.
24 Each day of illegal practice is a separate offense.

25 Sec. 13. AS 08.64 is amended by adding a new Sec. 08.64.108

26 Sec. 08.64.108. Regulation of diagnostic drugs as used in the
27 practice of optometry. The board shall adopt regulations necessary
28 to carry into effect the provisions of AS 08.72.060(c)(3).
29

WEST VIRGINIA BOARD OF OPTOMETRY

JOHN E. CASTO, O.D.

SECRETARY-TREASURER

WEST VIRGINIA BOARD OF OPTOMETRY

611 SIXTH AVE.

P.O. BOX 710

ST. ALDANS, W.VA. 25177



February 27, 1981

(Updated Spring 1983,
as shown below)

The Honorable Warren R. McGraw
President, Senate of West Virginia
State Capitol Building
Charleston, West Virginia 25305

The Honorable Clyde M. See, Jr.
Speaker, West Virginia House of Delegates
State Capitol Building
Charleston, West Virginia 25305

RE: Report on Enrolled H.B. 1005 of 1976

Dear President McGraw and Speaker See:

The purpose of this letter is to report to each of you and your respective bodies on the Enrolled H.B. 1005 enacted on February 20, 1976 by the Sixty-Second Session of the West Virginia legislature. As you may recall, this law updated the statutory definition of "optometry" to include, among other things, the limited use of drugs prescribable for the human eye for both diagnosis and treatment, under carefully prescribed certification authority delegated to the West Virginia Board of Optometry. This Board has endeavored continuously and faithfully to both certify and monitor the use of drugs by optometrists practicing under the registration of this Board.

Recent information compiled from the one hundred thirty-five ¹⁵³ (135) West Virginia registered optometrists now certified by this Board for drug usage is as follows:

1. A total of seventy-two ⁷⁹ (72) different drugs prescribable for the human eye have been employed by these West Virginia certified optometrists since the law was enacted.

2. Forty-seven thousand one hundred twenty-one ^{100,800} (47,121) individual patients have been seen by these optometrists and conditions such as infectious or allergic conjunctivitis, corneal abrasions and blepharitis (granulated eye lids) have been treated by those certified in the compilation.

3. The distance those patients, who otherwise would have had to travel to geographical locations other than those of the treating optometrists for treatment by ophthalmologists or appropriate medical specialists to whom they formerly were referred, would have had to travel would have required that over ~~620,000~~ ^{1,800,000} aggregate miles be traveled by the ~~47,121~~ ^{100,000} patients.

The Honorable Warren R. McGraw
The Honorable Clyde M. See, Jr.
February 27, 1981
Page 2

4. Fifty-two ⁵³ (52) different pathological conditions have been diagnosed and treated by these West Virginia certified optometrists.

These ¹⁵³ ~~135~~ West Virginia optometrists who have been certified in every county of the state are now, faithfully and well, providing updated eye health care benefits to the people of West Virginia.

It should be additionally noted that there has been no report to this Board of any adverse reaction in the diagnosis and treatment rendered to patients involved by any West Virginia certified optometrist.

Please be advised that this Board is quite aware of the full responsibility placed upon it by the legislature in the enactment of this Law, Enrolled H.B. 1005. This data was compiled in a continuing effort to support the trust which has been reposed in it. Each of you are encouraged to call upon this Board for any additional information which may be helpful.

Sincerely yours,

John E. Casto, O.D.

John E. Casto, O.D.
Secretary-Treasurer

JEC/scp

* Sec. 6. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.305. Legend drugs permitted. A licensee holding a certificate issued under AS 08.72.277 may employ or prescribe only those legend drugs specified under the following classifications:

- (a) Topical anesthetics
 - (1) Benoxinate
 - (2) Proparacaine
- (b) Anti-infectives
 - (1) Bacitracin
 - (2) Chloramphenicol
 - (3) Erythromycin
 - (4) Gentamycin
 - (5) Polymixin B
 - (6) Sulfacetamide
 - (7) Tetracycline
 - (8) Tobramycin
- (c) Anti-glaucoma agents
 - (1) Acetazolamide
 - (2) Epinephrine
 - (3) Pilocarpine
 - (4) Timolol
- (d) Antihistamines
 - (1) Antazoline
 - (2) Pyrilamine
- (e) Anti-inflammatory agents
 - (1) Dexamethasone

- (2) Fluromethalone
- (3) Hydrocortisone
- (4) Prednisolone
- (f) Antivirals
 - (1) Idoxuridine
 - (2) Trifluridine
 - (3) Vidarabine
- (g) Decongestants
 - (1) Naphazoline
- (h) Hyperosmotics
 - (1) Sodium Chloride 2%, 5%
 - (2) Glycerin
- (i) Mydriatic/Cycloplegics
 - (1) Cyclopentolate
 - (2) Homatropine
 - (3) Phenylephrine 2.5%
 - (4) Tropicamide

Note: This replaces section 6 in the proposed committee substitute previously submitted and in the original bill. The original section 6 will not be needed if the new medical practice act (Senate Bill 169) is enacted.

Anesthetics	Benoxinate Proparacaine	Fluress Ophthaine	0.4% 0.5%
Antiglaucoma	Acetazolamide Glycerin Pilocarpine Timolol	Diamox Osmoglyn Isoptocarpine Timoptic	250 mg. 50% 1, 2, & 4% 0.25 & 0.50%
Antihistamines	Antazoline	Vasocon	1%
Anti-infectives	Sulfacetamide Gentamicin Chloramphenicol Tobramycin Tetracycline Erythromycin Zinc sulfate	Isoptocetamide Garamycin Chloroptic Tobrex Achromycin Ilotycin Zincfrin	15% 0.3% 1% 0.3% 1% 5 mg/3.5g 0.25%
-(Combinations)	Sulfacetamide/Predni- solone Polymyxin B/Bacatracir	Blephamide Polysporin	10%, 0.2% 10000/500 units
- Antivirals	IDU Vidarabine Trifluridine	Stoxil Vira A Viroptic	0.5% 3% 1%
- Antifungals	Natamycin	Natacyn	5%
Artificial Tears	Mucomimetics Ointments	Hypotears Lacrilube	
Corticosteroids	Prednisolone Fluoromethalone Dexamethasone Hydrocortisone	Pred Forte FML Decadron Hytone	1% 0.1% 0.1% 0.5%, 1%
Decongestants	Naphazoline Phenylephrine Naphazoline/Zinc Sulfate	Vasoclear Prefin Vasoclear-A	0.02% 0.12% 0.02%/0.25%
Dyes	Sodium Fluorescin Rose Bengal	Barnes Hind Sterile Strips " " "	0.6 mg. 1%
Hyperosmotics	Sodium Chloride " " Oint.	Adsorbonac Muro #128	2, 5% 5%
Irrigations	Buffered Solution " Saline	Dacriose Eye Stream	0.9% 0.9%
Mydriatic/Cycloplegias	Cyclopentolate Homatropine Tropicamide Phenylephrine Hydroxyamphetamine	Cyclogyl Isoptolomatropine Mydriacyl Neosynephrine Paradrine	0.5, 1 & 2% 2 & 5% 0.5 & 1% 2.5% 1%



1200 West Godfrey Avenue
Philadelphia, Pa. 19141
215 424 5900

Office of Academic Affairs

**Pennsylvania College
of Optometry**

March 3, 1981

The Eye Institute
1201 West Spencer Street
Philadelphia, Pa. 19141
215 276 6000

Phillip W. Bach, O.D., Ph.D.
Suite 204
Denali Professional Center
3401 Denali Street
Anchorage, Alaska 99503

Dear Doctor Bach:

In response to your request I have formulated a list of pharmaceutical agents which may be helpful in preparing your legislation. The current graduating class from the Pennsylvania College of Optometry has developed competency in utilizing pharmaceutical agents in the various categories and classifications listed below.

Currently the students at the College develop a theoretical knowledge of these pharmaceutical agents through various didactic courses, and expertise in the clinical utilization of these drugs through a variety of clinical experiences. These clinical experiences occur in various settings such as The Eye Institute of the Pennsylvania College of Optometry, Veterans Administration Medical Centers, Health Maintenance Organizations, Armed Forces Hospitals, and private practice settings.

A major emphasis of the curriculum at the College is the differential diagnosis of ocular diseases and systemic diseases with ocular complications. We feel the critical step in the management of ocular and visual disorders is the specific differential diagnosis. The application of pharmaceutical agents is simply one of the competencies necessary in the continuum of the diagnosis and management of ocular diseases.

Listed below are the major classifications and categories of pharmaceutical agents commonly utilized in the patient care setting of the College. Examples are given of different drugs in each category. This is not to be interpreted that other drugs within these categories are not utilized when specifically needed, based on the professional judgements of the clinician.

- I. Topical Anesthetics
 - Example: Proparacaine
Benoxinate
- II. Mydriatics
 - A. Sympathomimetics
 - Example: Phenylephrine
 - B. Parasympatholytics
 - Example: Atropine group
- III. Cycloplegics
 - A. Parasympatholytics
 - Examples: Atropine group
Cyclopentolate
- IV. Miotics
 - A. Examples: Pilocarpine
Anticholinesterases
- V. Antimicrobials
 - A. Antibiotics
 - Examples: Tetracycline
Erythromycin
Gentamicin
Chloramphenicol
Bacitracin
Cephalosporins
 - B. Antibacterial
 - Example: Sulfonamides
 - C. Antiviral
 - Example: Idoxuridine
 - D. Antifungal
 - Example: Natamycin
- VI. Anti-inflammatory
 - Example: Corticosteroids
- VII. Anti-glaucoma
 - A. Sympathomimetics
 - Example: Epinephrine
 - B. Sympatholytic
 - Example: Timolol Maleate
 - C. Parasympathomimetics
 - Examples: Pilocarpine
Anticholinesterases
 - D. Carbonic Anhydrase Inhibitors
 - Example: Acetazolamide

VIII. Antihistamines

Examples: Diphenhydramine
Antazoline

IX. Miscellaneous Legend Drugs

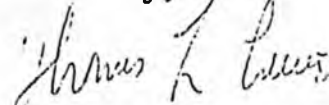
Example: Hyperosmotic Agents

X. Over-the-counter Drugs

Example: Dyes
Ocular Lubricants
Decongestants

I hope this list is of some help to you in constructing your new legislation. The Pennsylvania College of Optometry stands prepared to assist you educationally in meeting the visual care needs of the people of Alaska.

Sincerely,



Thomas L. Lewis, O.D., Ph.D.
Dean of Academic Affairs

TLL:dmf

Nancy Dietrick at Senate HHS

SAYS DRAFT CS WOULD BE

Ready for 2 hours - I saw

the draft before it was cleared

out of legal services. He will

is quite a bit different than

to 225, I'd say schedule again

or wait for CSSB 189 (if it gets

out of Senate).

Has Mr Rabreau had
input into the Senate sub-
m do you know.

He wrote the position paper, but
I don't know what he's done on
the CS - I think it comes out of
comm. tree - Doubt he's been too
involved, but don't know for sure.

SPECIFIC LEGISLATION: 32 States

The list (and dates of enactment) of the 32 states with current legislation specifically authorizing optometrists to utilize pharmaceutical agents is as follows:

<u>STATE</u>	<u>DATE OF ENACTMENT</u>
Rhode Island	July 16, 1971
Pennsylvania	March 1, 1974
Tennessee	May 8, 1975
Oregon	May 20, 1975
Maine	June 24, 1975
Louisiana	July 6, 1975
Delaware	July 10, 1975
West Virginia*	March 4, 1976
California	July 9, 1976
Wyoming	February 17, 1977
New Mexico	March 4, 1977
Montana	April 12, 1977 (at 10:10 a.m.)
Kansas	April 12, 1977 (at 2:00 p.m.)
North Carol. a*	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980
Arizona	April 25, 1980
Idaho	March 23, 1981
Oklahoma	April 6, 1981
Washington	April 2, 1981
Missouri	July 7, 1981
Minnesota	March 1, 1982
Mississippi	March 17, 1982
Virginia	February 25, 1983

*both diagnostic and therapeutic use

NOTE: None of these laws has ever been repealed. However, a July 30, 1982 opinion of the Texas state attorney general has rendered that state's unusual provision (an amendment to the medical practice act), which was enacted on August 5, 1981, inoperative.

GENERAL LEGISLATION: 4 states

There are four states which authorize the use of pharmaceutical agents by optometrists by extant general law or favorable attorney general opinion:

Alabama (diagnostic use)
Florida (diagnostic and therapeutic use)
Indiana (diagnostic use)
New Jersey (diagnostic use)

NOTE: In addition, in Michigan, while there is no statutory prohibition of the use of pharmaceutical agents by optometrists, there is a negative opinion of the state attorney general.

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

Note: Section 39, chapter 842, Oregon Laws 1977, is operative July 1, 1986, and provides:

Sec. 39. ORS 683.010, 683.020, 683.030, 683.035, 683.040, 683.050, 683.060, 683.070, 683.080, 683.100, 683.110, 683.120, 683.130, 683.140, 683.155, 683.170, 683.180, 683.190, 683.210, 683.250, 683.260, 683.270, 683.275, 683.280, 683.290 and 683.990 relating to optometrists are repealed.

GENERAL PROVISIONS

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

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

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

(3) "Trial frames" or "test lenses" means any frame or lens used in testing the eye which is not sold and not for sale. (Amended by 1971 c.102 §1; 1975 c.175 §1)

683.020 Certificate of registration required to practice optometry. No person shall engage in the practice of optometry or display a sign or in any other way advertise or hold himself out as an optometrist without having first obtained a certificate of registration from the board as provided for in this chapter. In any prosecution for the violation of this section, the use of test cards, test lenses or of trial frames is prima facie evidence of the practice of optometry. (Amended by 1971 c.102 §2)

683.030 Persons and practices not affected. This chapter shall not be construed to prevent any person duly licensed to practice medicine and surgery from treating or fitting glasses to the human eye, nor to prohibit the sale of complete ready-to-wear eye glasses as merchandise from a permanent place of business in good faith and not in evasion of this chapter by any person not holding himself out as competent to examine and prescribe for the human eye.

683.035 Discrimination against optometrists prohibited. No official, board, commission or other agency of the state or of any of its political subdivisions or municipalities shall discriminate between duly licensed optometrists and any other person authorized by law to render professional services which a duly licensed optometrist may render, when such services are required. Such services shall be paid for in the same manner and under the same standards as similar professional services. (1963 c.121 §1)

LICENSING

683.040 Qualifications of applicants.

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

(2) Every person desiring to commence the practice of optometry after January 1, 1976, or employ the use of diagnostic agents shall in addition to the requirements of subsection (1) of this section have satisfactorily completed a course in pharmacology, as it applies to optometry, by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the National Commission on Accrediting or the United States Commissioner of Education, with particular emphasis on the topical application of diagnostic agents to the eye for the purpose of examination of the human eye and the analysis of ocular functions, approved by the Oregon Board of Optometry. (Amended by 1971 c.102 §3; 1975 c.175 §2)

683.050 Persons licensed in another state. In lieu of the educational requirements of ORS 683.040, it shall be deemed equivalent if an applicant submits satisfactory proof to the board that he:

(1) Has passed an examination in optometry before a state board of examiners in another state of the United States and that the certificate granted in token thereof is then in force; and

(2) Was actually engaged in the practice of optometry in such state for the full period of three years subsequent thereto.

HB225
E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PH.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503

November 30, 1982

The Honorable Mae M. Tischer
Alaska State House of Representatives
3305 Oregon Drive
Anchorage, Alaska 99503

Dear Representative Tischer:

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 not requiring the services of a specialist. Many such conditions are treated by general practitioners, who have minimal training in this area (see attached article on ophthalmology training in medical schools). 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 (report to the West Virginia Legislature attached), that the elimination of extra visits would save Alaskans \$235,000. in the first 3 years, not counting travel and lost time.

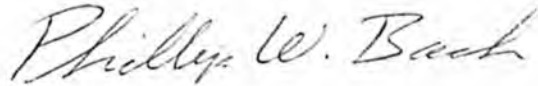
A majority of Alaska's ODs have recently completed a 120 hour course of postgraduate education and training in ocular therapy. A copy of the course outline and prospectus are attached. While 120 hours (and an equal amount of home study) is extensive for working practitioners, it should be considered only against a background of 4000 hours of professional training, much of it in the background medical sciences (copy of Pennsylvania College of Optometry curriculum attached). The combination provides a medical background equaling or exceeding dentistry (dental curriculum attached. Basic medical sciences in both curricula highlighted). Dentists, like physicians, have unrestricted drug prescribing privileges, 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.

Rep. Mae M. Tischer
Nov. 30, 1982
Page 2

We will present further backup information at hearing. In the meantime, please feel free to contact me if you need any additional information.

Very truly yours,



Phillip W. Bach, O.D., Ph.D.
Legislative Chairman
Alaska Optometric Association

PWB/lr

¹
8 attachments

(W. Va. report to follow)

E. E. BACH, O.D.
PHILIP W. BACH, O.D., PH.D.
OPTOMETRY
SUITE 204 DENALI PROFESSIONAL CENTER
3401 DENALI STREET
ANCHORAGE, ALASKA 99503

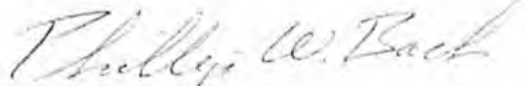
January 14, 1983

The Honorable Mae M. Tischer
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Tischer:

The attached report of the West Virginia Board of Optometry to the West Virginia Legislature was cited as an attachment in my November 30 letter to you concerning the forthcoming optometric drug bill. Please include this material with that letter and let me know if you should need a copy of the letter or its attachments.

Respectfully yours,



Phillip W. Bach, O.D.
Legislative Chairman
Alaska Optometric Association

PWB/lr

Attachment

WEST VIRGINIA BOARD OF OPTOMETRY

JOHN E. CASTO, O.D.

SECRETARY-TREASURER

WEST VIRGINIA BOARD OF OPTOMETRY

611 SIXTH AVE.

P.O. BOX 710

ST. ALBANS, W.VA. 25177



February 27, 1981

The Honorable Warren R. McGraw
President, Senate of West Virginia
State Capitol Building
Charleston, West Virginia 25305

The Honorable Clyde M. See, Jr.
Speaker, West Virginia House of Delegates
State Capitol Building
Charleston, West Virginia 25305

RE: Report on Enrolled H.B. 1005 of 1976

Dear President McGraw and Speaker See:

The purpose of this letter is to report to each of you and your respective bodies on the Enrolled H.B. 1005 enacted on February 20, 1976 by the Sixty-Second Session of the West Virginia legislature. As you may recall, this law updated the statutory definition of "optometry" to include, among other things, the limited use of drugs prescribable for the human eye for both diagnosis and treatment, under carefully prescribed certification authority delegated to the West Virginia Board of Optometry. This Board has endeavored continuously and faithfully to both certify and monitor the use of drugs by optometrists practicing under the registration of this Board.

Recent information compiled from the one hundred thirty-five (135) West Virginia registered optometrists now certified by this Board for drug usage is as follows:

1. A total of seventy-two (72) different drugs prescribable for the human eye have been employed by these West Virginia certified optometrists since the law was enacted.
2. Forty-seven thousand one hundred twenty-one (47,121) individual patients have been seen by these optometrists and conditions such as infectious or allergic conjunctivitis, corneal abrasions and blepharitis (granulated eye lids) have been treated by those certified in the compilation.
3. The distance those patients, who otherwise would have had to travel to geographical locations other than those of the treating optometrists for treatment by ophthalmologists or appropriate medical specialists to whom they formerly were referred, would have had to travel would have required that over 620,000 aggregate miles be traveled by the 47, 121 patients.

The Honorable Warren R. McGraw
The Honorable Clyde M. See, Jr.
February 27, 1981
Page 2

4. Fifty-two (52) different pathological conditions have been diagnosed and treated by these West Virginia certified optometrists.

These 135 West Virginia optometrists who have been certified in every county of the state are now, faithfully and well, providing updated eye health care benefits to the people of West Virginia.

It should be additionally noted that there has been no report to this Board of any adverse reaction in the diagnosis and treatment rendered to patients involved by any West Virginia certified optometrist.

Please be advised that this Board is quite aware of the full responsibility placed upon it by the legislature in the enactment of this Law, Enrolled H.B. 1005. This data was compiled in a continuing effort to support the trust which has been reposed in it. Each of you are encouraged to call upon this Board for any additional information which may be helpful.

Sincerely yours,

John E. Casto, O.D.

John E. Casto, O.D.
Secretary-Treasurer

JEC/scp

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: Feb. 24, 1984

REQUEST

Bill/Resolution No.: CSHB 225
Title: "An Act relating to
optometrist & use of drugs"
Sponsor: H.E. S.S. Comm.
Requestor:
Date of Request:

FISCAL DETAIL

Agency Affected: Commerce & Economic Dev.
Program Category Affected:
Public Protection
BRU, Program or Subprogram(s) Affected:
Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Darrell Miller

Phone: 465-2535

Division: Occupational Licensing

Date: Feb. 24, 1984

Approved by Commissioner: Richard A. Lyon

Date: 2/28/84

Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):

Legislative Finance

Legislative Sponsor

Requestor

Office of Management and Budget

Impacted Agency(ies)

-12/1/83

OPHTHALMIC ASSOCIATES

A PROFESSIONAL CORPORATION

KENNETH T. RICHARDSON, M.D., F.A.C.S.
EDWARD E. CROUCH, M.D.

AHARON STERNBERG, O.D., F.A.A.O.

January 26, 1984



Representative May Tisher
State Capitol
Pouch V
Juneau, AK 99811

Dear Representative Tisher:

I would like to take this opportunity to voice my opposition to House Bill 225 which is due to appear before your committee. This bill is designed to allow optometrists the use of prescription medications for diagnosis and treatment of eye disorders.

Without taking too much of your time I would like to state that I feel this is likely inappropriate for various reasons. One, when freedom to prescribe medications to patients is given to a paramedical personnel, generally it is tied to a supervisory provision in which the provider is suppose to be under the auspices of someone in the medical profession. This, while being admirable in its intent, is impossible in its application. Having recently arrived to Alaska from North Carolina, which happened to have been the second state in the Union to allow optometrists use of medications, I was able to observe such a bill in action for a period of time. In general I do not feel that this right was abused by the optometrist, but in point of fact, there is no way to supervise such usage of medications and pharmacists seem uniformly willing to fill any prescription from an optometrist and provide absolutely no policing effort themselves. Two, once a group of medications is approved for use, a whole new spectrum of medications are available for use in that the medicines tend to be grouped together under certain general headings by the Food and Drug Administration. While I feel it is probably desirable to have optometrists free to use topical anesthetics and diagnostic pupillary agents to aid in the examination of patients, it is essentially impossible to restrict their use of medications to only these agents. If it were possible, I would feel that this is a favorable approach to take to broadening their health care.

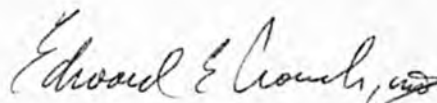
A further point would be one to defend my view point. It seems many people hold the view that opposition to such a measure comes from a competitive basis from the medical profession and not one with the patients' true concern at heart. I would like to

Page 2
January 26, 1984

emphasize that whether or not the bill is passed will have little or no impact on the type of practice any of the ophthalmologists in the community have. Rather it provides a greater freedom for patient misuse than a loosening of any trade restrictions imposed by present regulations.

Please give thoughtful consideration to the bill when it is presented with these points in mind.

Sincerely,

A handwritten signature in cursive script that reads "Edward E. Crouch, M.D." with a flourish at the end.

Edward E. Crouch, M.D.

EEC:lp

A responding letter went out 4/29/83



COOK INLET NATIVE ASSOCIATION

670 West Fireweed Lane
Anchorage, Alaska 99503
(907) 278-4641

APR 29 1983

April 21, 1983

Representative Mae Tischer
Pouch V
Juneau, Alaska 99811

Dear Representative Tischer:

Senate Bill #189 and ~~House Bill #225~~ should be applicable in the practice of Optometry only in remote areas where medical personnel (M.D./D.O.) are not available. In Anchorage for example, medical personnel are available to treat patients with eye disorders.

On the other hand, Optometrists should be permitted to use such medications as necessary in examining eyes, measuring errors in refraction and prescribing glasses to correct these defects.

Sincerely,


Dr. Kenneth Y. E. Chang, M.D.

tll

H

B

2

3

0

COMMITTEE REPORT

HOUSE

LABOR & COMMERCE

((7))

FURTHER:

2/28/83

Date: _____

Mr. Speaker:

HEALTH, EDUCATION AND
SOCIAL SERVICES

The Committee on _____ has had HB 230

An Act relating to licensing and regulation of the practice of
medicine.

under consideration and reports it back as follows:

- [] do pass [] do not pass
[] do pass with attached amendments(s)
[] replace with CS for HB 230 [] same title
[] new title
and recommends _____
[] AND attaches a "Letter of Intent" [] New Fiscal Note
[] reports it back without recommendation [] Zero Fiscal Note Attached
[] referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

MILON + RITZ
CHAIRMAN

STAFF REPORT

HB 230 LICENSING AND PRACTICE OF MEDICINE

MARCH 18, 1983

Dave Palmer, HHES

SB 164

- 08.64.010 Sec. 1. Changes area of residency of the board of medical examiners from separate judicial districts to different geographical areas.
- 08.64.020 Sec. 2. Provides that member's terms are staggered. Restrains reappointment after 2 successive terms.
- 08.64.040 Sec. 3. Allows board to adopt rules to remove members who do not attend meetings.
- 08.64.085 Sec. 4. No change...specifies meeting times and duties.
- 08.64.170 Sec. 5. License to practice medicine or osteopathy is required.
- 08.64.240 Sec. 6. Reworded version of existing section. Allows board to refuse license for same reasons as it may impose disciplinary sanctions.
- 08.64.250 Sec. 7. Changes licensure by "endorsement" to "credentials", following nationally recognized language. Adds podiatry, which is a practice already covered by statute, but was omitted from certain sections like this one.
- 08.64.270 Sec. 8. Adds reference to AS 08.64.209 (podiatrists).
- 08.64.311 Sec. 9. Fees are changed from biennial to four years after date of issue.
- 08.64.315 Sec. 10. New fees are established. These are consistent with other licensing fees within the division of occupational licensing.
- 08.64.325 Sec. 11. Grounds for imposition of disciplinary sanctions. Criteria for sanctions are defined. Proposed bill is more specific than current law. Reference to the Administrative Procedure Act (AS 44.62) is deleted.
- 08.64.330 Sec. 12. Disciplinary sanctions. Sanctions are specified, expanded, and defined in much greater detail than in current law.

Staff report, HB 230
HHES palmer

08.64.360 Penalty for practicing without a license or in violation of the chapter. Specifies class B misdemeanor for persons practicing without a license.

08.64.380 (2) Sec. 14. practice of medicine is redefined.

Section 15. Statutes are repealed regarding substitution for members on the board (030), payment of per diem (110), annual report to the governor (200[1]), moral character (200[1]), and abortions (380[3]).

Amendments to the bill have been proposed that will add a chief investigator assigned to the Board and an executive director for the board. Investigators currently work under the auspices of the Division of Occupational Licensing, and investigate all issues within the division' jurisdiction. One investigative position, although authorized, has been cut due to the 5% reduction in the governor's budget.

*OK on the investigator
not on the Exec Dir.*

L. H. & Commerce

HOUSE BILL NO.
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE - FIRST SESSION

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

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

* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

(c) The department shall employ an individual who is not a member of the board to be assigned, as a primary duty, to be the investigator for the board. The State Medical Board (AS 08.64.010) shall approve the employment of the investigator. The investigator shall

(1) conduct investigations into alleged violations of AS 08.64, and into alleged violations of regulations and orders of the State Medical Board;

(2) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the board; and

(3) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

* Sec. 5. AS 08.64 is amended by adding new sections to read:

Sec. 08.64.075. EXECUTIVE DIRECTOR OF THE BOARD.

With approval of the board, the department shall employ an individual who is not a member of the board to serve as the executive officer of the board. The executive director is in the partially exempt service under AS 39.25.120. The executive director shall

- (1) perform the administrative duties required by the department, by the board, and by this chapter;
- (2) carry out regulations and policies of the board; and
- (3) assist the board in conducting continuing education programs and examinations of applicants for licenses.

Introduced: 2/28/83
Referred: Health, Education &
Social Services and Labor &
Commerce

Sec 1 is Sec 5
8222

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 HOUSE BILL NO. 230

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to licensing and regulation of the
7 practice of medicine."

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

9 * Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.
11 The governor shall appoint a board of medical examiners, to be known
12 as the State Medical Board, consisting of five [LICENSED] physicians
13 licensed in the state [, RESIDING IN AS MANY SEPARATE ALASKA JUDICIAL
14 DISTRICTS AS POSSIBLE,] and two persons with no direct financial
15 interest in the health care industry. To the extent possible each
16 physician member must reside in a geographical area of the state that
17 is different from that of every other physician member.

18 * Sec. 2. AS 08.64.020 is amended to read:

19 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members
20 shall be appointed for staggered terms [A TERM] of four years, subject
21 to confirmation by a majority of the members of the legislature in
22 joint session, and shall hold office until their successors are ap-
23 pointed and qualified. A person who has served two successive com-
24 plete terms may not be reappointed until four years after the ex-
25 piration of the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE
26 BOARD SHALL BE STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

27 * Sec. 3. AS 08.64.040 is amended to read:

28 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a
29 member of the board for cause. The board may by regulation provide

1 that unexcused absences from meetings are cause for removal.

2 * Sec. 4. AS 08.64 is amended by adding new sections to read:

3 Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at
4 least four times a year.

5 Sec. 08.64.101. DUTIES. The board shall

6 (1) examine and issue licenses to applicants;

7 (2) submit an annual report of its proceedings to the
8 governor, including a statement of money received and disbursed;

9 (3) after a hearing, impose disciplinary sanctions on
10 persons who violate this chapter, or the regulations or orders of the
11 board;

12 (4) adopt regulations insuring that renewal of licenses is
13 contingent upon proof of continued competency on the part of the
14 licensee.

15 * Sec. 5. AS 08.64.170 is amended to read:

16 Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY. (a)

17 A person may not practice medicine, podiatry, osteopathy or acupunc-
18 ture in the state unless the person is licensed under this chapter,
19 except that

20 (1) a physician assistant may examine, diagnose or treat
21 persons under the supervision, control, and responsibility of either a
22 physician licensed under this chapter or a physician ^(dent) exempted from
23 licensing [LICENSURE] under AS 08.64.370; ~

24 (2) a physician trained mobile intensive care paramedic may
25 render emergency lifesaving service; [AND]

26 (3) a person licensed under AS 08.36 ^{Dentistry} may perform acupunc-
27 ture in the regular practice of dentistry, subject to the regulations
28 of the Board of Dental Examiners; and

29 ? (4) a person who is licensed or authorized under another

1 chapter of this title may engage in a practice which is authorized
2 under that chapter.

3 * Sec. 6. AS 08.64.240 is repealed and reenacted to read:

4 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to
5 grant a license if

- 6 (1) the applicant fails or cheats during the examination;
7 (2) the board determines that the applicant is profession-
8 ally unfit to practice medicine or osteopathy in the state; or
9 (3) the applicant fails to comply with a requirement of
10 this chapter.

11 (b) The board may refuse to grant a license to any applicant for
12 the same reasons that it may impose disciplinary sanctions under
13 AS 08.64.325.

14 * Sec. 7. AS 08.64.250 is amended to read:

15 Sec. 08.64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The
16 board may waive the examination requirement and license by credentials
17 [ENDORSEMENT] if the physician or ^{OSTEOPATHY, ACUPUNCTURE?} podiatry applicant meets the re-
18 quirements of AS 08.64.200 or 08.64.209, ^{OSTEOPATHS} submits proof of continued
19 competence as required by regulation, pays the required fee and has

20 (1) an active license from a board of medical examiners
21 established under the laws of a state or territory of the United
22 States or a province of Canada issued after thorough examination; or

23 (2) passed an examination given by the National Board of
24 Medical Examiners or the Federation of State Medical Boards of the
25 United States if the applicant is a physician, or has passed an ex-
26 amination given by the National Board of Podiatry Examiners if the
27 applicant is a podiatrist.

28 * Sec. 8. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who

*Does it
likely
show a
Physician
could pass
the test*

Qualify for physicians

Qualify for osteopaths

Podiatrist

1 meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209
2 and pays the required fee.

3 * Sec. 9. AS 08.64.311 is amended to read:

4 Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be
5 renewed four years after the date of issue [BIENNIALY].

6 * Sec. 10. AS 08.64.315 is amended to read:

7 Sec. 08.64.315. FEES. The following fees are imposed under this
8 chapter:

- 9 (1) application \$ 50 [\$ 25]
- 10 (2) license by examination 200 [125]
- 11 (3) license by credentials [ENDORSEMENT] or
- 12 waiver of examination 200 [100]
- 13 (4) temporary permit 50 [25]
- 14 (5) locum tenens permit 50 [25]
- 15 (6) license renewal [, BIENNIAL],
- 16 active 600 [100] ✓
- 17 (7) license renewal [, BIENNIAL],
- 18 inactive 200 [25]
- 19 (8) license by reexamination 150 [75]

20 * Sec. 11. AS 08.64.325 is repealed and reenacted to read:

21 *COPY* Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-
22 TIONS. (a) The board may impose a sanction if the board finds after
23 a hearing that a licensee

24 (1) secured a license through deceit, fraud, or intentional
25 misrepresentation;

26 (2) engaged in deceit, fraud, or intentional misrepresenta-
27 tion while providing professional services or engaging in professional
28 activities;

29 (3) advertised professional services in a false or

WHAT FELONY NOT
INCLUDED?

1 misleading manner;

2 (4) has been convicted, including conviction based on a
3 guilty plea or plea of nolo contendere, of (A) a felony or other crime
4 if the felony or other crime is substantially related to the quali-
5 fications, functions, or duties of the licensee; or (B) a crime in-
6 volving the unlawful procurement, sale, prescription or dispensing of
7 drugs;

8 (5) has procured, sold, prescribed or dispensed drugs in
9 violation of any law, regardless of whether there has been a criminal
10 action;

11 (6) intentionally or negligently permitted the performance
12 of patient care by persons under the licensee's supervision which does
13 not conform to minimum professional standards even if the patient was
14 not injured;

15 (7) failed to comply with this chapter, a regulation adopt-
16 ed under this chapter, or with an order of the board;

17 (8) has demonstrated

18 (A) professional incompetence, gross negligence, or
19 repeated negligent conduct;

20 (B) addiction to, severe dependency on, or habitual
21 overuse of alcohol or other drugs which impairs the licensee's
22 ability to practice safely;

23 (C) unfitness because of physical or mental disabil-
24 ity;

25 (9) engaged in unprofessional conduct or in lewd or immoral
26 conduct in connection with the delivery of professional services to
27 patients;

28 (10) has violated AS 18.16.010;

29 (11) has violated any code of ethics adopted by regulation

How is
this determined?

- ABORTION

1 by the board;

2 (12) has denied care or treatment to a patient or person
3 seeking assistance from the physician if the only reason for the
4 denial is the failure or refusal of the patient to agree to arbitrate
5 as provided in AS 09.55.535(a); *ARBITRATION dispute.*

*if one holds this
in another
state can
he pay fees
here + practice*

6 (13) has had a license or certificate to practice medicine
7 in another state, a territory of the United States, or a province of
8 Canada suspended or revoked unless the suspension or revocation was
9 caused by the failure of the licensee to pay fees to that state,
10 territory, or province.

11 (b) In any case involving (a)(13) of this section, the final
12 findings of fact, conclusions of law, and order of the authority which
13 suspended or revoked a license or certificate constitute a prima facie
14 case (1) that the license or certificate was suspended or revoked and
15 (2) of the grounds under which the suspension or revocation was
16 granted.

COPY 17 * Sec. 12. AS 08.64.330 is repealed and reenacted to read:

18 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds
19 that a licensee has committed an act set out in AS 08.64.325(a), the
20 board may

COPY

- 21 (1) permanently revoke a license to practice;
- 22 (2) suspend a license for a determinate period of time;
- 23 (3) censure a licensee;
- 24 (4) issue a letter of reprimand;
- 25 (5) place a licensee on probationary status and require the
26 licensee to

27 (A) report regularly to the board on matters involving
28 the basis of probation;

29 (B) limit practice to those areas prescribed;

1 (C) continue professional education until a satisfac-
2 tory degree of skill has been attained in those areas determined
3 by the board to need improvement;

4 (6) impose limitations or conditions on the practice of a
5 licensee; or

6 (7) impose one or more of the sanctions set out in (1) --
7 (6) of this subsection.

8 (b) The board may end the probation of a licensee if it finds
9 that the deficiencies which required this sanction have been remedied.

10 (c) The board may summarily suspend a license before final
11 hearing or during the appeal process if the board finds that the
12 licensee poses a clear and immediate danger to the public health and
13 safety if he or she continues to practice. A person whose license is
14 suspended under this section is entitled to a hearing by the board no
15 later than seven days after the effective date of the order. After a
16 hearing, the person may appeal the suspension to a court of competent
17 jurisdiction.

18 (d) The board may reinstate a license which has been suspended
19 or revoked if the board finds after a hearing that the applicant is
20 able to practice with reasonable skill and safety.

*How is this
determined -
what criterion*

21 (e) A license may be suspended upon receipt of a certified copy
22 of evidence that the licensee's license to practice medicine in another
23 state or a territory of the United States or a province of Canada
24 has been suspended or revoked. The suspension remains in effect until
25 a hearing can be held by the board.

26 (f) The board shall be consistent in the application of disci-
27 plinary sanctions. A significant departure from earlier decisions of
28 the board involving similar situations must be explained in findings
29 of fact or orders made by the board.

1 * Sec. 13. AS 08.64.360 is amended to read:

2 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN
3 VIOLATION OF CHAPTER. Except for a physician assistant, [AND] a
4 physician-trained mobile intensive care paramedic under AS 08.64.170,
5 and a person licensed or authorized under another chapter of this
6 title who engages in practices for which that person is licensed or
7 authorized under that chapter, a person practicing medicine or osteo-
8 pathy in the state without a valid [OBTAINING AND FILING AN APPROPRI-
9 ATE] license or permit is guilty of a class B misdemeanor [AND UPON
10 CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN \$50 NOR MORE THAN
11 \$100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE THAN 90
12 DAYS, OR BY BOTH]. Evidence that the defendant has failed to file a
13 license with the clerk of the court is prima facie evidence that the
14 defendant is not licensed. Each day of illegal practice is a separate
15 offense.

*This is not
a very heavy
penalty when
you think of
- players
with someone
else's health.*

16 Sec. 14. AS 08.64.380(2) is repealed and reenacted to read:

17 (2) "practice of medicine" or "practice of osteopathy"
18 means:

19 (A) for a fee, donation, or other consideration, to
20 diagnose, treat, operate on, prescribe for, or administer to any
21 human ailment, blemish, deformity, disease, disfigurement, disor-
22 der, injury, or other mental or physical condition; or to attempt
23 to perform or represent that a person is authorized to perform
24 any of the acts set out in this subparagraph;

25 (B) to use or publicly display a title in connection
26 with a person's name including ^{physician} "doctor of medicine," "M.D.,"
27 "doctor of osteopathic medicine," "D.O.," or a specialist desig-
28 nation including "surgeon," "dermatologist," or any title which
29 tends to show that the person is willing or qualified to diagnose

1 or treat the sick or injured;
2 * Sec. 15. AS 08.64.030, 08.64.110, 08.64.140, 03.64.200(1), and 08.-
3 64.380(3) are repealed.

*"unprofessional conduct"
violation to 18.16.010
ABORTIONS*

Parliament

ANNUAL REPORT TO GOV.

GOOD MORAL CHARACTER

STAFF REPORT

HB 230, LICENSING AND PRACTICE OF MEDICINE

MARCH 18, 1983

Dave Palmer, HHESS

- 08.64.010 Sec. 1. Changes area of residency of the board of medical examiners from separate judicial districts to different geographical areas.
- 08.64.020 Sec. 2. Provides that member's terms are staggered. Restrains reappointment after 2 successive terms.
- 08.64.040 Sec. 3. Allows board to adopt rules to remove members who do not attend meetings.
- 08.64.085 Sec. 4. No change...specifies meeting times and duties.
- 08.64.170 Sec. 5. License to practice medicine or osteopathy is required.
- 08.64.240 Sec. 6. Reworded version of existing section. Allows board to refuse license for same reasons as it may impose disciplinary sanctions.
- 08.64.250 Sec. 7. Changes licensure by "endorsement" to "credentials", following nationally recognized language. Adds podiatry, which is a practice already covered by statute, but was omitted from certain sections like this one.
- 08.64.270 Sec. 8. Adds reference to AS 08.64.209 (podiatrists).
- 08.64.311 Sec. 9. Fees are changed from biennial to four years after date of issue.
- 08.64.315 Sec. 10. New fees are established. These are consistent with other licensing fees within the division of occupational licensing.
- 08.64.325 Sec. 11. Grounds for imposition of disciplinary sanctions. Criteria for sanctions are defined. Proposed bill is more specific than current law. Reference to the Administrative Procedure Act (AS 44.62) is deleted.
- 08.64.330 Sec. 12. Disciplinary sanctions. Sanctions are specified, expanded, and defined in much greater detail than in current law.

Staff report, HB 230
HHESS palmer

08.64.360 Penalty for practicing without a license or in violation of the chapter. Specifies class B misdemeanor for persons practicing without a license.

08.64.380 (2) Sec. 14. practice of medicine is redefined.

Section 15. Statutes are repealed regarding substitution for members on the board (030), payment of per diem (110), annual report to the governor (200[1]), moral character (200[1]), and abortions (380[3]).

Amendments to the bill have been proposed that will add a chief investigator assigned to the Board and an executive director for the board. Investigators currently work under the auspices of the Division of Occupational Licensing, and investigate all issues within the division's jurisdiction. One investigative position, although authorized, has been cut due to the 5% reduction in the governor's budget.