

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86/2

2390 SHESS • HB 196 - HB 225 (FILE 1) • 2

HB 196 - PROVISION OF ADEQUATE HOUSING FOR PUBLIC SCHOOL TEACHERS
IN RURAL AREAS

SECTION 1. AMENDS THE EDUCATION IN THE UNORGANIZED BOROUGH CHAPTER, POWERS OF REGIONAL SCHOOL BOARDS BY ADDING TO THEIR POWERS THAT THEY MAY PROVIDE HOUSING AND MAY ENTER INTO LEASE/CONTRACTUAL ARRANGEMENTS TO DO SO.

SECTION 2. AMENDS THE DUTIES OF REGIONAL SCHOOL BOARDS BY ADDING TO THEIR DUTIES THAT THEY SHALL PROVIDE PROSPECTIVE EMPLOYEES IN RURAL AREAS WITH INFORMATION ON HOUSING. IT ALSO SPECIFIES THAT THIS SECTION DOES NOT REQUIRE THE BOARD TO ENGAGE IN SUBSIDIZING HOUSING OR PROVIDING TEACHERS WITH HOUSING.

SECTION 3. ADDS TO THE DUTIES OF LOCALLY OPERATED SCHOOLS IN RURAL AREAS (LOCAL ADMINISTRATION OF SCHOOL CHAPTER) THAT THEY SHALL PROVIDE PROSPECTIVE EMPLOYEES WITH INFORMATION ON HOUSING. IT ALSO CONTAINS THE SAME QUALIFIER AS IN SECTION 2 THAT THE DISTRICT IS NOT OBLIGATED TO SUBSIDIZE OR PROVIDE HOUSING.

A FISCAL NOTE FROM THE DEPARTMENT OF EDUCATION INDICATES THERE IS NO COST TO THE STATE.

Alaska State Legislature

House of Representatives

Al Adams

Chairman

Committee on Finance



Official Business

March 2, 1983

WHILE IN SESSION

Pouch V

State Capitol

Juneau, Alaska 99811

(907) 465-3706

OUT OF SESSION

P.O. Box 333

Kotzebue, Alaska 99752

(907) 442-3320

1024 W. 6th

Anchorage, Alaska 99501

(907) 274-0615

MEMORANDUM

TO: Representative Mae Tischer, Co-Chairman
Representative Milo Fritz, Co-Chairman
House Health, Education and Social Services
Committee

FROM: Representative Al Adams *RPA*

SUBJECT: House Bill 196 - Provision of Adequate Housing
for Public School Teachers in Rural Areas

HB 196 is pending in your committee and I would appreciate an opportunity for a hearing at your earliest convenience.

Basically the bill does three things:

Section 1. Adds to the powers of regional school boards the ability to enter into leases to provide rental housing for teachers;

Section 2. Adds to the duties of regional school boards the requirement to inform all employees of the housing situation where they will be working and to assist them in securing housing. (The bill does not require school boards to provide housing or subsidize housing; and

Section 3. Adds additional duties to school boards in municipalities which are the same as those in section 2. (Municipalities already have the general power to provide housing).

For your further information, enclosed is a copy of the recently completed Rural Housing Survey completed by the National Education Association. I hope the committee members will find it helpful in understanding the housing conditions in rural Alaska.

Should the committee require any additional information or have further questions, please let me know.

1. If you plan to teacher in rural Alaska indefinitely, why?

	Costal	Interior	Kodiak Aleutian	Southeast	Total
<u>TOTAL # RESPONDING</u>	87	20	14	7	128
<u>REASONS GIVEN</u>					
a) <u>Teaching Environment:</u> small size, students; flexibility, freedom, experiences, equipment.	40	20	6	4	60
b) <u>Lifestyle:</u> Environment, pace, size, outdoor, activities, no urban problems.	35	13	5	3	56
c) <u>Community:</u> people, own home, family, acceptance.	31	7	3	3	44
d) <u>Financial:</u> good pay, benefits, work with spouse, able to save.	15	0	2	3	20
e) <u>Enjoy:</u> "I like it"	9	5	2	0	16
f) <u>Near Retirement:</u>	6	0	3	1	10
g) <u>Poor job market everywhere:</u>	3	1	3	0	7
h) <u>Challenge/adventure</u>	4	1	0	1	6
i) <u>Supportive Administration</u>	1	0	0	1	2
j) <u>Good Housing</u>	0	1	0	0	1

2. If you plan to resign from teaching in rural Alaska as soon as possible, why?

	Costal	Interior	Kodiak Aleutian	Southeast	Total
<u>TOTAL # RESPONDING</u>	<u>16</u>	<u>7</u>	<u>3</u>	<u>3</u>	<u>29</u>
<u>REASONS GIVEN</u>					
a) <u>Isolation</u> lack of amenities, univer- sities, social or recreational activities, small size opportunities for spouse.	6	1	2	0	9
b) <u>Family:</u> babysitting, broader exposure for teenage children, away from friends/family.	6	0	1	1	8
c) <u>Retiring:</u>	5	0	0	1	6
d) <u>Administration:</u> non-supportive, combative	3	2	1	0	6
e) <u>Housing:</u> bad, unavailable, or too costly	3	2	1	1	7
f) <u>Hostility:</u> internal district politics, community hostility, fear.	3	2	0	0	5
g) <u>Housing:</u> no land available to teachers.	2	0	1	1	4
h) <u>Other:</u> return to school, get back to teaching in area, medical, climate, high costs, (no more than 2 for each item).	7	2	1	0	10

3. If you are not sure how long you will teach in this area (village/district), what are the positive aspects of rural living and teaching that weigh in favor of your remaining:

	Costal	Interior	Kodiak Aleutian	Southeast	Total
TOTAL # RESPONDING	114	19	24	12	169
REASONS GIVEN					
a) <u>Teaching Environment:</u> small size, students, flexibility, freedom, experiences, equipment.	68	12	13	5	98
b) <u>Lifestyle:</u> Environment, pace, size, outdoor, activities, no urban problems.	57	11	12	8	88
c) <u>Community:</u> people, own home, family, acceptance.	45	8	3	1	57
d) <u>Financial:</u> good pay, benefits, work with spouse, able to save.	30	3	10	3	46
e) <u>Good Housing</u>	11	0	3	0	14
f) <u>Near Retirement:</u>	2	0	0	0	2
g) <u>Challenge/adventure</u>	5	2	0	0	7
h) <u>Supportive Administration</u>	3	1	1	0	5

3a. What are the negative aspects that weigh against your remaining?

	Costal	Interior	Kodiak Aleutian	Southeast	Total
<u>TOTAL # RESPONDING</u>	117	21	22	11	171
a) <u>Isolation:</u> lack of amenities, unvers- sities, social or recrea- tional activities, small size, opportunities for spouse.	46	3	11	1	61
b) <u>Housing:</u> availability, quality, cost.	23	4	4	3	34
c) <u>Housing:</u> no land available to teachers	10	3	2	5	20
d) <u>Administration:</u> not supportive, combative.	16	5	2	1	24
e) <u>Cost of travel:</u> difficulty and expense	11	1	11	0	23
f) <u>Cost & availability of goods and services:</u>	12	1	5	4	22
g) <u>Teaching Conditions:</u> attitude, crowding, load, dissention.	14	7	1	1	23
h) <u>Climate:</u> dark, cold, wet.	14	1	3	0	18
i) <u>Personal:</u>					
1) Distance from family/ friends	8	0	2	0	10

3a Continued

2) Medical needs	9	1	0	0	10
3) Lifestyle change	7	0	1	0	8
4) "Fish bowl"	4	2	2	1	9
5) Physical/mental drain	5	3	0	0	8

J) Community:

1) "Outsider" stigma	14	4	2	0	20
2) Village politics	7	4	1	0	12
3) Alcohol abuse	2	2	2	0	6
4) Fear of attack	4	0	0	1	5
5) School Board politics	2	7	0	1	10

4. IN WHAT WAY DO YOU FEEL NEA-ALASKA OR YOUR LOCAL ASSOCIATION CAN HELP TO "SOLVE" THE TEACHER HOUSING PROBLEM?
5. WHAT ARE YOUR PERSONAL IDEAS FOR ARRIVING AT SOLUTIONS TO THE TEACHER HOUSING PROBLEM?

The responses received to the above two questions did not lend themselves to simple groupings. In general, the responses fell into five categories summarized below:

1. Legislative: District should be required to provide teacher housing; District should be encouraged to be involved in teacher housing; legislature should establish standards for teacher housing; land should be made available to teachers to build their own housing; legislature should fund teacher housing; loans should be available to teachers to build; require districts to be truthful in describing housing; protect teachers from retaliation if they break their contract because of bad housing; and require housing as a condition of opening school.
2. NEA-Alaska: Go public with the problem and its impact on instruction; become the provider/landlord; research and document; support local bargainers; keep trying; stop trying; and work with regional corporations to supply housing.
3. Local Associations: Help locate and list available housing (or make district do it); bargain hard; negotiate equitable rents; policies and procedures; build units; stay out of housing; and address the unique problems of single teachers.
4. Responsibility: District should provide all housing; district should provide housing when individuals, villages, or corporations do not; teachers and villages should independently (from the district) arrive at a solution; take housing away from district to avoid it being used as a threat.
5. Independence: Housing should not be mandatory, get out and stay out of housing, teachers should live under same conditions as villages.

The overwhelming majority of responses fell in the first 4 categories.

A conclusion that can be drawn from the responses is that no one solution will work in all districts or even among all villages within a district. The message was clear; keep trying and be flexible.

6. Is there an alternative housing unit available to you at your site?

In general multiple respondents from the same site concurred on the answer to this question, wherever there was a difference of opinion the majority response was recorded with the minority response noted below.

	Costal	Interior	Aleutian Kodiak	Southeast	Total
Number of sites responding	53	14	9	5	81
Number of sites with alternative housing available	11	5	2	0	18
Number of sites without alternative housing available	42	9	7	5	64

Notes: Many of the respondents who indicated that there were alternative units available described them as being too costly, abandoned village housing, available only for short periods of time, or too far away from the school (7 miles in one location).

Responses were received from the following districts (by region):

Costal were from: Nome, N.W. Arctic, North Slope, Bering Straits, Lower Yukon, Chevak, Lower Kuskokwim, S.W. Region, Mid-Kuskokwim, and Lake and Peninsula.

Interior Responses were received from: Yukon Koyukuk, Yukon Flats, Railbelt, Iditarod, Tanana.

Kodiak/Aleutian Responses were from: Kodiak, Unalaska, King Cove, Aleutian.

Southeast Responses were received from: Metlakatla, Craig, Klawock, and S.E. Island.



NEA - ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

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February 23, 1981

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Representative Al Adams
Alaska State House
Pouch V
Juneau, Alaska 99811

Attention: Cheryl

Re: HB 196

Dear Representative Adams:

Per the request from your office, enclosed is a recent survey conducted by NEA and NEA-Alaska attendant to rural teacher housing and other matters pertaining to teaching in rural Alaska.

Since we have recieved additional responses subsequent to the tabulation we are asking NEA to re-run the tabulation and provide greater specificity as to site and geographic location. When this information is available to us it will be forwarded on to your office.

NEA-Alaska appreciates your continued efforts to deal with the problem through your sponsorship of HB 196. Is it possible that the provisions of section 1 in the bill could also be applied to the responsibilities of school boards other than REAAs, where appropriate? In some places like Kenai and Kodiak the village teaching situation is similar to many of the REAA.

As you well know, this issue is complex and defies an easy solution. Some districts have taken the initiative to begin to address it and in others, through negotiations, we have been able to find viable options toward solution.

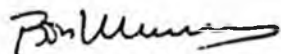
There continues to be concern relative to the issue of letting teachers know of the circumstances before hiring, and hopefully, HB 196 will put us on track to resolution of this part.

We feel there is a greater role for the Department of Education in assisting school districts on the matter of housing.

NEA-Alaska is anxious to work with the Legislature, Department of Education, and other appropriate agencies regarding this problem.

Thank you for your consideration.

Sincerely,



Robert Manners
Executive Secretary

RM:li

c: Sharon Scott
Pete McManus

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HR - 196

Title An Act relating to provision of adequate housing for public school...

Requested by House HESS Date 2/18/83

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Elementary and Secondary Education

BRU, Program, Or Subprogram(s) Affected _____

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

EXPENDITURES (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Source)						
OPERATING						
CAPITAL						

POSITIONS N/A

FULL TIME						
PART TIME						
TEMPORARY						

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

THIS FISCAL NOTE IS PRESENTLY BEING REVIEWED BY THE OFFICE OF MANAGEMENT AND BUDGET.

This bill has no fiscal impact on this department.

IV. DATE 2/18/83

PREPARED BY Steve Hole

AGENCY Education

PHONE 465-2865

Original: Legislative Finance
cc: Budget and Management

Prime Sponsor (First Legislator Named)

H B

225

(FILED)

April 17, 1984

MEMORANDUM

TO: MEMBERS OF THE SENATE HESS COMMITTEE
FROM: NANCY DEITRICK, COMMITTEE AIDE
RE: OPTOMETRY LEGISLATION

ATTACHED, PLEASE FIND A COPY OF THE CS FOR SB 189 WHICH THIS COMMITTEE PREPARED IN 1983 FOR THE SENATE OPTOMETRY BILL.

PROVISIONS OF THE CS INCLUDE:

1. Inclusion of a licensed physician in the membership of the board of optometry.
2. Development of a list of diagnostic drugs to be used by optometrists with the advice and guidance of the state medical board.
3. Referral to medical specialists are required if a pathological condition is found in examining a patient.
4. The use of DR. or Doctor is required to connected with the word optometrist under this chapter.
5. An applicant applying to use diagnostic drugs must pass a board administered examination.
6. The definitions of "optometry" and "practicing optometry" are amended by including the use of diagnostic drugs.

SECTIONAL ANALYSIS OD CSHB 225 (HESS)am - RELATING TO THE PRACTICE OF OPTOMETRY AND AUTHORIZING THE USE OF CERTAIN DRUGS BY OPTOMETRISTS.

- SECTION 1 Amends 08.64.170. LICENSE TO PRACTICE MEDICINE. to include the use and prescription of legend drugs by optometrists with a licens endorsement by the optometry board.
- SECTION 2 Adds optometrist to 08.64.360, exempting them from penalties for practicing medicine without a license.
- SECTION 3 Adds to grounds for imposition of disciplinary sanctions new language relating to:
Failure to refer a patient to a medical practitioner for a treatment beyond the scope of the optometrist's license; and
Use, dispensation or prescription of a legend drug in violation of the statute.
- SECTION 4 Adds a new section to the optometrist statute relating to the use, dispensation and prescription of drugs. this section provides:

That a licensee may not use drugs without a license endorsement by the board

That a licensee may not use any controlled substance.

That drug use is limited to drugs prepared for topical application to the human eye or eyelid, limited to:

1) Cyclopegics
2) Mydriatics

That to obtain a license endorsement an applicant must prove: 1) 200 hours of didactic instruction, training or supervised experience, 2) given at an accredited school or college of optometry or medicine, and 3) has passed written and practical examinations in the subject

That required subjects are specified as general and ocular pharmacology, ocular pathology and differential diagnosis, and treatment of pathology of the eye and its adnexa including the use of legend drugs.

That a license endorsement expires with the license and may be renewed upon evidence of continuing education as specified by the board by regulation.
- SECTION 5 DEFINITIONS. Provides a new definition of "legend drugs" and expands the definitions of optometry and practicing optometry to include diagnosis and treatment with the use of drugs but excluding surgery.

HESS CS SB 189

OPTOMETRIST CS SB 189

Board of
Optometrists

Adds one board member who is a physician licensed in the state (Sec.1-2)

no change

Defines the public member as having no interest in the practice of optometry or medicine. (Sec. 2)

Regulations

Gives the Board power to adopt regulations for the use of diagnostic drugs. (Sec. 3)

Gives the Board power to adopt regulations for the use of prescription drugs. (Sec.2 (d))

Powers and
Duties

In conjunction with the State Medical Board, shall develop a list of specific diagnostic drugs and dosages to be used. (Sec.4(c)(3))

The Board shall furnish the Board of Pharmacy the names of licensed holders of endorsements. (Sec.2(e)).

Continuing
Education

The Board shall provide for C.E. for optometrists desiring to use drugs.

Drug use endorsement may be renewed upon evidence of completion of Continuing Education program specified and approved by Board. (Sec.2 (c))

Use of Drugs

A licensee must submit to the Board evidence of satisfactory completion of Educational requirements. (Sec. 8 (1))

Provides that the Board will develop and administer a test to licensees desiring to use diagnostic drugs. (Sec. 8)

A licensee must submit for the Board proof of a minimum of 100 transcript hours of Education, training, and clinical experience and passed a written examination. Training must be from an institution accredited by the Council in Postsecondary Accreditation or the US Department of Education or by an affiliated Institution. (Sec.2(a))

NOTE: Sec. 2 refers to endorsements issued under (b) but this subsection is missing from draft.

Definitions	Includes use of diagnostic drugs in the definitions of "optometry" and "practicing optometry". defines "diagnostic drug".	"legend drugs" drugs whose labels prohibit dispensation without a prescription. Deletes in "optometry" and "practicing optometry" <u>other than by the use of drugs</u> , and limits diagnosis and treatment to the anterior segment of the eyes and the eyelid. "anterior segment" is the portion extending from the anterior surface of the cornea to the posterior end of the ciliary process.
Grounds for Imposition of Disciplinary Sanctions	Use of "Dr." or "Doctor" with name without the word "optometry" (Sec. 7) Failure to fulfill educational requirements is cause for <u>revocation of license validation</u> (Sec. 8 (d))	Board may revoke or suspend a license endorsement for violations of regulations. (Sec. 2 (d))
Registration	Unlawful to practice optometry in the State beyond the scope of the license issued. (Sec. 5)	
Other	Requires referral to medical specialist on discovery of a pathological condition. (Sec. 6)	Establishes a classification list of legend drugs that optometrist may employ or prescribe (<u>new</u> Sec. 6)

POSITION PAPER

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.

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

Date:

Feb. 22, 1984

Approved by:

Robert London Smith

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

Date:

2/28/84

STATE OF ALASKA
FISCAL NOTE

Revision Date _____, 1983

I. REQUEST
 Bill/Resolution No.: CSHB 225
 Title: Practice of Optometry
 Sponsor: Hurlbert and Martin
 Requestor: _____

II. FISCAL DETAIL
 Agency Affected: Health & Social Services
 Program Category Affected: Public Health
 BRU, Program of Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Dean F. Tirador, M.D.

Division: Public Health

Phone: 465-3090

Date: 5/13/83

Approved by Commissioner: [Signature]

Department: Health and Social Services

Date: 5/13/83

Distribution:

Original to Legislative Finance

Copy to Office of Management and Budget (for Legislature introduced bills)

Copy to Department (for Governor introduced bills)

Copy to Sponsor

Copy to Requestor (if different from Sponsor)

3/8/83

POSITION PAPER / Department of Health and Social Services

Rep. Fischer

POSITION PAPER

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 225 (HESS)

14 1993

"An Act relating to the practice of optometry and authorizing the use of certain drug by optometrists."

The Committee Substitute makes several changes to existing statute and to the original bill: (a) membership in the Board of Examiners in Optometry is expanded to six to include a physician licensed in the state; (b) duties of the board are broadened to include development, with the advice and guidance of the state medical board, of a list of prescription and non-prescription drugs and dosages which may be used in the practice of optometry in the state and requirements for continuing education of optometrists desiring to use drugs; (c) registration or licensure of an optometrist to practice beyond the scope of the individual's training is prohibited; and (d) language is added to require an optometrist to clarify the nature of his or her practice when using the prefix "Dr." or "Doctor".

The Department recommends that the board size remain an odd number by reducing the number of optometrist members to three while retaining the public member and the physician member.

There is a minor difference in the language of the original and committee substitute bills with regard to the types of drugs which would be permitted. The original version uses the adjective "legend" while the substitute refers to "legend", "prescription" and "non-prescription" drugs. It is assumed that "non-prescription" refers to commonly available over-the-counter preparations.

Both versions include in the definition of optometry the "diagnosis and treatment, including the use of drugs, of inflammations, infections, and injuries of the eyes and eyelids". This provision remains the most controversial element of the Bill although the provision for approval of the types of drugs by the optometric board with the advice and guidance of the medical board may reassure, to some extent, those concerned with the apparently unrestricted access to drugs permitted in the original version.

While the committee substitute is an improvement over the original version of the bill, the Department still considers the definition of optometry to be too broad, e.g., it would not prohibit the use of surgery nor the use of systemic drugs.

~~... should be prohibited and any use should be limited to ...~~
~~... of the medical board.~~

*Question - by ... in the ...
legal ... - surgery.*

While the vast majority of health care practitioners are prudent and sincere, the Department does not believe that individual practitioners should be left entirely free to define the scope of their practices. The Department does not believe a user of health services should have to rely solely on the professional integrity of the provider for assurance of quality of care. This is one of the functions of the licensing statutes of the state.

The Department is opposed to the use of therapeutic drugs by optometrists. ~~The possibilities of such use of systemic drugs, particularly on allergic reactions and drug interactions, which may require therapeutic responses which cannot be given through training in optometry.~~

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

Date: May 13, 1983

Approved by: _____
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: _____

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:

PHILLIP W. BACH, O.D.
Optometrist

Respondent

File: BO 82-049

TEMPORARY CEASE AND DESIST ORDER
AS 08.01.087(b)(1)

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

1. As a result of an investigation conducted by Richard H. Long, Chief Investigator, Division of Occupational Licensing, on November 1981 to December 31, 1981, Anchorage and Juneau, Alaska, it has been determined that you are engaged in the following activity:

Practicing as an optometrist at the above named location in Alaska without a license for such practice in Optometry. License Number AA0067, issued to Phillip W. Bach, for Optometry, expired December 31, 1978. That license was not renewed for the license period January 1, 1979 to December 31, 1980, and was not renewed for the license period January 1, 1981 to December 31, 1984, a total of \$270.00 in renewal fees plus penalties are in arrears. Further, proof of his completing 24 hours of continuing education for the license period January 1, 1979 to December 31, 1980 has not been submitted as required. Phillip W. Bach has been advised many times, some by correspondence, by personal discussion on telephone with the board examiner, by the investigative staff, by the Chairman of the Board of Examiners in Optometry, and by the Director of the Division of Occupational Licensing, all during the recent past several months. He has acknowledged he would respond to each contact but has not so responded with any renewal transactions for fees or continuing education. Throughout this period, he has maintained practice as an Optometrist, examining, fitting, selling or receiving or soliciting orders for lenses for the correction of optical or visual defects of human eyes, and other functions pertinent to being in business as an Optometrist including ongoing advertisements for such services.

2. This constitutes the practice of Optometry within the meaning of AS 08.72.110 and AS 08.72.300. Further investigation reveals that you are practicing without a license. This is in violation of AS 08.72.110 and AS 08.72.280. Further, failing to renew is a violation of AS 08.72.181 which requires payment of the fee and proof of continuing education.

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUGH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2536

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3. Notification has been made to the members of the Board of Examiners in Optometry by telephone or telegraph of the proposed issuance of this Temporary Cease and Desist Order and a majority of the board members do not object to its issuance.

4. Issuance of this Temporary Cease and Desist Order is in the public interest.

IT IS THEREFORE ORDERED pursuant to AS 08.01.087(b)(1) that you immediately CEASE AND DESIST from further practice as an Optometrist without licensure in the State of Alaska.

Upon your written request within 15 days of receipt of this order, a hearing will be set and thereafter a further order will be entered; if no such request is received, this order shall stand as entered.

This order is effective on receipt by you.

DATED this 31 day of December, 1981 at Seward, Alaska.

BY ORDER OF

COMMISSIONER
DEPARTMENT OF COMMERCE AND
ECONOMIC DEVELOPMENT

BY:

Shirley M. Long, Director
Name and Title
Division of Occupational Licensing
Agency Address
Pouch D, Seward, Alaska
99811

CERTIFICATE OF SERVICE

I, _____, do hereby certify that I served a copy of the above order and a Request for Hearing form by (personally delivering/ mailing) a copy to/with _____

_____ at _____

_____ on the _____ day of _____, 19____.

Name

Title

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2530

1 STATE OF ALASKA

2 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

3 In the Matter of:)
4 PHILLIP W. BACH, O.D.)
5 Optometrist)
6 Respondent)

7 File: BO 82-049

8 DECISION AND ORDER OF WITHDRAWAL

9 The State of Alaska, Director, Division of Occupational Licensing,
10 having reviewed the licensing file, renewal documents, the file regarding the
11 Temporary Cease and Desist Order, and having discussed this entire matter with
12 the Board of Examiners in Optometry with Respondent Phillip Bach present, and
13 having heard from Respondent Phillip Bach directly, hereby decides and orders
14 as follows:

15
16 STATEMENTS OF FACT

17 1. Respondent Bach was issued a Temporary Cease and Desist Order with
18 board concurrence on January 4, 1982, for practicing as an Optometrist in
19 Alaska with no license to do so. His license expired December 31, 1978 but he
20 continued to practice from that date to present without a valid license in
21 violation of AS 08.72.110, AS 08.72.181 and AS 08.72.280. He failed to pay
22 any renewal fees and failed to submit proof of any continuing education despite
23 numerous attempts by division staff, board members and others.

24 2. Respondent Bach submitted a Request for Hearing dated January 12,
25 1982, to protest the order.

26 3. On January 15, 1982, the division received a letter dated December 1,
27 1981 from Jeffrey G. Keene, Secretary-Treasurer of the Alaska Optometric
28 Association, attempting to certify 70 hours of continuing education. This
29 submission was rejected as it did not comply with the requirements written
30 under AS 08.72.181 and 12 AAC 48.020. His fees required to renew, including
31 delinquent charges, totalling \$270.00 were received this date.
32

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2536

1 4. On February 1, 1982, by letter, Mr. Keene was asked to clarify his
2 certification to meet the requirements of the statute and regulations. On
3 February 8, 1982, Mr. Keene's reverification of Respondent Bach's continuing
4 education was received, but attested to only 67 hours.

5 5. On February 8, 1982, at 5:05 p.m., a teleconference phone call was
6 completed with all board members and Respondent Bach. Although the
7 certification was not notarized, and each credit was not certified by the
8 instructor as earlier directed and as specified by statute and regulations,
9 the board considered all of the credits submitted, voted to accept them as
10 submitted and concurred that he may be renewed.

11
12 CONCLUSIONS OF LAW

13 6. Respondent now complies with AS 08.72.181 and 12 AAC 48.020 since he
14 has paid his fees, submitted his required continuing education and the board
15 has concurred that he may be relicensed by renewal process.

16 ORDER

17 IT IS THEREFORE ORDERED that the Temporary Cease and Desist Order issued
18 to Phillip W. Bach is withdrawn. A license is to be issued to Respondent Bach
19 immediately.

20 DATED this 9 day of February 1982 at Juneau, Alaska.

21
22
23 BY ORDER OF

24
25 COMMISSIONER
26 DEPARTMENT OF COMMERCE AND
27 ECONOMIC DEVELOPMENT

28
29
30
31
32 BY: Harry D. Treager
HARRY D. TREAGER, Director
Division of Occupational Licensing

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 468-2838

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STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

In the Matter of:
PHILLIP W. BACH, O.D.
Optometrist
Respondent

TEMPORARY CEASE AND DESIST ORDER
(AS 08.01.097)

File BO 62-049

REQUEST FOR HEARING

Respondent, pursuant to AS 08.01.097(b)(1), hereby gives Notice of
Defense in this proceeding.

A hearing on the matters set forth in the Temporary Cease and Desist
Order is hereby requested.

DATED this 12th day of January, 1982

Phillip W. Bach
Respondent's Signature

Address: 3101 Denali St.

Anchorage Alaska
City State

276-8120 99503
Telephone Zip

NOTICE

This Request for Hearing must be signed by or on behalf of respondent, set
forth respondent's mailing address, and must be filed with the Director,
Division of Occupational Licensing, Department of Commerce and Economic
Development, Pouch D, Juneau, Alaska 99811, within 15 days of receipt. Upon
receipt of this or a written request in any form received by the Director
within 15 days of your receipt of this order, a hearing will be set and
thereafter a further order will be entered. If no such request is received,
this order shall stand as entered.

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D JUNEAU, ALASKA 99811

In the matter of:)
)
 PHILLIP BACH)
)
 Respondent)
)
)
)
)
)

CASE NO. OE 82-049

AFFIDAVIT OF NOTICE PURSUANT TO AS 08.01.087(b)

I hereby certify that all members of the: Optometry Board

were notified of the intent of this department's proposed order/action as follows:
To issue a Commissioner's Cease and Desist Order pursuant to AS 08.01.087 to an
unlicensed Optometrist, Phillip Bach. His license expired December 31, 1978. All
efforts to bring him into compliance with AS 08.72 have been to no avail. The
license examiner has contacted him many times in writing and personally to get him
licensed. The Director has also tried. He knows he is in violation of AS 08.72.110
yet he continued to practice with no license. He has failed to respond to any contacts

(over)

This notice was communicated to the following members of the above listed Board or

Commission as noted:

NAME (telephone #, city)	METHOD (tp/twx)	DATE	RESULTS
Maynard Falconer/Anchorage	Telephone 272-2557	12-31-81	Approved
John Miko/Fairbanks	Telephone 456-2235	12-30-81	Approved

No objections were received from any member of this Board/Commission regarding the above listed proposed order/action except as noted here:

Phillip Bach/Anchorage			Not notified
------------------------	--	--	--------------

Dated this 6th day of January, 1982 at Juneau, Alaska.

Kevin J. Messing
NAME KEVIN J. MESSING
ADMINISTRATIVE SUPPORT TECHNICIAN II
TITLE

SUBSCRIBED AND SWORN to before me, the date and place above shown.

Angela J Parker
NOTARY

8-8-84



111

MSG 84-00036841 PRTY 1 04/18/84 17:13:27 TO: TOM/JUNEAU
FROM: KETCHIKAN/JUNE G.
TARGET: LJHV SUBJ: OPTOMITRISTS HB 225

LEGISLATIVE TELECONFERENCE NETWORK FINAL STATS

FINAL STATS: KETCHIKAN

APRIL 18, 1984- ---:DATE
KETCHIKAN-----:SITE/LOCATION
SENATE HESS-PH CB 225-----:SPONSOR/SUBJECT

1-----TESTIFIED *****T/C STARTED:---3:00PM---
0-----OBSERVED *****T/C ENDED:-----5:00PM---
1-----TOTAL

TESTIFIED:
1. ED CRAIG, O.D., 34B MAIN ST., KETCHIKAN, ALASKA 99901. 225-3975.

MSG 84-00036839 PRTY 1 04/18/84 17:13:27 ORIG: LR00 IN= 0020 OUT= 0071
FROM: JOHN IN BARROW TO: JNUTC STATS (TOM)
TARGET: LJHV SUBJ: 4/18 (S)HESS HB-225 T/C.

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

APRIL 18, 1984-----:DATE
BARROW LIO-----:SITE/LOCATION
(S)HESS - HB225-----:SPONSOR/SUBJECT

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1. BARROW DID NOT HAVE ANY PARTICIPANTS.			

-----STATS-----
--0--TESTIFY/ED *****T/C STARTED:___3:00__
--0--OBSERVE/ED *****T/C ENDED:___5:00__
--0--TOTAL

MSG 84-00036825 PRY 1 04/18/84 16:58:20 ORIG: LD00 IN= 0008 OUT= 0067
FROM: LIZ IN DELTA TO: TOM IN JUNEAU
TARGET: LJHV SUBJ: FINAL STATS

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: DELTA JUNCTION
SPONSOR/SUBJECT: SENATE H.E.S.S.
CSHB 225 - PRACTICE OF OPTOMETRY

DELTA STATS:
TESTIFIED: ___0___
OBSERVED: ___0___
TOTAL: ___0___

NAME/REPRESENTING ADDRESS/PHONE TESTIFY OBSERVE

MSG 84-00036832 PRY 1 04/18/84 17:03:13 ORIG: LV00 IN= 0008 OUT= 0068
FROM: ANNI/VALDEZ TO: TOM/JUNEAU
TARGET: LJHV SUBJ: SENATE H.E.S.S./ CS HB 225 AMENDED

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: VALDEZ
SPONSOR/SUBJECT: AN ACT RELATING TO THE PRACTICE OF OPTOMETRY AND AUTH.
USE OF CERTAIN DRUGS BY OPTOMETRISTS.

VALDEZ STATS:

TESTIFY: ___0___
OBSERVE: ___0___
TOTAL: ___0___

LOCAL MODERATOR: ANNI
***T/C STARTED: 3:05 P.M.
***T/C ENDED: 5:00 P.M.

NAME/REPRESENTING ADDRESS/PHONE

MSG 84-00036959 PRTY 1 04/19/84 09:29:25 ORIG: SOL\$ IN= 0003 OUT= 0008
FROM: SOLDOTNA/BECKY TO: JUNEAU T/C / TOM
TARGET: LJHV SUBJ: F. STATS/SENATE HESS HB 225/OPTOMITRY

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

4/19/84 _____ : DATE
SOLDOTNA _____ : SITE/LOCATION
SENATE HESS/HB225:OPTOMITRY _____ : SPONSOR/SUBJECT
3:15 _____ : T/C START
5:00 _____ : T/C ENDED

3 ___ TESTIFY/ED
0 ___ OBSERVE/ED
3 ___ TOTAL

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
*****	*****	*****	*****
1. ROBERT O'CONNELL	BOX 4187, KENAI	T	
2. PETER CANNAVA	BOX 1629, SOLDOTNA	T	
3. JOHN DEMSKE	RT. 2 BOX 368, SOLDOTNA	T	
4.			

MSG 84-00036848 PRTY 1 04/18/84 17:27:40 ORIG: LA08 IN= 0024 OUT= 0073
FROM: ANCHORAGE/JACKI TO: TOM/FINAL STATS
TARGET: LJVY SURJ: (S)HESS, CSHB 225, PRACTICE OF OPTOMETRY

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: 4/18/84
SITE: ANCHORAGE
SPONSOR/SUBJECT: (S)HESS, CSHB 225, PRACTICE OF OPTOMETRY

..4.. TESTIFIED
..2.. OBSERVED
..5.. TOTAL
*****T/C STARTED: 5:05
*****T/C ENDED: 5:00

TESTIFIED

1. JAMES H PATERSON, M.D., 3500 LATOUCHE ST., ANCHORAGE, 345-3215
2. MORRIS R HORNING, M.D., 3710 E. 20TH ST., ANCHORAGE, 279-8437
3. JEFFREY GONNASON, O.D., 2211 E. NORTHERN LIGHTS #202, 276-2080
4. BOYD SKILLE, 3746 LAKE OTIS, ANCHORAGE, 562-2618

91508

OBSERVED

1. BRUCE NAHONEY, 429 BARROW ST., ANCHORAGE 99501, 272-7073
2. MARION L. HARDY, 3601 C ST., ANCHORAGE, 561-2978

MSG 84-00036954 PRTY 1 04/19/84 09:25:37 ORIG: LI00 IN= 0004 OUT= 0006
FROM: DOROTHY IN DILLINGHAM TO: JNUYC/ANGTC
TARGET: LJVY SURJ: SIGN IN SHEET

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

APRIL 18, 1984 DATE MODERATOR -- TOM

DILLINGHAM SITE/LOCATION

SENATE H.E.S.S. CS HB 225 (HESS) OPTOMETRY AND AUTH. CERTAIN DRUGS TESTIFY DESERVE
NAME/REFERENCING ADDRESS/PHONE

1. DR. JAMES PICKARD, BOX 10235, DILLINGHAM, AK. 99576 842-2232 X

2.
3.

MSG 84-00036908 PRTY 1 04/19/84 08:38:35 ORIG: LU00 IN= 0002 OUT= 0000
FROM: KODIAK TO: ~~VER~~/JNU
TARGET: LJHV SUBJ: KODIAK "FINAL STATS" SENATE HESS CSHB225

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: APRIL 18, 1984
SITE/LOCATION: KODIAK / L.I.D.
SPONSOR/SUBJECT: SENATE H.E.S.S. CSHB 225 OPTOMETRISTS
LOCAL MODERATOR: MARY JO

___0___ TESTIFY/ED *****T/C STARTED: 3:00 P.M. ___
___0___ OBSERVE/ED *****T/C ENDED: 5:00 P.M. ___
___0___ TOTAL

NAME/REPRESENTING ADDRESS/PHONE TESTIFY OBSERVE

1.
2.
3.
4.
NO PARTICIPANTS

EOM/

MSG 84-00036836 PRTY 1 04/18/84 17:07:43 ORIG: LF02 IN= 0004 OUT= 0069
FROM: PAULA/FBKS TO: TOM/JNU T/C
TARGET: LJHV SUBJ: FINAL STATS 4-18-84/SEN HESS, HB 225 OF

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

4-18-84 _____ : DATE
FAIRBANKS _____ : SITE/LOCATION
SEN HESS/PRACTICE OF OPTOMETRY HB225_ : SPONSOR/SUBJECT

TESTIFIED/PARTICIPATED:

1. RICHARD FARRY, AK ST MED ASCN, 4107 LAUREL, SUITE 1, ANC 99508 562-2662
2. CHRISTY NIELSEN, BD OF PHARM, SR 20124-A, FKS 99701 - - - - - 455-6621
3. SAM A. MCCONKEY, SR 40739, FKS, 99508 - - - - - 456-7840
4. MARGARET D. SODEN, BD OF PHARM, SF 10346.5, FKS, 99701 - - - 479-6793

OBSERVED:

_____ STATS _____
4_____ TESTIFY/ED *****T/C STARTED: 3:00 P.M.
0_____ OBSERVE/ED *****T/C ENDED: 5:00 P.M.
4_____ TOTAL

=====EOM

MSG 84-00036689 PRTY 1 04/18/84 15:08:28 ORIG: SOL.# IN= 0007 OUT= 0007
FROM: BECKY/SOLDOTNA TO: TOM/JNU
TARGET: LJH6 SUBJ: S HESS OPTOMITRY HB 225

OMNI#2

2. PETER CANNAVA ----- TESTIFY

MSG 84-00036674 PRTY 1 04/18/84 15:00:17 ORIG: SOL\$ IN= 0006 OUT= 0002
FROM: LORI (SOLDOTNA) TO: TOM, JNUTC
TARGET: LJH6 SUBJ: S HESS OPTOMITRYHB 225

OMNI #1

1. ROBERT O'CONNELL---TESTIFY

MSG 84-00036696 PRTY 1 04/18/84 15:13:57 ORIG: LA08 IN= 0020 OUT= 0008
FROM: BARBARA FOR DON IN ANCHORAGE TO: TOM IN JNUTC
TARGET: LJH6 SUBJ: (S) HESS HB 255

OMNI #1

TO TESTIFY

ANC

1. JAMES H. PATTERSON, MD
2. MORRIS R. HORNING, MD
3. JEFFREY GONNASON, OD

TO OBSERVE:

1. BRUCE NAHORNEY
 2. MARIAN HARDY
-

MSG 84-00036682 PRTY 1 04/18/84 15:05:14 ORIG: LF20 IN= 0008 OUT= 0005
FROM: LYNDA/FBX TO: TOM/JNO
TARGET: LJH6 SUBJ: SEN HESS T/C - OPTOMETRY

IN FBX TO TESTIFY:

1. MARGARET SODEN, RPH, BD OF PHARMACY(MAY OR MAY NOT WISH TO TESTIFY)
2. DR. SAM MCCONKEY
3. RICHARD PARRY, AK STATE MED ASSN. - *by 4 PM*
4. CHRISTY NIELSEN, BD OF PHARMACY(MAY OR MAY NOT WISH TO TESTIFY) - *by 4 P.M.*

-EOM

MSG 84-00036698 PRTY 1 04/18/84 15:14:52 ORIG: LB00 IN= 0007 OUT= 0009
FROM: HELEN BETHEL TO: JUNEAU MODERATOR
TARGET: LJH6 SUBJ: CSHB225 (HESS) T/C 4/18/84

OMNI #1

BETHEL HAS ONE PARTICIPANT

1. JAMES R. TAYLOR OPTOMITRIST, P.O. BOX 1018, BETHEL, ALASKA 99559
907-543-3711

HE IS GOING TO LISTEN AT THIS TIME BUT WOULD LIKE TO PARTICIPATE OR TESTIFY
LATER TOWARD THE END OF THIS T/C. THANK YOU.

ISG 84-00036724 PRTY 1 04/18/84 15:28:30 ORIG: SOL\$ IN= 0009 OUT= 0012
FROM: LORI,SOLDOTNA TO: TOM,JNUTC
TARGET: LJH6 SUBJ: OPTOMITRYTC

OMNI # 3

TO TESTIFY
3. JOHN DEMSKE

EOM

=====**=====

MSG 84-00036788 PRTY 1 04/18/84 16:19:32 ORIG: LF01 IN= 0018 OUT= 0017
FROM: LYNDA/FBX TO: TOM/JNO
TARGET: LJH6 SUBJ: SEN HESS - OPTOMETRY

DR. MCCONKEY WOULD VERY MUCH LIKE TO TESTIFY BEFORE THE CHAIRMAN HAS TO
LEAVE.

ALSO, JUNEAU PEOPLE ARE STILL COMING IN AT VERY LOW VOLUMES.

THANKS.

MSG 84-00036775 PRTY 1 04/18/84 16:09:53 ORIG: LA08 IN= 0022 OUT= 0015
FROM: DON/ANCHORAGE TO: TOM/JNUTC
TARGET: LJH6 SUBJ: OPTOMETRY TC

OMNI #2 FROM ANCHORAGE:
TO TESTIFY:
BOYD SKILLE

MSG 84-00036749 PRTY 1 04/18/84 15:55:29 ORIG: LK00 IN= 0007 OUT= 0014
FROM: JUNE G/KETCHIKAN TO: TOM/JNUTC
TARGET: LJH6 SUBJ: CSHB 225 OPTOMISTRISTS

OMNI #1

PARTICIPANTS:

1. ED CRAIG, 348 MAIN ST., KETCHIKAN, ALASKA 99901. 225-3975.

EOM/JG

MSG 84-00036679 FRIY 1 04/18/84 15:01:57 ORIG: LI00 IN= 0004 OUT= 0004
FROM: ANNA MAY, DILLINGHAM TO: TOM, JUNEAU
TARGET: LJH6 SUBJ: 3:00 T/C SENATE HESS, HB 225 OPTOMITRY

OMNI#1

DILLINGHAM HAS ONE PARTICIPANT

1. DR. JAMES FICKARD, BOX 10235, DILLINGHAM, ALASKA 99576 PHONE 842-2232

April 18, 1984

Joe, Paul, Rick, Vic.

CSHB 225 - OPTOMETRY

Milo Fritz -

oppose

intending right to unqualified people to practice medicine.

Send to Judiciary Committee

opposed to any use of prescription drug.

Vic any diagnostic drugs optom. can use?

No one who does not have a license / medicine

Uncle Dr James Patterson - M.D.

oppose

but has no wide support - conceived and financed by Optom.

checks checks and balances.

deficiencies:

1. legend drugs - broad name, contraindication, drug sch.
2. only Optom. Bd makes decisions on drug use. (Pharmacy / medicine Bd)
3. Sec 5 - paragraph 5 + 6 do not apply.

Uncle Dr Morris Harning M.D. - Arch. Med. Society

omnipresent diagnostic drugs has some merit

- optom. training and ed. not sufficient to warrant drug use.

many long disorders exhibit through eye dysfunction → need understanding of whole body.

Other professions have attended training
in practice. Therapeutics not approp.

~~Dr.~~

FBKS Dr. RICHARD PARRY - Pres. Ark State Med. Assoc

- legis. should address pressing needs. self serving bill
 - in malpractice - ophtham. are required to be able to do open - heart massage.
 - medical training not sufficient even for drugs listed in bill.
 - 1980 Collette Compromise:
 1. optom. - proparacaine .5%
 2. change in list by Optom/Med. Bds.
 3. training course prior to validation
 4. written exam (Committee 2 optom/2 ophtham.)
- Optom. Soc - Beach/Medson
Cannava/McConkey

FBKS Christy Neilson - Pharmacist/on Pharm Bd,

opposed.
glad the list of drugs has been limited.

Bethel Dr James Taylor - Optometrist

administers drugs now. Worked at PHS hosp. but emp. by YK Health Corp.

Pill Dr. James Pickard - Optom.

works IHS, B.B. Health Corp. in isolated areas IHS optom. have access to diagnostic and therapeutic drugs.

works under standing orders. (define med.)

to be admin. (at his discretion).

Sold. Dr. Peter Canova - M.D.

If optom. were interested in diagnostic lego. There would have been no problem yrs. ago. But they want therapeutics, hosp. privileges and minor surgery.
Foot in the door legislation

Anch Jeffery Connors - optometrist

Snore job from doctors. (Smoke screen/curtains)
average eye training for M.D. is 15 hours
have been practicing for 8 yrs - cannot use drug training
42 states allow drug use in some form

Denise Shanepalm - optometrist.
Anch - Mat Valley.

Joe risk of misdiagnosis?

Risk there with anyone.
2 yrs. of ocular pathology + diagnosis.

Rice Can you get malpractice Insurance?

American Optom. Insurance plan.

Rice Should check rates for changes.

Juno Stuart Bree - M.D. (ophthalmologist)

curriculum - didactic lecture now is same in med/optom school. Clinical Ed. is what is important.

41 states - diagnostic
5 states - therapeutic

N.Y. just repealed some of the drugs
in their law.

tried to find out malpractice rate -
is going up in state allowing drugs but
there is a lag reflecting court decision.

FBKS Dr. McCorky - ophthalmologist.

No training w/ drugs
C.A.C. - number of optom. graduating
exceeds demands.

FBKS Margaret Eodan - B.S. of Pharm.

oppose
pharmacists would have no way of
knowing who could prescribe.
no difference in price between optom.
and ophthalmologist. Have had no
prob. getting an appt.

Sold Robert O'Connell - optom.

Support.
optometry gives most of eye
care in state.
request parity.
restore bill to original intent.

Anna Boyd Seelley - M.D.

protect uninformed public.
8% of patients don't know difference

Between optom and ophthalm.

These drugs can cause death and blindness from reactions.

6 patients in last month who have been treated by optom. medically even though against their Statute.

(poor medical judgement - lack of honesty).

No. of these people in Wascilla.

Ketch. Ed Craig - optom. (160 hrs. training)

Ketch. was an internat ophthalmol.

State of Wash. requires 160 hrs. training.

1983 - Oregon (with Penn State) did 100 hr. course in Therapeutic drug.

Can go to V.A. Hosp. in Vancouver to get hands on training.

Sold. John Demcke - optom. - n. Bd.

W. Virginia & N. Carol. legis. passed 7 and 8 years ago. No complaints ever filed in W. Virginia.

Internt'l Board writing a pamphlet Therapeutic drugs for optom.

5 yrs. in Bethel using Therapeutic drugs under standing orders.



AMERICAN ACADEMY OF OPHTHALMOLOGY

April 12, 1984

Ms. Nancy Dietrick
c/o Senator Josephson
Pouch V
Juneau, AK 99811

Dear Nancy:

It was a pleasure to speak with you yesterday. I appreciate the time you took to tell me about the status of HB 225.

Attached are two Policy Statements prepared by the Academy that pertain to your efforts: one on the subject of Optometric Use of Drugs for Diagnostic and Therapeutic Purposes, and the other on Appropriate Referral.

The president of the Alaska State Ophthalmological Society is Dr. Peter Cannava, MD, Box 1629, Soldotna, AK 99669. He can be reached at (907) 262-4462, should you be seeking experts to testify on HB 225 on April 18, 1984. I am sure he would welcome an invitation.

I hope this information is of some help.

Sincerely,

Henry L.D. Ebert
Assistant Director
State and Subspecialty Relations

HE:mlp

Enclosures

POLICY STATEMENT

AMERICAN ACADEMY OF
OPHTHALMOLOGY

APPROPRIATE REFERRAL

Policy:

The American Academy of Ophthalmology supports the concept of appropriate referral of patients by non-medical practitioners to licensed physicians and surgeons when certain signs are observed and/or certain symptoms reported of possible eye disease or injury.

Background:

Many eye diseases, and systemic diseases that affect the eyes, have subtle signs and minimal or no symptoms. Optometrists and other non-medical practitioners are not qualified by education, training or experience to diagnose or treat these diseases. Failure to refer individuals with such diseases or to refer them promptly to a physician may result in unnecessary blindness or significantly impaired vision.

Evaluation:

Patients usually seek the advice of ophthalmologists or optometrists for evaluation of eye complaints (although on occasion pediatricians, internists, generalists and other physicians are consulted and treat certain eye conditions). Only ophthalmologists are qualified by education, training and experience to provide total eye care which includes a medical eye examination as well as a vision examination (refraction).

A mechanism must be provided to protect the large number of patients who initially select a non-medical practitioner for evaluation of what turns out to be a medical problem.

Guidelines:

To insure that these patients are referred promptly for definitive diagnosis and treatment when indicated, the following guidelines are recommended:

A non-medical practitioner providing service to any person should refer such a person to a licensed physician and surgeon for definitive diagnosis and treatment at any time a patient requests, when any eye disease or central nervous system disorder is suspected, or when the non-physician notes:

- (a) failure to achieve correctable 20/40 visual acuity in either eye unless the cause of the impairment has been medically confirmed earlier;

APPROPRIATE REFERRAL

Page 2

- (b) complaints of flashes of light, recent onset of floaters, halos, transient dimming or distortion of vision, obscured vision, loss of vision or pain in the eye, lids, or orbits, double vision or excessive tearing of the eye;
- (c) reports of permanent or temporary loss of any part of the visual field or clinical suspicion or documentation of such field loss;
- (d) presence of detected opacities or abnormalities in the normally transparent media of the eye, the ocular fundus, or the optic nerve head;
- (e) presence of a tumor or swelling of the eyelids or orbit or protrusion of one or both eyes;
- (f) presence of inflammation of the lids, conjunctiva or globe, with or without discharge;
- (g) strabismus or crossed eyes.

Developed by: Committee for State Affairs
Secretariat for Governmental Relations

Approved by: Board of Directors, 10/3/81

POLICY STATEMENT

AMERICAN ACADEMY OF
OPHTHALMOLOGY

OPTOMETRIC USE OF DRUGS FOR DIAGNOSTIC AND THERAPEUTIC PURPOSES

Policy:

The American Academy of Ophthalmology believes no need exists for the use of drugs by optometrists for diagnostic and/or therapeutic purposes and therefore opposes legislation permitting such use.

Background:

Optometrists are not and need not be qualified by education, training or experience to diagnose eye disease or systemic disease. The diagnosis of eye disease and systemic disease constitutes the practice of medicine. Optometrists do examine patients with eye complaints, some of whom do not have problems entirely attributed to refractive errors (optical defects) correctable by glasses. Optometrists should be encouraged in the course of their examination to observe certain signs and question certain symptoms and refer such patients to licensed physicians and surgeons for definitive diagnosis and treatment where indicated.

Evaluation:

Drugs are not necessary to measure eye pressure. Technology is widely available for the measurement of eye pressure without the use of anesthetic eye drops. These tests are sufficiently accurate for screening purposes to identify a patient suspected of having glaucoma.

In the absence of visual symptoms, most abnormalities causing changes in the back of the eye can be detected by using examining techniques other than dilatation of the pupil. In those cases where enlargement of the pupil is required, special diagnostic equipment is also required that necessitates training and experience not possessed by optometrists.

Drugs may have very serious side effects including death. Optometrists are not trained to administer emergency medical treatment to patients suffering severe drug reactions nor are they licensed to administer emergency drugs. Some eye drugs can precipitate an attack of acute glaucoma in minutes or hours. This serious vision-threatening emergency

OPTOMETRIC USE OF DRUGS FOR DIAGNOSTIC AND THERAPEUTIC PURPOSES

Page 2

must be recognized immediately and treated medically and/or surgically. Only an ophthalmologist is qualified to administer medical and/or surgical treatment to patients with acute glaucoma.

Developed by: Committee for State Affairs
Secretariat for Governmental Relations

Approved by: Board of Directors, 6/27/81

JAMES H. PATTERSON, M.D.
A Professional Corporation
Subspecialty Pediatric Ophthalmology
3500 LA TOUCHE
ANCHORAGE, ALASKA 99504

RECEIVED

APR 13 1984

April 09, 1984

Josephson,

Dear Senator Josephson:

You will probably be asked to consider and to vote on ammended HB 225, the optometric drug bill which was recently passed by the House. As a medical doctor and an ophthalmologist, I feel that this legislation is not needed nor is it in the best interest of the people of the State of Alaska.

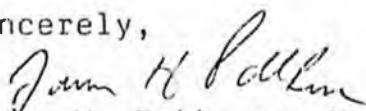
Giving nonmedical practioners the unrestricted use of "legend drugs" for diagnostic purposes would allow the use of such broad categories of drugs such as topical anesthetics (drugs which numb the eye) mydriatics (drugs which dilates the pupil), miotics (drugs which constricts the pupil and also is used to treat glaucoma). This bill would allow optometrists the use of such drugs as cocaine (a mydriatic and a topical anesthetic) and atropine (mydriatic). If atropine is given to certain members of our population it can precipitate narrow angle glaucoma which is an abrupt rise in the internal eye pressure which can cause a severe reduction in vision and eventual blindness. Acute narrow angle glaucoma is an eye emergency and requires surgical intervention and treatment all of which is way beyond the scope of optometry.

HB 225 as written would have the Board of Optometry alone deciding what legend drugs maybe used and by whom. There would be no cross checks by the Board of Pharmacy or Medicine. This could be likened unto one branch of our government, namely the executive, legislation or judical section deciding by themselves alone what policie, and laws are best for the people of the State of Alaska!

I have previously sent articles to your HESS and Financial Committee chairpersons showing the vast difference in the number of hours of training between optometrists and ophthalmologists, as well as the ease with which significant eye disorders maybe detected and appropriately referred without the use of topical eye mediciations. Please look at the articles again.

If I can furnish any additional information or clarify any of the points I have attempted to make, please do not hesitate to contact me. Please do not allow HB 225 to pass.

Sincerely,


James H. Patterson M.D.
JHP/ez

Office 562-2969
Home 345-3215

THOMAS J. HARRISON, M.D., F.A.C.S

A PROFESSIONAL CORPORATION

3500 LATOUCHE, SUITE 250

ANCHORAGE, ALASKA 99508

(907) 561-1530

DISEASE AND SURGERY
OF THE
RETINA AND VITREOUS

April 10, 1984

Joe Josephson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Joe:

This is a letter to refresh your memory of our discussion last year concerning the Optometric Bill.

The current House Bill 225 is a treatment and diagnostic bill which I think presents many problems most of which we discussed earlier.

Most of us feel that a certain minimum amount of education is necessary to produce a professional such as a lawyer or a physician. It is also common thinking that people who choose to obtain less education can undertake many of the activities of the professions but that supervision is necessary.

To legislate people who have chose limited levels of education into positions of the professions hold some obvious dangers.

I would refer you to the literature that I gave you last year.

Thank you for your consideration.

Sincerely yours:



Thomas J. Harrison, M.D.
TJH/smh

RECEIVED

APR 13 1984

Josephson.

RECEIVED

STANLEY N. JONES, M.D.
HAINES, ALASKA 99827

APR 13 1984

REPLY BY AIR MAIL

Josephson,

April 10, 1984

Honorable Senator Joe Josephson
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Josephson:

I am writing to you to express my displeasure with HB 225. I am opposed because it is a hazzard to the people of Alaska to receive treatment with medications by people who are not trained in pharmaceutical and drug treatment.

Once a group is granted certain rights, the grandfather clause frequently continues those rights, even if it is discovered that a mistake in judgement was made in granting the rights. Only authorize those people to practice medicine who have been licensed to practice medicine by the State of Alaska.

Would the state license me to captain one of their ferries just because I have operated my own boat? Certainly the liability exposure would be greater then with a trained and certificated vessel captain. Even with such precautions an occasional rock gets scraped. Lets be as careful with medicine as we are with our ferries, planes, courts, schools, and many other public services.

I believe that it is the responsibility of the legislature to look after the proper protection of all of the citizens of the state.

Sincerely yours,

Stanley N. Jones, M.D.

SNJ/da

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

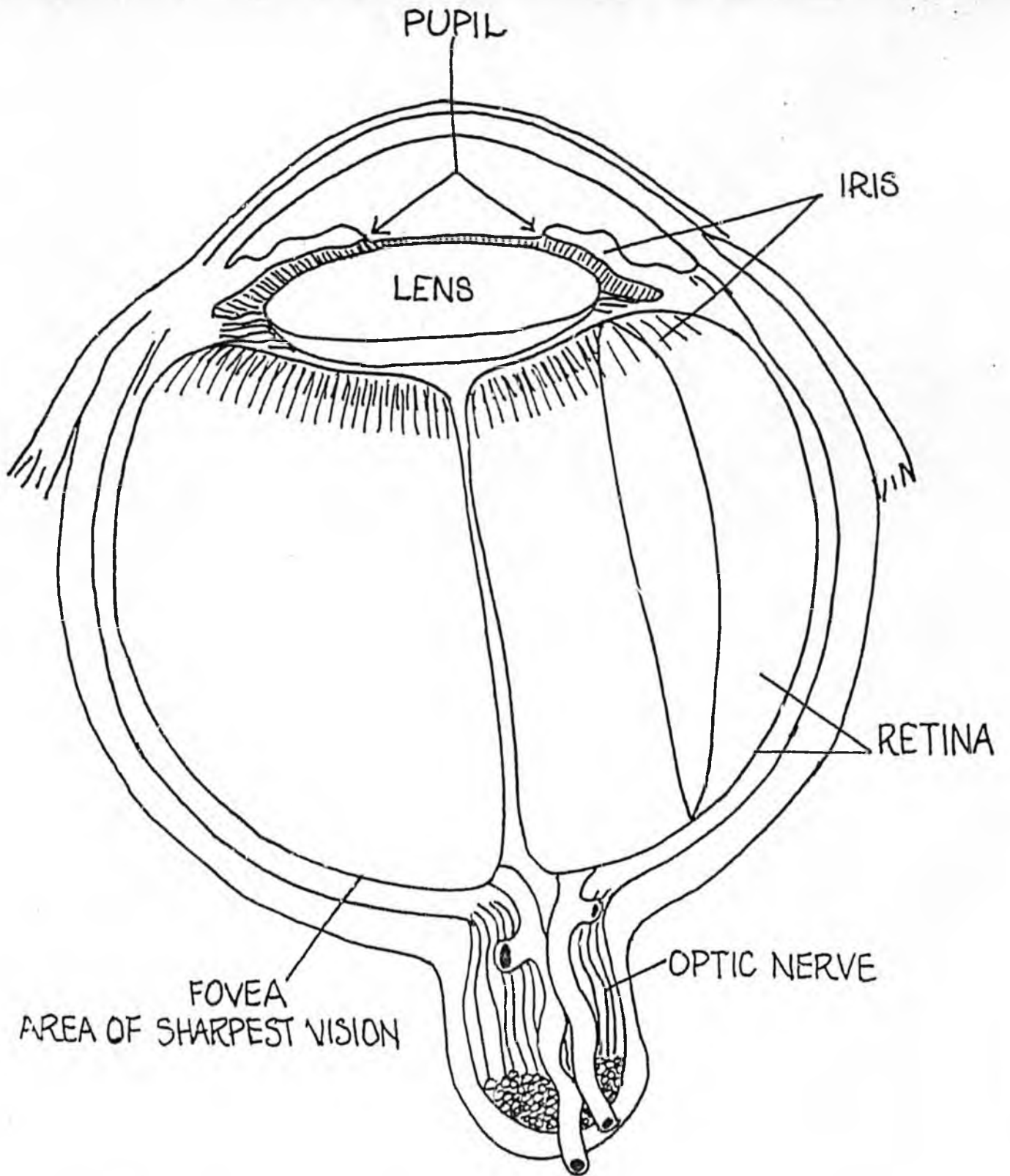
Approved by Commissioner: Richard A. Lyon

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)



THE HUMAN EYE

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

DEFINITIONS

Mydriatics - this type of pharmaceutical agent dilates the pupil to provide an improved view of the retina. This is particularly useful in patients with small pupils or those who have central cataracts (opacifications in the lens of the eye).

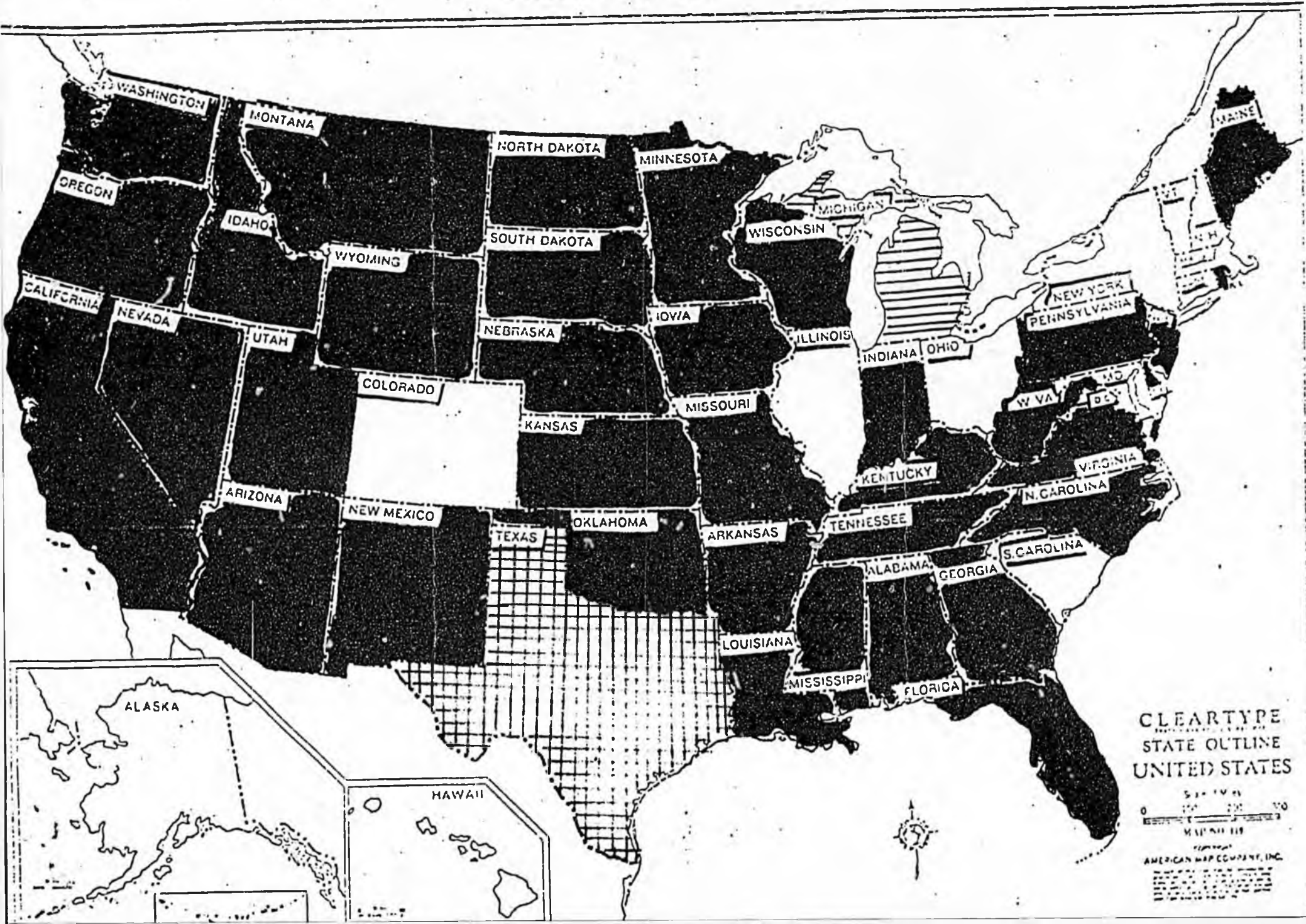
Corneal anesthetics - these temporarily remove corneal sensitivity to allow special viewing instruments to be placed in contact with the cornea.

Cycloplegics - used to inactivate the nearpoint focusing mechanism of the eye. This provides a better estimate of the required correcting lens power in certain cases, such as some farsighted individuals.

Miotics - these constrict the pupil and lower the fluid pressure in the eye in the rare cases where the pressure is raised abnormally by the mydriatic.

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

February 25, 1983



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 Carolina*	June 3, 1977
Kentucky	March 29, 1978
Wisconsin	April 29, 1978
Nebraska	February 13, 1979
South Dakota	March 15, 1979
Utah	March 21, 1979
North Dakota	March 22, 1979
Arkansas	April 2, 1979
Nevada	May 25, 1979
Iowa	June 8, 1979
Georgia	February 14, 1980
Arizona	April 25, 1980
Idaho	March 23, 1981
Oklahoma	April 6, 1981
Washington	April 23, 1981
Missouri	July 24, 1981
Minnesota	March 8, 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.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU ALASKA 99801
907-465-3800


LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 17, 1984

SUBJECT: Optometry
(HB 225)

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

FROM:  Russ Josephson
Legislative Counsel

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

HB 225

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

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

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

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

Section 5 Adds a definition of "legend drugs".

Representative Mae Tischer
Page 2
February 17, 1984

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

CSHB 225 (HESS)

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

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

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

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

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

Representative Mae Tischer
Page 3
February 17, 1984

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

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

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

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

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

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

RJ:ojb
J3/111

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

PRESIDENT

Points in Favor of HB 225

1. Enactment will save patients time, money, travel by avoiding unnecessary referrals to ophthalmologists or other physicians for minor eye disorders. We estimate, based on the experience of West Virginia, that the elimination of extra visits would save Alaskans \$235,000. in the first 3 years, not counting travel and lost time. State Medicaid costs will also be reduced.

2. ODs are better trained and equipped than general physicians to diagnose and treat eye conditions and to decide when they should be referred to a specialist, such as a neurologist or ophthalmologist.

3. Optometrists are located in many more cities and towns than are ophthalmologists. Occasional visits by ophthalmologists are insufficient when a patient has an acute condition that needs immediate treatment.

4. Restrictions against drug use were inserted when the optometry law was first enacted, and no longer reflect the training and capabilities of the doctor of optometry.

5. Dentists and podiatrists are non-physicians who have unrestricted drug prescribing privileges (any restrictions or conditions are imposed by their respective boards, as the dental board does in requiring additional training for the use of general anesthetics.) ODs have basic science and medical training comparable to that of dentists and podiatrists. In universities where optometry and dental schools are co-located, students of both professions attend the same classes in courses such as physiology and microbiology.

6. Alaskan ODs have recently completed a foundation course in therapeutics, adding to 4000 hours of background professional training. Further postgraduate educational opportunities are available at Veterans Administration hospitals and treatment clinics for those who desire them.

7. Optometry is a national profession of long standing, with the manpower and resources to provide quality primary eye care services. It is in the profession's own interest to maintain the highest standards of training and practice in this area.

72

UPDATING THE ALASKA OPTOMETRY LAW

Alaska Board of Examiners
in Optometry

Alaska Optometric Association

TABLE OF CONTENTS

1. Proposed revisions to AS 08.72, Alaska Optometry Law
2. Explanatory notes to the bill
3. Exhibits
 - A. Guidelines for pharmacology training in optometry
 - B. Comparison of optometry and medical school training in ocular anatomy, physiology, pathology, general and ocular pharmacology
 - C. States authorizing drug utilization in the practice of optometry
4. Public benefits of the legislation
5. Criticism of the legislation by ophthalmologists, and answers to the criticism
6. Appendix: Full curricula of optometry and medical schools compared in Exhibit B

Introduced: 2/3/81
Referred: Health, Education &
Social Services and Judiciary

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 SENATE BILL NO. 136

3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 TWELFTH 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 ophthalmic drugs by optome-
8 trists."

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

10 * Section 1. AS 08.72.300(2) is amended to read:

11 (2) "optometry" is the examination [, OTHER THAN BY THE USE
12 OF DRUGS,] of the human eyes and the visual system for the purpose of
13 ascertaining a departure from the normal, ascertaining the status of
14 the human visual system, including refractive and functional abilities,
15 or ascertaining the presence of ocular disease and any other departure
16 from the normal which may require [REQUIRES] referral to other health
17 care practitioners; or the diagnosis of an optical deficiency or de-
18 formity, visual or muscular anomaly of the human eye; [,] or the pre-
19 scription or application of lenses, prisms or ocular exercises, or other
20 procedures taught by schools and colleges of optometry for the correc-
21 tion or relief of the human eye;

22 * Sec. 2. AS 08.72.300(3) is amended to read:

23 (3) "practicing optometry" is an examination [, OTHER THAN
24 BY THE USE OF DRUGS,] of the human eyes and visual system for the
25 purpose of ascertaining a departure from the normal, ascertaining the
26 status of the human visual system, including refractive and functional
27 abilities, or ascertaining the presence of ocular disease and any other
28 departure from the normal which may require [REQUIRES] referral to
29 other health care practitioners; or the diagnosis of an optical defi-

1 ciency or deformity, visual or muscular anomaly of the human eye; [,]
2 or the prescription or application of lenses, prisms or ocular exer-
3 cises, or other procedures taught by schools and colleges of optometry
4 for the correction or relief of the human eye; [,] or the holding of
5 oneself out as being able to do so;

6 * Sec. 3. AS 08.72 is amended by adding a new section to read:

7 Sec. 08.72.277. USE OF DRUGS. A person may not use a drug in the
8 practice of optometry, except that a person licensed under this chapter
9 may use an ophthalmic drug if

10 (1) the drug has been identified as an ophthalmic drug by
11 regulation of the board;

12 (2) he has completed courses and clinical experience in the
13 use of ophthalmic drugs approved by the board and offered by a recog-
14 nized school or college of optometry, and has passed a test given by
15 the school or college in the use of ophthalmic drugs;

16 (3) he has passed an examination on the pharmacology of
17 ophthalmic drugs given by the board; and

18 (4) he has received an endorsement by the board to his
19 registration certificate authorizing him to use ophthalmic drugs and
20 specifying restrictions on their use, if any.

21 * Sec. 4. AS 17.15.010 is amended by adding a new subsection to read:

22 (b) Notwithstanding (a) of this section, an ophthalmic drug
23 identified by regulation of the Board of Examiners in Optometry may be
24 sold, given away, bartered, exchanged, or distributed upon the written
25 order or prescription of an optometrist who is authorized to use the
26 drug as provided in AS 08.72.277.

27 * Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

28 (b) AS 17.15.010 and 17.15.020 do not apply to the sale at whole-
29 sale by drug jobbers, drug wholesalers and drug manufacturers, or at

1 retail in a pharmacy by a pharmacist, of an ophthalmic drug identified
2 by regulation of the Board of Examiners in Optometry to an optometrist
3 who is authorized to use the drug as provided in AS 08.72.277. AS 17.-
4 15.010 and 17.15.020 do not apply to the sale of an ophthalmic drug
5 identified by regulation of the Board of Examiners in Optometry by one
6 optometrist authorized to use the ophthalmic drug to another optometrist
7 authorized to use the drug.

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Explanatory Notes to the Bill

Section 1

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

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

Section 2

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

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

Section 3

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

EXHIBIT A

Guidelines for Pharmacology Training
in Optometry

Major Points

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



SPECIAL ISSUE OF ASCOPE

Vol. 2 Number 9

June 6, 1975

Pharmacology Curriculum
Guidelines for Continuing
Education Courses

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

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

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

Adopted
March 13, 1975

Guidelines for Pharmacology Continuing Education

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

II. Course objectives: to increase the optometrist's knowledge of:

- A. the systemic effects of systemic medications from a mechanistic, diagnostic and therapeutic standpoint,
- B. the ocular effects of systemic medications from a mechanistic, diagnostic and therapeutic standpoint,
- C. the ocular effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint,
- D. the systemic effects of ocular drugs from a mechanistic, diagnostic and therapeutic standpoint, and
- E. diagnostic ocular pharmaceutical agents (DPA) --- theory and practice.

III. Guidelines for the course content.

A. General Pharmacology

1. Principles of Drug Actions

- a. Dosage forms
- b. Routes of administration
- c. Pharmacodynamics
 - (1) absorption
 - (2) distribution
 - (3) fate (metabolism)
- d. Mechanisms of action
 - (1) agonists and antagonists
 - (2) receptors and acceptors
 - (3) synergism, additivity and competitive antagonism:

2. Host Factors and Placebos

3. Drug Categories (to include adverse ocular and systemic effects)

a. Neuropharmacologic agents

- (1) anesthetics
- (2) CNS depressants (general)
- (3) effects of drugs on synaptic transmission
- (4) major and minor tranquilizers
- (5) antidepressants
- (6) CNS stimulants (general)
- (7) analgesics (selective CNS drugs)

b. Cardiovascular agents

- (1) hemopoietics
- (2) antihypertensives
- (3) anticoagulants
- (4) cardiac glycosides
- (5) antiarrhythmics
- (6) vasolidators

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

B. Ocular Pharmacology

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

IV. Teaching/Learning Activities

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

EXHIBIT B

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

Major Points

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

Southern College of Optometry

University of Minnesota Medical School

Course	Quarter Credits	Course	Quarter Credits
<u>Required Courses</u>		<u>Required Courses</u>	
BIOMED 110-130 Human Anatomy & Physiology (special emphasis on eye, related structures)	18	Phcl 5110-5111 Pharmacology	8
BIOMED 133 Vegetative Physiology: Ocular Biochemistry	3	InMd 5229 Eye	2
BIOMED 213 Principles of Pharmacology & Therapeutics	2	<u>Elective Courses</u>	
BIOMED 220 Principles of Medicine II: Clinical Pathology and Pharmacology	4	8101 Clinical Ophthalmology	not specific
BIOMED 221 Physiological Optics II: Monocular Sensory and Motility	4	8102 External Diseases	"
BIOMED 224 Ophthalmic Pathology I	6	8103 Medical Ophthalmology	"
BIOMED 230 Principles of Medicine III: Clinical Pathology and Pharmacology	4	8104 Radiology of the Eye, Orbit and Head	"
BIOMED 231 Physiological Optics III: Monocular Sensory & Binocular Vision		8105 Motility	"
BIOMED 234 Ophthalmic Pathology II	6	8107 Ocular Anatomy	"
BIOMED 310 Principles of Medicine IV: Pediatrics and Pediatric Optometry	3	8122 Physiologic Optics	"
BIOMED 313 Advanced Principles of Pharmacology and Therapeutics	2	8141 Ocular Pathology Conference	"
BIOMED 320 Principles of Medicine V: Gerontology & Geriatrics	3	8142 Ophthalmic Pathology Laboratory	"
BIOMED 323 Pharmacology: Ocular and Systemic Pharmacology	4	8143 Pathology of the Eye	"
BIOMED 330 Principles of Medicine VII: Dermatology	2	8151 Basic and Applied Ophthalmology	"
BIOMED 333 Pharmacology: Clinical Pharmacology	4	8152 Ophthalmology Laboratory	"
CLINIC 310-431 General and Special Clinics	43	8154 Seminar in Ophthalmology	"
		8155 Special Topics in Ophthalmology	"

EXHIBIT C

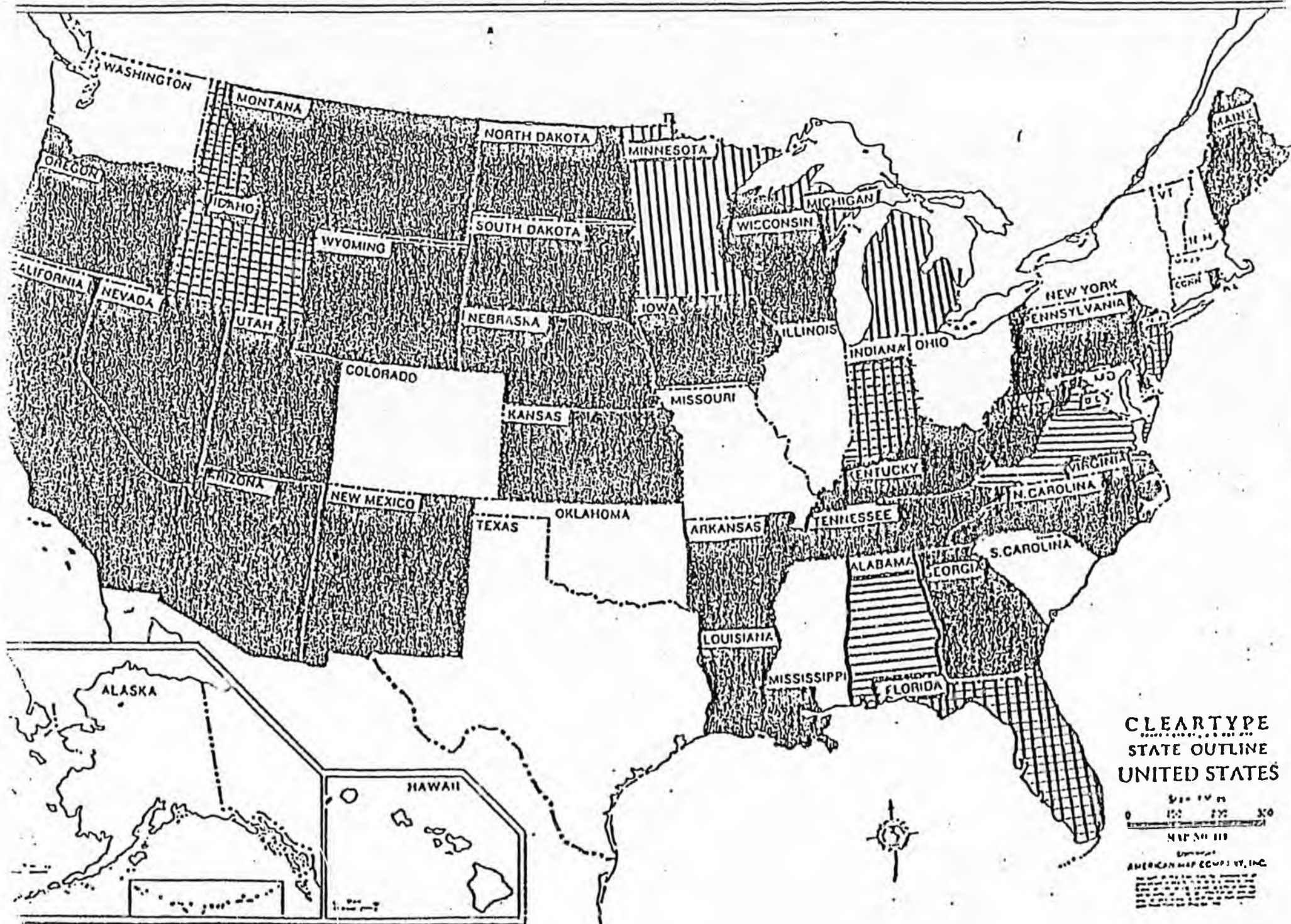
States Authorizing Drug Utilization
in the Practice of Optometry

Major Points

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

UTILIZATION OF PHARMACEUTICAL AGENTS BY OPTOMETRISTS

JUNE 8, 1979



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