

ALASKA LEGISLATURE COMMITTEE FILES 1983 - 1984 86/2

2706 SLC HB 225 (FILE 2)

2706

clinical practice to include the application of drugs to the eye would be an irrational approach toward the protection of public health.⁴³ If the curricula of optometric schools demonstrated sufficiently integrated instruction in human anatomy/pharmacology/physiology/pathology to provide the optometric graduate with an adequate basis for making appropriate clinical decisions of diagnosis, then such a legislative extension of clinical opportunity, and responsibility would be reasonable. Crash courses are not an adequate substitute³⁸ for many hours of supervised clinical experience.⁴³

It should be repeated that the strong interest of the state in protecting the public, has traditionally and appropriately placed rigid conditions and restrictions upon the right to affect public health.³⁹ It should also be repeated that this power to restrict health care practice is recognized as proper regardless of its effect upon the economic interests of those regulated.⁴⁰

It is doubtful that an informed public would voluntarily accept a role as an on-the-job training clinical practice model so that the optometrists can gain the clinical experience needed to use drugs. The consumer public currently has expectations which include a higher standard of knowledge by the medical service provider than ever before. These expectations directly flow from the public's increased understanding that they each, as individual complex biologic units, are biochemically affected in manifold ways via the environment, foods and drugs. Any legislative change which would franchise greater administration of drugs and which simultaneously does not require firm, convincing evidence of a profound understanding of the disease to be detected, its effect on the human body, the biochemistry of the drug to be used, ignores the public right to be protected from incompetency and the public right to make decisions concerning its health care. The public has a right to understand that any practitioner, presuming to diagnosis ocular disease that usually have total body manifestations, is making diagnostic decisions based upon training which comprehends all of the above principles.

IV. AGENCY ACTION FOR ASSURANCE OF THE HIGHEST QUALITY EYE CARE FOR THE CONSUMER.

The public should be able to rely upon state certification of competency. Legislation which does not demand evidence of such competency before certification fails in its duty to provide public protection in matters of health.

Currently, states have little control over the calibre of training which optometrists acquire prior to licensure. An optometrist may have trained in an optometric school unaffiliated with any medical center, he may have obtained the minimal training necessary to qualify for graduation, but once having graduated, he can apply for and obtain a license with ease.⁴¹

The State Board of Optometry certifies the competency to use drugs of those optometrists which it approves for licensing.⁴² Two problems are immediately apparent:

- 1) The members of the Board of Optometry have little personal experience in ocular pharmacology, ocular pathology, and diagnosis. They are themselves graduate of optometry schools which have offered limited training because the board members took their training when little time was devoted to course work in pharmacology, and now have little experience with drugs. It is difficult to see how such a Board can adequately evaluate such clinical ability in optometric applicants for licensure, nor is it clear how such a Board can construct any 'refresher' course that would adequately prepare the optometrist for his broadened responsibilities. What is usually used is a 'canned' course, prepared elsewhere.
- 2) The ability of the Board to carry out its mandate to protect the public from those few individuals that would use these diagnostic drugs also as therapeutic drugs would find themselves in a frustrated position. The Board can do nothing to prevent this and the fine for practicing medicine without a medical license is only \$100.00.

The regulation of the profession by the Optometric Board will be considered appropriate so long as it is reasonable and necessary in the interest of health, safety of the people.⁴⁴ Licensing of optometrists by a Board itself lacking in the necessary qualifications to evaluate clinical performance and knowledge, is manifestly unreasonable. To grant the right to optometrists to use diagnostic drugs who are poorly qualified to do so, is not a reasonable, or an appropriate, or a necessary means of 'protecting' the public health.

The regulation of the practice of optometry is not for the benefit of the licensee, but for the state and its people.⁴⁵ Certainly, if the practice of medicine and surgery is a proper subject for careful and precise legislation, so also should be legislation which concerns eye care and those who provide it to the public.⁴⁶

V. CONCLUSION

Having looked critically at the past trend toward the expansion of optometric services into medical care, and with the present trend of more and more states defeating this kind of bill, it is proper that some statement be made regarding an appropriate role for this vision care professional.

If the optometrist will be expected to diagnose eye disease, then one of two events must occur:

- 1) optometric training must be upgraded substantially enough to provide him with clinical expertise sufficient to satisfy appropriate public expectations of high competency; or
- 2) optometrists must work in an association with ophthalmologists close enough to provide for the day-to-day transmission of diagnostic information from the M.D. to the O.D., and allow the latter to obtain practical involvement in treatment rationals and administration. This would be similar to the military, Veterans Administration and Alaska Native Service, where the optometrist use these drugs under the direct supervision of the ophthalmologists.⁴⁷

Having once recognized the above solutions two problems immediately present themselves. The first solution would require the relocation of optometric schools to permit integration with medical training and include a complete restructuring of optometric training. So much change would be needed that any difference between the ophthalmologist and optometrist would evaporate. However, if any group of practitioners presumes to medically minister to the public it must accept the rigorous training which must precede such responsibility. There is no quick and easy path to competent understanding of a subject becoming increasingly complex year-by-year. The optometrists seem to want to become doctors, but do not want to go through the extensive number of years training it requires. This is particularly true when the results of error or incompetency can be blindness.

The second solution, close day-to-day association of optometrist/ophthalmologist, creates a psychological hurdle - perhaps an economic one as well. Optometrists would be required to visualize themselves in a supportive role. This is difficult for any professional to do, especially if he has historically been conditioned to see himself as a member of a separate group, practicing independently. So long as he can offer only limited eye care, he is in a supportive role to those who offer complete eye care. This cooperative association is currently working well in the Veteran's Administration System, the military and the Alaska Native Service. It could work well in private care.

Finally, if state legislatures believe that it is proper to expand the medical opportunities of this health-care group of practitioners via redefinition and short-course catch-up lectures without restructuring fundamental educational requirements and experience, there can be little rationale for not doing the same for all paramedical groups, e.g. naturopaths, acupuncturists, and faith healers.

Rationally, the legislature must either strictly require very high state-of-the-art medical training standards to protect its citizens or it should minimize that responsibility and lower its standards to permit each group to economically advance at the public expense. The latter practice would also reduce the educational time and

experience required to produce specialist M.D.'s- but, of course, such physicians would be recognized as marginally or totally incompetent. Should the standard be any different for optometrists who wish to medically diagnose eye disease that is so closely linked with the body as a whole functioning unit?

Thank you for your time and the opportunity to present this view indorsed by the State Ophthalmologic Association.

FOOTNOTES:

- 1 - Worthen: The Ophthalmologic-Optometric Interface. Transactions of American Academy of Ophthalmology and Otolaryngology *3:OP-155, 1977
- 2 - Representative of most ophthalmology residency programs, it is that of the University of Minnesota, Mayo Clinic Graduate School of Medicine. Following graduation from Medical school and a general or specialty internship, the resident enters a program which requires 65 hours a week of ophthalmologic instruction; of this, approximately 8 hours a week is devoted to formal, didactic lecture, the remainder is clinical or laboratory activity. This weekly schedule continues over a twelve month academic year, for three years. Some of a nine month written home study course administered by the Academy of Ophthalmology. Some programs require an additional one year of ophthalmology. Department of Ophthalmology, University of Minnesota, Mayo Clinic Resident 1974-1977.
- 3 - Curriculum, University of Minnesota College of Medicine. The basic curriculum required of any candidate for an M.D. degree includes 128 credit hours of 'medical' subjects; this does not include clinical studies which are specifically directed toward a specialty interest. Although optometrists may agree that these requirements are not appropriate for them, such an analysis ignores the fact that in expanding their role into the practice of medicine optometrists should be subjected to the same educational requirements. Unfortunately, there is no short-cut to professional competence. This is particularly true in the rapidly expanding and complex field of medicine. The public has a right to demand strict legislative requirements before practitioners are certified as competent.
- 4 - Worthen, note 1, OP-158, supra.
- 5 - Trapnell, The Impact of National Health Insurance on the Use and Spending for Sight Correction Service, 1976. (This study was underwritten by the American Optometric Association, and the Optical Manufacturers Association.) It reveals that optical device sales represent 66% of the funds expended for optometric services and 19% of funds expended for ophthalmologist services, at Tabel 1 of the Trapwell Study.
- 6 - This figure includes \$920 million spent for optician and \$220 spent by institutions. The categories of service providers are not included in this discussion since they are not involved in patient care.
- 7 - This economic impact will be divided not only by optometrist and ophthalmologists, but also by opticians and lens/fram/contact lens manufacturers.

8 - Worthen, note , Op-157, supra.

9 - On Blue Shield Survey: In 1975, actuaries for Blue Shield in Connecticut requested of optometrists data necessary to project the cost of insurance covering optometric examinations. One hundred sixty six out of 266 active optometrists responded listing their age, number of years in practice, and number of eye examinations performed each year, and the cost of an eye examination, exclusive of the cost of glasses, so called service charges or visual training. Similar data was gleaned from ophthalmologists, It was concluded that the average optometrist see 23.3 patients per week. Exclusive of patients seen for medical surgical problems or for follow-up care, the average ophthalmologist, of whom there are 160 in Connecticut, sees 56 patients per week for complete eye examinations. Also, if this patients per examiner data is carried over to fit national figures for the number of practicing O.D.'s and ophthalmologists it indicates that about 60% of the primary eye care is rendered by ophthalmologists in the United States right now.

A report prepared for the Optical Manufacturers Association by a consulting actuarial firm (Trapnell Report-1975) presented data based upon national surveys conducted in 1975. The reporters estimated that approximately one-half of 50 million professional eye examinations were done by ophthalmologists and one-half by optometrists. This report dealt only with persons seeking entry into the eye services field for so-called "sight correction" services and did not count all of the services provided by ophthalmologists otherwise for persons who seek out an ophthalmologist otherwise for persons who seek out an ophthalmologist for treatment of medical and surgical problems. (Ophthalmologists obviously do 100% of significant eye surgery and treatment of major eye disease) It is remarkable to note that even though there were approximately 10,000 practicing ophthalmologists, as compared to 20,000 optometrists in the United States, that half of the 50 million so-called "routine eye exams" were performed by ophthalmologists during the year 1976.

10- Department of Commerce and Occupational Licensing

11- Obviously, where ophthalmologists are rare, optometrists see the bulk of patients. However, public education, assistance with payment of medical bills via Medicare and Medicaid, the high mobility of today's population, and the trend toward urban population clustering near ophthalmologists and other specialists certainly influence this bias toward ophthalmologists.

12- R.C.W. 18.53.005 Legislative Declaration: "The legislature finds and declares that the practice of optometry is a learned profession and affects the health, welfare and safety of the people of the this state, and should be regulated in the public interest and limited to qualified persons..." (Amendment 1975)

- 13 - Ellstad v. Swayze, 15 Wash. 2^d 281, 130 P2^d 354 (1942).
See also, Ketchum v. King Co. Medical Service Corp., 81 Wash 2^d 565, 502 P2^d 1197, 1200 (1973)
- 14 - Swayze, note 13, 353, supra.
- 15 - Kelly v. Carroll, 36 Wash 2^d 482, 219 P2^d 79, 90.
(1950)
- 16 - Campbell v. State, Id., at 462
- 17 - Gellhorn has recently argued that state licensing statutes are in fact attempts by the profession or occupation involved to control competition by means of restrictive admission to practice. Even Professor Gellhorn would admit that the licensing of health professions is necessary and probably rises above such criticism. Gellhorn, The Abuse of Occupational Licensing, 44 University of Chicago L.R.6, 1976.
- 18 - Semmler v. Oregon State Dental Examiners, 294, U.S.608, 611, (1934); State v. Wilson, 11 Wn. App. 916, 528 P2^d 279 (1974)
- 19 - R.C.W. 18.53.140
- 20 - Laughney v. Maybury, 145 Wash. 146, 259 P.17 (1927)
- 21 - Ellstad v. Swayze, note 47, 353, supra, Accord. Dantzler v. Callison, 230 S.C. 75, 94 WE 2^d 177, app. dismd. 352 U.S. 939 (1956)
- 22 - Kelly v. Carroll, note 15, 85, supra.
- 23 - Art. 20, 2
- 24 - Ellstad v. Swayze, note 13, 353, supra.
- 25 - State v. Bonham, 93 Wash 489, 161 P 377, 379 (1916)
- 26 - Kelly v. Carroll, note 22, supra.
- 27 - State ex rel Fleming v. Cohn, 12 Wash 2^d 425, 121 P2^d 954 (1942)
Accord, State v Hauk, 32 Wash 2^d 68; 203 P2^d 693 (1949)
- 28 - 61 Am Jan 2^d, Physicians, Surgeons, and other Healers, 19;86
ALR 623, 624
- 29 - Ex parte Whitly, 144 Cal. 167, 77 P 879 (1904)
- 30 - "It is enough that...it might be though that the particular legislative measure was...rational..." Williamson v. Lee Optical Co., 348 U.S. 483, 488 (1955), Douglas, J., majority opinion)
- 31 - See note 15, supra.
- 32 - Campbell v. State, note 15, supra.
- 33 - "A law which reduces or prevents any increase in an ...evil tends to safeguard the public welfare..." Id. at 462. (emphasis added).
- 34 - Williamson v. Lee Optical, note 29, supra.
- 35 - State v. Houck, note 27, 700, supra.
- 36 - Worthen, note , Op-160, supra.
- 37 - "...the legislature was careful to require definite knowledge

- 38 - West Virginia Statute 30-8-5 requires those optometrists who wish to use drugs to complete those requirements which the board of optometry may see fit to establish. The board of optometry requires attendance at a pharmacology course similar to that described in note 43, infra.
- 39 - Ellstad v. Swayze, note 13, supra.
- 40 - Campbell v. State, note 15, supra.
- 41 - R.C.W. 18.54070
- 42 - R.C.W. 18.54.030 - In fact, the statute excludes from board membership any optometrist "...who has any connection with any school...of optometry..." It could be presumed that optometrists teaching at optometric schools would be best qualified to judge the qualifications of optometric candidates and possess the most currency in clinical information.
- 43 - A letter from Leon Candeb, O.D., Director Pennsylvania College of Optometry describes the lecture outlining in pharmacology used by Kentucky, Florida, Pennsylvania and New Mexico. This course involves participation by the optometrist in six weekend sessions (Saturday and Sunday) and ends with a three hour examination covering the presented material. A letter from Sam A. McConkey, M.D. to the Honorable Charles Parr:

ON OPTOMETRISTS PRACTICING IN THE STATE OF ALASKA

According to figures obtained in February of 1978 from the Department of Commerce, Division of Licensing, there are 40 licensed optometrists in Alaska. Their educational background is as follows:

- 24 attended Pacific University College of Optometry (1951-1976)
 - 5 attended Illinois College of Optometry (ICO)
 - 4 from 1948 to 1960 and 1 graduated in 1977
 - 3 attended Southern College of Optometry
 - 2 attended the University of Houston College of Optometry
 - 1 attended Southern California College of Optometry
 - 1 attended Los Angeles College of Optometry (No longer listed as an optometric school)
 - 1 attended Northern Illinois College of Optometry (No longer listed as an optometric school)
- In one case, it is unknown to the Department of Commerce where he went to school.

The following is a summary of pharmacology training at these various institutions.

Pacific College of optometry has NO M.D., Ph.D., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Illinois College of Optometry, prior to 1960, had NO M.D., Ph.D., or anyone with a masters or bachelors degree in pharmacology teaching. The one graduate of 1977 may have been taught by one professor in the category of Ph.D. or masters or bachelors degree.

Southern College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

University of Houston College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Southern California College of Optometry has NO M.D. teaching in pharmacology; has two instructors listed as either a PhD. or masters or bachelors degree.

It follows that at least from all the available evidence, the maximum number of optometrist in the state that had any pharmacology training from any qualified instructor at all, is two; one from the Illinois College of Optometry who graduated in 1977 and the one graduate of Southern California College of Optometry. It appears that the maximum number of optometrists in the state that had any pharmacology training from any M.D. or M.D./PhD. in pharmacology is zero.

The maximum number of optometrist in the state that had any instruction at all from any full-time M.D. on the staff of the school is zero.

The maximum number of M.D.'s in even a part-time capacity on the staff of any school attended by 37 of the 40 optometrists in Alaska, is two. From a survey of the Blue Book of Optometry which was last issued in 1976, it appears that the maximum number of members of the State Board of Optometry that even have a bachelors degree from any school is two of the six board members that are listed. It would seem reasonable that there would be an ophthalmologist either in the teaching or in the clinical aspect of optometric education, but it appears from the available evidence, that the maximum number of optometrists currently practicing in Alaska that had any full or part-time instruction, either by lecture or in the clinical setting by an ophthalmologist is zero.

44 - State v. Spino, 61 Wash 2^d 246, 377 p2^d 868, 870 (1963)

45 - Pennington v. Benelli, 15 Cal App 2^d 316, 59 P2^d 448

46 - Campbell v. State, note 15, 466, supra.

47 - The AAO Nov-Dec. 1977. "AGREEMENT REACHED ON DEFINITION OF MILITARY OPTOMETRIST- The army, Navy and Air Force have agreed on a common definition limiting the services optometrist may render to military personnel. Prior to the new definition, the three military branches had differing definitions which the AAO mailed to all state ophthalmological societies earlier in the year. On June 15th James W. Foristel, AAO Congressional Liason, met with Robert Smith, M.D., Assistant Defense Secretary for Medicine, who was attempting to have all three of the service's Surgeons General agree on a common definition. In September, they reached agreement on the following single definition.

'The optometric clinic provides optometric patient services under medical supervision. Optometrist examine the eyes and

advised to include refraction and other procedures, prescribe lenses to correct refractive errors and improve vision. They refer patients to physicians for diagnosis and treatment of suspected disease. Optometrists use appropriate drugs to perform optometric procedures. When using these drugs, immediate medical care is available in the event of adverse reaction."

48 - The Optical Journal and Review of Optometry, June 15, 1976
Volume 113 No. 6

TABLE A. EXAMINING ELEMENTS THAT INDICATED OPHTHALMOLOGIC
DISEASE IN 716 PATIENTS.

HISTORY	255	(35.6%)
VISUAL ACUITY	198	(27.7%)
EXTERNAL EXAMINATION BY HAND- HELD FLASHLIGHT	157	(21.9%)
REFRACTION	4	(.6%)
TONOMETRY	69	(9.6%)
SLIT LAMP	23	(3.2%)
UNDILATED FUNDUS	9	(1.3%)
DILATED FUNDUS	<u>1</u>	<u>(.1%)</u>
	716	100%

TABLE I

SYMPOSIUM ON LEGISLATION

PH. D. THESIS BY DON C. PEARSON, M. D. - APRIL 28, 1977 - WORTHEN
 THE OPHTHALMOLOGIC OPTOMETRIC INTERFACE T. A. A. O. O. 1977

Comparison of Optometry and Ophthalmology

	Optometrists	Ophthalmologists
1 - License	In all states as optometrists	In all states as Physicians and Surgeons
2 - Prerequisite	2 yrs. of college (60% of beginning students have baccalaureate degree or higher)	Graduation from Medical School (M.D.) 3 - 4 years College
3 - Curriculum	School or College	Medical school internship, Postgraduate (residency)
Pharmacology	64 hours* 126 hours **	307*** (187 hrs. general with 18 months clinical and 120 hrs. ocular with 4yrs. 6mo. clinical)
Pathology	20-60 hours	200 hours general with 3 years clinical and 148 hours ocular with 3 years clinical
4 - Period of training	4 yrs (34-36 months)	3-5yrs. (36-60 months)
5 - Time for education after high school	6-8yrs (54-72 months) Max. 4yr. undergrad. Max. 4yr. Opt. college	11-14yrs. (120 months)
6 - Number of active practitioners	21,900	9,322
7 - Number of students	4,985	1,914 (residents)
8 - Total number of practitioners and students	24,933	10,496
9 - Total number of eye professionals	24,800 (70% of total)	10,629 (30% of total)
* Mr. George Hall's report on Pennsylvania School of Optometry to March 1, 1978 meeting of Legislative Coalition of Health Care Professionals.		
** 126 hours - Southern College of Optometry		
*** Mayo Clinic and Iowa		

TABLE 1A

OPTOMETRIC EDUCATION DEFICIENCY DOCUMENTED FOR REDBOOK SURVEY
 As prepared by John W. Gamel, M. D.
 University of Louisville School of Medicine

EDUCATIONAL BACKGROUND REQUIRED FOR DELIVERY OF EYE CARE:
 Comparison between Optometry and Ophthalmology*

REQUIREMENT	OPTOMETRY	OPHTHALMOLOGY
Admission	2 years of college	4 years of college plus 4 years of medical school
Total Training after High School	6 years	12 years
Class and Laboratory Time	1,650 hours	3,249 hours
Supervised Practice of General Medicine (Internal Medicine, General Surgery, Obstetrics-Gynecology, Psychiatry, Primary Care)	0 hours	3,240 hours
Supervised Practice of Medicine and Surgery of the Eye	0 hours	5,240 hours
TOTAL TRAINING HOURS	1,650 hours	11,739 hours
Number of years during which training occurred	4 years	7 years
Hours per year	412½ hours	1,677 hours

*Information abstracted from:

1. Course Handbook of Indiana University, Division of Optometry, 1975-76.
2. American Association of Medical Colleges Curriculum Directory, p. 86 87 (re: University of Louisville School of Medicine.)
3. Residency Training Schedule, Department of Ophthalmology, University of Louisville.

TABLE Ib

BREAKDOWN OF HOURS SPENT IN EDUCATION OF OPHTHALMOLOGIST

1. Class & Laboratory:		
Medical School		
1st year	871	
2nd year	<u>748</u>	1,619
2. Residency:		
Lectures:		
5 hrs per wk x 150 weeks	750	
Basic Science		
40 hrs per wk x 10 weeks	400	
Home Study		
20 hrs per mo x 24 mos	<u>480</u>	1,630
TOTAL DIDACTIC TRAINING (HRS.) (1 + 2)		3,249
3. Supervised Practice of General Medicine		
54 wsk x 60 hrs. per wk (includes night calls & weekends)		3,240
4. Supervised Practice of Medicine and Surgery of the Eye		
35 hrs per wk x 150 weeks		5,250
TOTAL TIME SPENT IN SUPERVISED PRACTICE (HRS.) (3 + 4)		8,490
TOTAL TIME SPENT IN FORMAL EDUCATION OF OPHTHALMOLOGIST AT THE UNIVERSITY OF LOUISVILLE (HRS.) (1 + 2 + 3 + 4)		11,739

RESIDENCY TRAINING SCHEDULE, DEPARTMENT OF OPHTHALMOLOGY
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINESummary of Hours of Didactic Learning
Offered During Residency:

Ongoing Lectures:

Monday, a.m.	1 hour
Tuesday, a.m.	1 hour
Thursday, a.m.	2 hours
Friday, a.m.	1 hour
TOTAL:	5 hours per week

Basic Science Courses:

40 hrs. per wk lectures/labs
Duration: 10 weeks

Home Study Course:

20 hrs per month
Duration: 24 months



TABLE 2

PH. D. THESIS BY DON C. PEARSON, M. D. - APRIL 28, 1977 - WORTHEN
 THE OPHTHALMOLOGIC OPTOMETRIC INTERFACE T. A. A. O. O. 1977

Service offered by Optometrist and Ophthalmologist

<u>Service</u>	<u>Optometrists</u>	<u>Ophthalmologists</u>
Refraction	99%	99.5%
Ophthalmoscopy	92%	99.5%
Contact Lenses	79%	58%
Visual Fields	75%	94%
Tonometry	66%	99.5%
Orthoptics	50%	53%
Low-vision aids	40%	55%
Biomicroscopy	32%	99.5%
Aniseikonic Testing	8%	9%
Treatment of eye disease	1-2%	100%
West Virginia and North Carolina		
Surgery	0%	99%

ALASKA

-  Ophthalmologists
-  Itinerant Ophthalmologists

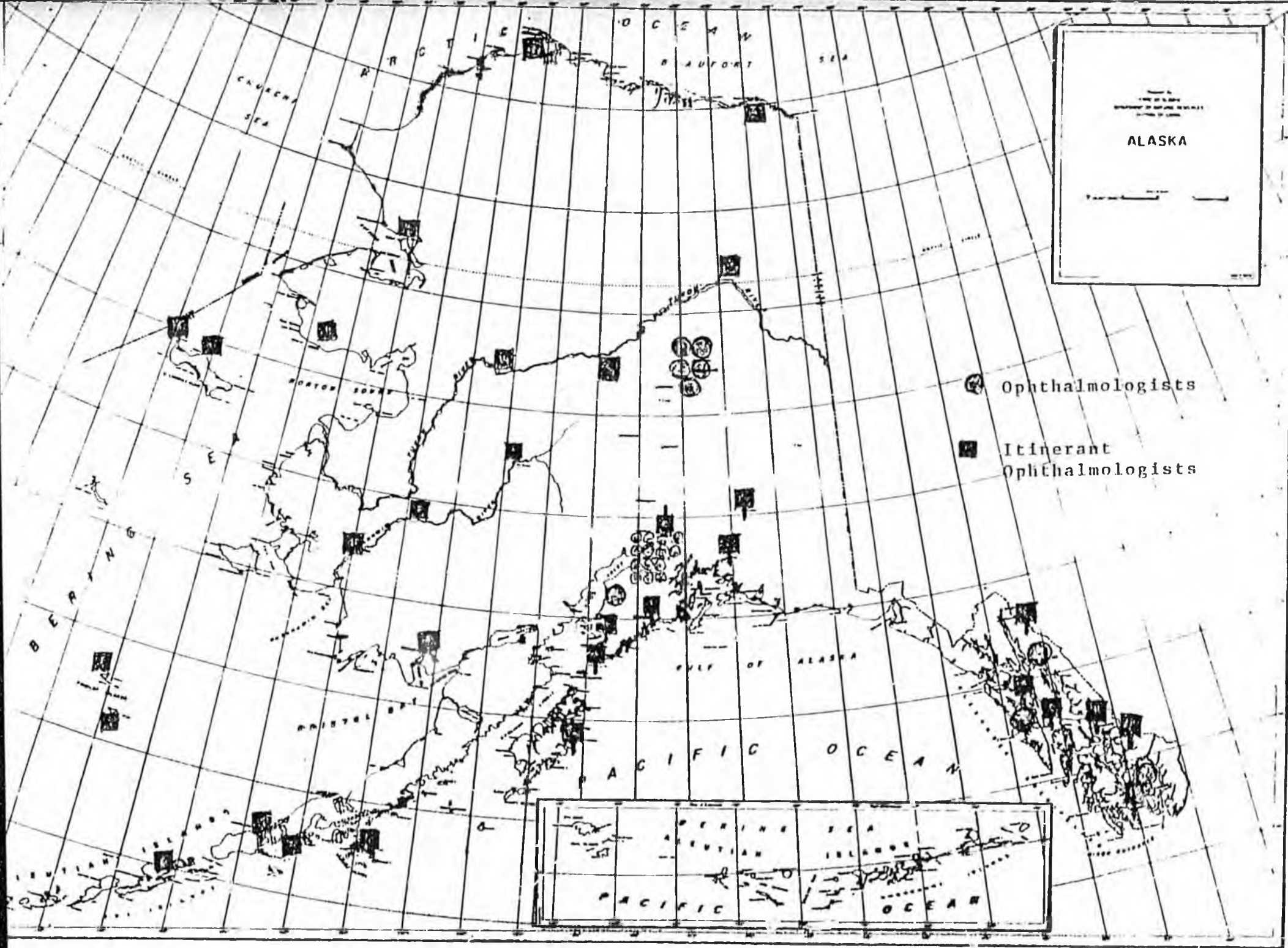


TABLE 3

CIVILIAN CONSUMER SPENDING FOR VISION CARE AND SIGHT CORRECTION
SERVICES IN 1975

<u>A. Expenditures</u>	<u>OFFICES OF OPTOMETRISTS</u>	<u>OFFICES OF OPHTHALMOLOGISTS</u>
General examinations	\$525	\$510
Medical treatment and therapy	40	500
Ophthalmic Services:		
Corrective Eye glass Lenses	865 (49.6%)	180 (14%)
Contact Lenses	285	60
Other	<u>30</u>	<u> </u>
	1,745	1,250
		No optical shops No surgery

How the General Practitioner Can Determine The Need for Ophthalmologic Referral

Henry S. Campell, MD, *Martinsville, Virginia*

WHEN should a patient be referred to an ophthalmologist? Are eye drops and sophisticated instruments needed to make the referral decision? These questions are crucial to the proper care of eye problems, whether the patient presents initially to a physician or to a non-medical practitioner.

This study delineates the ways in which the possibility of visual system disease can be recognized in non-ophthalmologic office practice.

Method

The author, an ophthalmologist practicing in a semi-rural area of Virginia, documented 1,000 consecutive office patient visits from October 9, 1978, through December 14, 1978. Each of these visits was classified into one of three groups: no disease, new disease, and old disease. No disease meant that the patient had no significant complaints, may or may not have required glasses for normal visual acuity and had no findings of a significant medical problem. New disease meant that the patient gave a history suggesting significant visual system disease and/or was found to have significant visual system disease; new disease patients had not been seen or treated previously for this problem by the examiner or by his partner ophthalmologist. Old disease patients had a significant visual system disease which had been seen and/or treated previously by the examiner and/or by his partner ophthalmologist. Patients with concomitant old and new disease problems were classified according to the new problem. Patients with more than one old disease problem were classified according to the more serious problem.

Address correspondence to Dr. Campell at PO Drawer 3151, Martinsville VA 24112.

Submitted 1-12-79.

All patient examinations included history, visual acuity, external examination, slit lamp biomicroscope examination and a view of the fundus oculi through undilated pupils. Tonometry was done in all adult patients without infection. A dilated fundus examination was done in all patients scheduled for a routine examination plus those patients where history and/or other examination indicated the need. Visual field examinations were done where indicated.

Results

In a mature ophthalmologic practice, one expects to see relatively few patients without disease. Indeed, the examiner in this study saw only 284 patients (28.4%) without disease and 716 (71.6%) with disease. In the diseased group, 491 (65.6%) were already under observation or treatment.

Table 1 lists the means by which disease was suspected. Notice the heavy preponderance of history, visual acuity, and external examination by hand-held flashlight as the initial clues to disease. These three are, of course, different facets of the same stone and could well be combined, i.e., if a patient states that he does not see well, and if his visual acuity is indeed decreased, then the patient's history is confirmed. In 610 (81.2%) of the 716 patients with disease, this triad

Table 1. Examining Elements That Indicated Ophthalmologic Disease in 716 Patients.

History	255	(35.6%)
Visual Acuity	198	(27.7%)
External Examination by Hand-Held		
Flashlight	157	(21.9%)
Refraction	4	(.6%)
Tonometry	69	(9.6%)
Slit Lamp	23	(3.2%)
Undilated Fundus	9	(1.3%)
Dilated Fundus	1	(.1%)
	716	100%

indicated visual system disease. Refracting four high myopes or noticing thick spectacle lenses would have indicated the need for careful indirect ophthalmoscopy for peripheral retinal abnormalities.

The majority of patients with new disease presented with acute processes, such as infection, iridocyclitis, foreign bodies and the like; here history, visual acuity and external examination by hand-held flashlight again gave the clue. Those patients with old disease had chronic disorders such as cataracts and glaucoma; for these, tonometry and slit lamp examination added meaningful information. The 69 patients found to have glaucoma could have been suspected of the disease by using Schoitz tonometry or non-contact "air puff" tonometry. The nine patients found to have optic atrophy, glaucomatous cupping, diabetic retinopathy, and macular degeneration were suspected by viewing the fundus oculi through the undilated pupil.

Slit lamp biomicroscopic examination gave the clue in 23 of the 716 patients with disease, mainly for diseases of the cornea, silent iridocyclitis, and potential narrow-angle glaucoma. Two new and seven old patients with potential narrow-angle glaucoma were seen. Dilating the pupils of these nine patients could have precipitated disastrous attacks of acute narrow-angle glaucoma, and mydriatic eye drops were distinctly contraindicated.

An asymptomatic superior retinal hole was found in one patient because the history of retinal detachment in the other eye made an extraordinarily diligent search of the retina mandatory. Without this history and with only a routine examination of the retina, the hole would have been missed by the examiner.

Only one patient had a significant abnormality which was not suspected prior to dilating the pupil. Although her benign choroidal nevus was known to her from an examination about one year prior, she did not reveal this to the examiner initially.

Table 2 sums up how disease was suspected in the 716 patients found to have visual system problems.

Conclusions

How, then, can the non-ophthalmologic practitioner know when a patient should be referred to an ophthalmologist? Most often, the study shows, through the basic medical triad of history, visual acuity, and looking at the external eye with a flashlight. Family physicians can take heart at this. And they may be cheered as well to know that the success of this triad obviates the need for sophisticated instruments: In only 23 of the 716 patients suspected of having dis-

Table 2. How the Non-Ophthalmologic Practitioner Could Have Determined the Need for Ophthalmologic Referral in 716 Patients.

History, visual acuity, external examination (the basic medical triad)	610/716	(85.2%)
History, visual acuity, external examination, undilated fundus	619/716	(86.5%)
History, visual acuity, external examination, undilated fundus, tonometry	688/716	(96.1%)
History, visual acuity, external examination, undilated fundus, tonometry, noticing thick spectacle lenses	694/716	(96.6%)
History, visual acuity, external examination, undilated fundus, tonometry, noticing thick spectacle lenses, slit lamp	715/716	(99.9%)

NOTE: In nine of the above 716 patients, dilation of the pupil with eye drops could have induced an attack of acute narrow-angle glaucoma.

ease was an instrument required that is not in the office of most physicians, namely, a slit lamp.

As for eye drops, the recommendation is BEWARE. Eye drops can, in certain cases, change a chronic visual problem into a dangerous emergency. Nine patients seen in this study, as noted, had the potential for acute narrow-angle glaucoma, and dilating the pupils of any of these nine patients could have produced an extreme emergency in the office of the general practitioner or non-medical optometrist. Moreover, eye drops may precipitate alarming side effects; in the course of this study two patients with corneal foreign bodies became faint, with decrease in blood pressure and nausea, after application of topical anesthetic drops (although neither patient had a seizure or total loss of consciousness).

In sum, to both the conscientious physician and the conscientious optometrist the need for referral of a patient to an ophthalmologist is usually obvious through the application of history, visual acuity, and external examination by hand-held flashlight, and does not require sophisticated instruments.

Most importantly, do not dilate the pupil. Routine tonometry according to established standards and viewing the fundus oculi through the undilated pupil are the additional needed methods. The use of mydriatic drugs to dilate the pupil risks precipitating acute narrow-angle glaucoma by a 9:1 ratio over uncovering any hidden disease process.

Acknowledgment

The author thanks Donald W. Richman, MD, and Douglas M. Rampona, MD, for their assistance and advice.

WHO TEACHES OPTOMETRISTS MEDICINE?

CURRENT SCHOOL CATALOG STUDY COMPARES FACULTIES AT SEVERAL TYPICAL MEDICAL AND DENTAL SCHOOLS WITH FACULTIES AT ALL OPTOMETRY SCHOOLS IN THE U.S.

MEDICAL COLLEGES	Total # of Students	Total # of Faculty	Faculty Student Ratio	Total # of M.D. Professors (Full or Part Time)	Full Time Clinical* Teaching M.D. Specialists	OPHTHALMOLOGISTS (M.D. Eye Specialists)			PHARMACOLOGY DEPARTMENT		O.D.s	O.D./Ph.D.	Other Ph.D., M.S. or B.S.	COMMENTS
						Full Time	Part Time	M.D. Residents	M.D.s - M.D./Ph.D.	Ph.D., M.S. or B.S.				
Medical University of South Carolina College of Medicine	660	1,281	1.9	651	201	3	23	9**	6	25	0	0	630	* CLINICAL — Refers to working with patients in hospitals or out-patient clinics ** Ophthalmology Residents spend 3 months during their 3-year residency in an intense basic science course taught by nationally prominent Ophthalmologists at Colby College, Waterville, Maine
Duke University College of Medicine	489	1,102	2.3	632	483	8	10	16	2	7	0	0	470	
Medical College of Georgia	720	944	1.3	495	246	3	10	8'	2	10	0	0	449	
DENTAL COLLEGES														
Medical University of South Carolina College of Dentistry	160	312	2.0	74	0	0	0	0	6	25	0	0	123	84 D.D.S. teaching mostly Clinical 9 are D.D.S., Ph.D.
Medical College of Virginia College of Dentistry	439	353	.80	33	0	0	0	0	8	20	0	0	127	126 D.D.S. teaching mostly Clinical 20 are D.D.S., Ph.D.
COLLEGES OF OPTOMETRY														
Southern College of Optometry	604	49	.08	2 PART TIME	0	0	0	0	0	0	37	2	7	The 2 part time M.D.s are classroom lecturers in Pathology.
Illinois College of Optometry	600	56	.09	1 PART TIME	0	0	0	0	0	1	47	1	6	The only M.D. is a part time Lecturer in Pathology.
Pennsylvania College of Optometry	552	89	.16	5 PART TIME	0	0	2	0	0	1	55	4	17	
Southern California College of Optometry	384	83	.22	5 PART TIME	0	0	2	0	0	2	65	5	8	
Pacific University College of Optometry	340	23	.07	1 PART TIME	0	0	0	0	0	0	12	1	8	The only M.D. is a Professor of Physics and Optics, part time.
New England College of Optometry	332	66	.20	4 PART TIME	0	0	2	0	0	1	52	5	4	
University of Houston College of Optometry	284	64	.23	2 PART TIME	0	0	0	0	0	0	47	4	7	The 2 part time M.D.s are Classroom Lecturers in Pathology.
Indiana University College of Optometry	276	38	.14	0	0	0	0	0	0	0	21	4	11	No M.D.s on Staff.
Ohio State College of Optometry	228	63	.28	1 PART TIME	0	0	1	0	0	0	46	4	12	The only M.D. is part time. He lives 100 miles away in Cincinnati.
University of Alabama College of Optometry	160	48	.30	3 PART TIME	0	0	0	0	1	0	22	9	12	All M.D.s are part time classroom lecturers. One M.D./Ph.D. lectures in Pharmacology.
State University of New York College of Optometry	160	122	.76	9 PART TIME	0	0	6	0	0	0	87	3	22	
University of California Berkeley College of Optometry	256	77	.30	9 PART TIME	0	0	6	0	0	0	43	11	12	One part time M.D. teaches in Public Health, one in Engineering and one in Physiological Optics
Ferris State College of Optometry	100	31	.31	0	0	0	0	0	0	3	1	0	29	All but 2 of these 29 also teach in the Biology and Chemistry departments of the Undergraduate College.

CAN MEDICAL EYE CARE BE ENTRUSTED TO OPTOMETRISTS WHEN THIS STUDY PROVES THAT THERE ARE NO FULL-TIME M.D. INSTRUCTORS IN ANY OPTOMETRY SCHOOL ANYWHERE?

Study Compiled for PEN Inc. by the EDUCATIONAL CATALOG STUDY COMMITTEE OF THE SOUTH CAROLINA OPHTHALMOLOGICAL SOCIETY
DECEMBER, 1977.

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

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

Dennis A. Swarner, O.D.
Robert D. O'Connell, O.D.

Doctors of Optometry
Drawer 4370
Kenai, Alaska 99611

Telephone (907) 283-7575

RECEIVED

MAR 21 1983

Josephson,

March 16, 1983



Joe Josephson
Pouch V
Juneau, Alaska 99811

Dear Mr. Josephson;

I am writing you to voice my endorsement of the Optometric Drug Bill and to enumerate some facts concerning Optometric and Ophthalmology as it is practiced in Alaska.

Optometrists give the state much larger coverage than does Ophthalmology. The Kenai has two Optometrists and two Ophthalmologists. As you well know, 50% of the Kenai's Ophthalmologists now practice in Juneau. The other Ophthalmologist practices 3 day per week in Soldotna, one day per week in Anchorage and one day per month in Seward.

My partner and I both practice 4 days per week in Kenai. My partner travels 1 day every two weeks to Homer and I travel 1 day every 3 weeks to Seward and 1 day per month to Seldovia. The larger bulk of the Vision Care given on the Kenai Peninsula is delivered by Optometry, this holds true for the entire state.

Optometric credentials far outweigh those of the General Practitioner concerning eye care! Every graduate of an Optometric School has an undergraduate degree, BS or BA plus 4 years studying the eye adnexa, its care and conservation!

Ophthalmologists contrary to their ballyhood claims, are in reality not as well trained in many aspects of eye care as are Optometrists.

Optometrists are as well trained as Dentists and Podiatrists and should be allowed to utilize their training!

If medicine had a jurisprudence specialty you as well as all other non-medical members, of the legislature would be considered and presented by organized medicine as lacking.



Member
American Optometric Association

Some Alaskan Optometrists are presently using every drug considered in this bill daily. This occurs in the military as well as the public sector. Many of the drugs which would be covered by this bill are available without prescription to the general public.

To paraphrase Milo Fritz, M.D., who has been a vocal opponent of this bill in the past, "If you want to use drugs, go to Medical School." To me this translates, "Don't compete against medicine."

In summing up I would like to make these points:

1) Where needed, drugs help you give a much better examination.

2) Many of these drugs are presently available without prescription to the general public.

3) Optometrists are qualified to use the drugs which would be covered by the Optometric Drug Bill.

4) When enacted the Optometric Drug Bill will save Alaskans a lot of money.

5) The jury is already in! The enclosed map shows where Optometrists are allowed to use drugs. Many of these states have allowed Optometric drug use for years with positive results.

I would appreciate your support of this bill. If I can be of any further help please feel free to contact me.

Sincerely;



Robert D. O'Connell, O.D.

DR. M.C. FALCONER
DR. J.C. FALCONER
DR. T.F. HARBOUR
DR. W.D. FAULKNER
DR. D.L. THANEPOHN
OPTOMETRISTS

ANCHORAGE EYE AND CONTACT LENS CENTER

1345 W. NINTH AVE. PHONE: (907) 272-2557

ANCHORAGE, ALASKA 99501

Nov 7

March 7, 1983

Honorable Joe Josephson
Pouch V
Juneau, Alaska 99811

RECEIVED

MAR 10 1983

Dear Joe,

Josephson,

We talked earlier this year about Optometry and the use of drugs. Please support House Bill 225, when it reaches the senate.

Optometry is trained and can regulate itself with respect to drug usage. The M.D.'s should regulate M.D.'s and Optometry should regulate Optometry. I feel frustrated not being able to use the full extent of my training.

Incidentally, I am licensed in Washington and Oregon where I can use drugs in my practice.

Respectfully,

Jim Falconer
Jim Falconer, O.D.

3/31/83
Paper 315
1201 Daniels St #311
Anchorage, AK 99501

Sen. Joe Josephson

Senate

House

Comm.

P.O. Box 1
Anchorage, AK 99501

Senator Joe Josephson

I strongly urge you to support

House Bill 225 Allowing use of Drugs

by OPTOMETRISTS. This will help

lower cost to Senior Citizens for Eye Care,

for a 60 year resident & my wife

is a 30 year resident of Alaska. We would

Appreciate your support.

Thank you.

Sign 4. Spack
Fruite H. Spack

John W. Page II O.D.
4050 Lake Otis Suite 103
Anchorage, Alaska 99504

April 8, 1983

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APR 13 1983

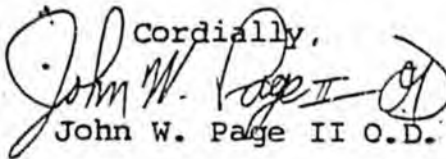
Josephson,

Senator Joe Josephson
Chairman Senate HESS Committee
Pouch V
Juneau, Alaska 99801

Dear Chairman,

I strongly urge you to support House bill 225, which would allow Doctors of Optometry to use Ophthalmic drugs in their Professional practice.

Thank you for your thoughtful consideration.

Cordially,

John W. Page II O.D.

JWP/cp

c/c Dr. Phillip W. Bach

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APR 13 1983

Josephson

4.6.83
WAYNE HOWE
1021 W. 12TH
ANCHORAGE, AK
99501

SENATOR JOSEPHSON,

I URGE YOUR SUPPORT OF THE
OPTOMETRIST'S DRUG BILL. IT WILL BE
REALLY HELPFUL IN AREAS WITHOUT SPECIALISTS,
WHERE THE GENERAL PRACTICE DOCTOR MUST
PROVIDE TREATMENT WITH FAR LESS EYE
TRAINING THAN THE OPTOMETRIST. WE
NEED BETTER AVAILABILITY OF EYE CARE
IN ALASKA.

Thank You
Wayne R. Howe

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

April 8, 1983

RECEIVED

APR 12 1983

Senator Joe Josephson
Chairman HESS
Pouch V
Juneau, Alaska

Josephson,

Dear Senator Josephson;

I strongly urge your support for the bill relating to the practice of optometry, authorizing the use of drugs.

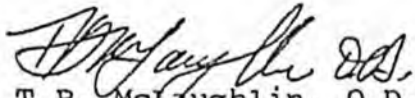
For the past ten years I have been the only resident eye care practitioner in Sitka. Presently an ophthalmologist visits Sitka, for 3-4 days, 2-3 times a year. This makes me the only specialized eye care provider for 11½ months a year, for a population of approximately 8,000 people.

I have always been proud to practice in the state where I was born and have resided for 35 years. Now I am finding myself having to cope with out-dated legislative restrictions which limit the effectiveness of my practice. Although I have received hours of training in the use of pharmaceuticals, which would allow me to be licensed to use them in all but a few states, I am unable to put this to use for the benefit of my patients.

Those Sitkans that do require treatment must travel to Seattle or Juneau, or be treated with little or no diagnostic work-up, by the general practitioner who has little specialized ocular training and none of the specialized instrumentation which I have in my office. This situation results in expensive and often inappropriate care.

Allowing optometrists to fully utilize their extensive training would be of great benefit to all Alaskans. Thank you for your support.

Sincerely,


T.B. McLaughlin, O.D.

TBM/dd

[RECEIVED]

APR 12 1983

SRA Box 1026-B
Anchorage, Alaska 99502
April 7, 1983

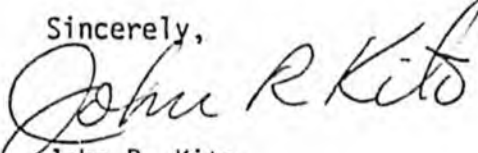
Josephson,

Senator Joe Josephson
Chairman, Senate HESS Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Josephson:

Please support HB 225/SB 189 allowing use of ophthalmic drugs by optometrists. This legislation is in the best interest of the people of Alaska in saving money and time, especially for "bush" residents.

Sincerely,



John R. Kito

April 8, 1983

Senator Joe Josephson
Chairman HESS
Pouch
Juneau, AK

Dear Senator Josephson:

I am writing to ask you for your support on allowing optometrists to use drugs. I feel this greatly benefit the residents of Sitka and all Alaska.

Thanking you in advance
for your help.

Sincerely,
Karen A. Bueyka

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APR 13 1983

Josephson

April 8, 83

Dear Senator Josephson,

I strongly urge you to support
the optometry drug bill. As a
concerned citizen, I feel if this bill
is passed, our family optometrist could
serve us more efficiently.

Thank-you.

Mr. & Mrs. Joseph Mack
331 Lionheart Ct.
Anchorage, Ak. 99504

RECEIVED

APR 13 1983

Josephson

RECEIVED

APR 13 1983

Joe Josephson
Senator
Pouch V
Juneau, Alaska 99811

Josephson

April 7, 1983

Dear Senator Josephson;

I am a Physicians' Assistant practicing in Alaska and am writing to you to voice my support of SB ~~22~~ 189.

I have been a Physicians' Assistant for four years and have worked in states that have legislature allowing Optometrists to use pharmaceuticals in the diagnosis and treatment of eye disorders. I frequently refer patients to them and have been pleased with the quality of care and have had positive feedback from those patients.

I have found that the limitations placed on them by not allowing them to use pharmaceuticals in their practice a handicap.

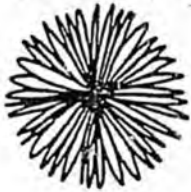
I hope that when this bill comes before you that you will support it.

Thank you very much for your consideration in this matter.

Respectfully,

Barry L. Campbell

Barry L. Campbell PA-C



PROFESSIONAL BUILDING COMPANY, INC.
529 SIXTH AVENUE • 907-452-6334 • FAIRBANKS, ALASKA 99701

April 7, 1983

[RECEIVED]

APR 13 1983

Senator Joe Josephson
Pouch V
Juneau, Alaska 99811

Josephson,

Dear Senator Josephson;

I would like offer support for passage of SB 189.

For many years our company has rented space to physicians, dentists and optometrists and I am familiar with their educational backgrounds. There is a great deal of it that is the same and in many instances in the same classes at the same colleges or universities.

It seems strange that with the similarities in background and training that dentists can use and prescribe many drugs while optometrists are prohibited from using any at all.

Sincerely,

Patricia L. Rosen
Manager

PLEASE REPLY BY AIRMAIL

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

RECEIVED

April 7, 1983

13 1983

Senator Joe Josephson
Pouch V
Juneau, Alaska 99811

Josephson,

Dear Senator Josephson;

I am writing to urge support and passage of SB 189, a bill related to the use of drugs by optometrists.

Legislation similar to this has been before both houses in past sessions but the medical lobby has been successful in keeping it from the floor.

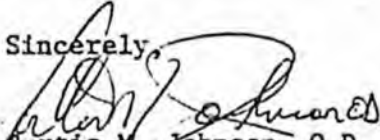
I am sure you have heard many arguments on both sides of the issue and will not bore you with a re-run, I would just like to point out a couple of things I think are significant.

Legislation similar to SB 189 are now law in 35 other States, some relatively new and many of long years standing so this is nothing new. Several studies have been done and there is not one documented case of eye injury or damage caused by the use of drugs by optometrists, indeed the results have all been positive in the area of more informed and timely referrals.

Another interesting point is that malpractice insurance, which is very expensive for physicians, is relatively inexpensive for optometrists and the insurance companies charge the same premiums whether drug usage is allowed or not. Also our premiums have remained stable for many years.

Thank you for your help in this matter.

Sincerely,


Curtis M. Johnson, O.D.

RECEIVED

APR 13 1983

Josephson,

April 4, 1983

The Honorable Joseph Josephson
Alaska State Senate
Fouch V
Juneau, Alaska 99811

Dear Senator Josephson:

I would like to offer my support for HB 225 and SB 189 which would permit appropriately trained and licensed optometrists to use prescription ophthalmic drugs for diagnosis and treatment of eye problems.

I work closely with two optometrists in Bethel, John Demske, O.D., and James Taylor, O.D., who are authorized under standing orders approved by the medical staff of the Yukon Kuskokwim Delta Regional Hospital* to use certain prescription drugs for the diagnosis and treatment of eye disorders. They also work under the indirect and direct supervision of the Ophthalmology Department at the Alaska Native Medical Center in Anchorage. John Demske has been operating under these standing orders for almost five years without mishap. Both optometrists have made a substantial contribution to the increased quality of eye care in this region. The physician staff respects their knowledge and expertise and regularly consults them regarding eye problems.

The Ophthalmology Department at the Alaska Native Medical Center has recommended that the eye care program operating in this region be considered as a model for other Service Units in the Alaska Area Indian Health Service. This recommendation has been supported by the Service Unit Directors and Clinical Directors of the Alaska Area.

The backbone of the health care system in rural Alaska has been trained paramedical personnel, including Physician Assistants, Nurse Practitioners, Public Health Nurses, Community Health Aides, and in this area, the Optometrists with the YKHC Eye Care Program. They have proved themselves vital in achieving otherwise unobtainably high standards of health care in remote areas. The professional performance of the optometrists in this region has been excellent. They have provided quality eye care services otherwise unavailable to the people of the Delta. They have recognized their limitations and always referred patients when appropriate.

Based on my experience with optometrists using prescription ophthalmic medications for specified diagnostic and therapeutic purposes in this area I am inclined to agree that the major obstacle to a more extensive utilization of the optometrists' special skills and knowledge is a financial one rather than a primary concern for the quality of eye care available to the people of the state.

I strongly endorse SB189 and HB 225. If I can be of any further help, please let me know.

Sincerely,

Bill Seaman MD

RECEIVED

APR 13 1983

DANIEL H. FARRAR, D.D.S.

BOX 543

KODIAK, ALASKA 99615

TELEPHONE 486-3257

Josephson,

4-8-83

Senator Joe Josephson
Chairman - Senate Health, Education + Social Services
Pouch V
Juneau, AK 99811

Dear Senator:

I would like to speak in favor of Senate Bill 189 allowing the topical application of various medications by optometrists.

The benefits to the public would be significant both in cost and convenience. By passing this bill you would allow optometrists to extend both their diagnostic and treatment services in areas of practice in which they are highly trained.

Thank you for your consideration.

Sincerely,

Dan Farrar, D.D.S.

KNOX N. CHRISTIE, D.D.S.

RECEIVED

APR 13 1983

April 7, 1983

~~Josephson~~

Senator Joe Josephson
Chairman, Senate Health, Education & Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Josephson:

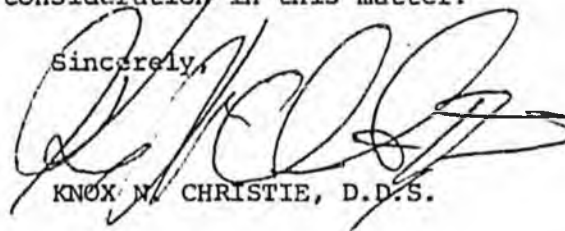
RE: Senate Bill #189, Optometric Therapeutic
Bill:

I am in favor of Senate Bill #189. Some regulation and certification relating to sufficient training in the area of topical therapeutic use should be addressed, and control administered by the state licensing board.

I believe that topical therapeutics use by optometrists would be valuable to their patients. If the competence of the administering optometrist is properly controlled, the bill would benefit the public health and the quality of the care the public receives would be enhanced.

Thank you for your consideration in this matter.

Sincerely,



KNOX N. CHRISTIE, D.D.S.

NORTH PACIFIC MEDICAL CENTER

P. O. BOX 948
KODIAK, AK 99815

TELEPHONE (907) 486-4183

LOREN HALTER, D. O. (D.A.B.F.P.)
FAMILY MEDICINE

GARY HURLBURT, PA-C

RON BROCKMAN, D. O.
ORTHOPAEDIC SURGERY
RICHARD HOLYOKE, PA-C

April 7, 1983

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APR 13 1983

Senator Joe Josephson
Chairman Senate Health, Education
and Social Services

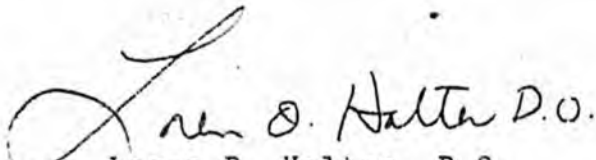
Josephson

Pouch V
Juneau, Ak 99811

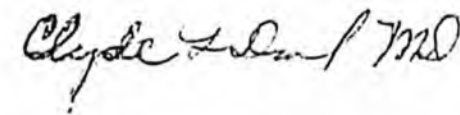
RE: Bill #189


Dear Sir:

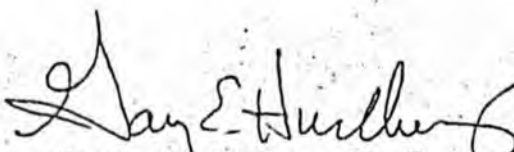
We the undersigned support Bill #189, Optometric Therapeutics.

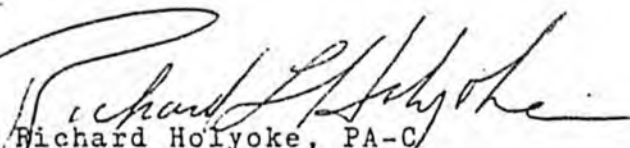

Loren D. Halter, D.O.


Ron Brockman, D.O.


Clyde Deal, M.D.


Kevin Creelman, M.D.


Gary Hurlburt, PA-C


Richard Holyoke, PA-C

April 9, 1983

Senator Joe Jeppesen
Chairman, Health, Education
and Senior Services
Alaska State Senate
Sach V
Tuneau, Alaska 99811

-RECEIVED-

APR 12 1983

Dear Senator Jeppesen:

I wish to express my support for Senate Bill 189 and
hope that you do likewise. I know that ophthalmologists
are more than qualified to decide when to treat
and when not to, usually reporting those patients.
It makes no sense to me to give ophthalmologists
exclusive right to treat minor eye infection
and charge high fees when they can already
make more money in one day of surgery than
most working people make in a month.

Please support this bill. Thank you.

Very truly yours)

Wm. Michael Brandenburg

Box 216 Chicago 905
Loge River, Alaska
99577

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

IDENT

Dennis A. Swarner, O.D.
Drawer 4370
Kenai, Alaska 99611
April 8, 1983

RECEIVED

APR 13 1983

Josephson

Joe Josephson
Pouch V
Juneau, Alaska 99811

Dear Mr. Josephson;

I am writing to ask your support for Senate Bill #189, an act relating to the practice of Optometry.

This bill would allow Optometrists to dispense drugs, as regulated by the Board of Optometry. This would put Optometrists on the same level as dentists and podiatrists as concerns the use of drugs in Alaska. The education of a Doctor of Optometry is similar to that of a dentist and podiatrist, with a background in the basic sciences and medical training.

Most of the Alaskan Optometrists have recently taken a transcript quality course in ocular therapeutics, and would like to be able to use these skills, that, if not used will deteriorate. It is in the interest of our patients and our profession that we be able to maintain the highest standards of training and practice.

Optometrists are located in more cities and towns than are Ophthalmologists. The passage of this bill that is before your committee would allow an Optometrist to provide care to a patient with an acute problem, saving that patient both time and money necessary to travel to see an Ophthalmologist.

As President of the Alaska Optometric Association, I would like to thank you for considering this bill.

Regards;



Dennis A. Swarner, O.D.

April 8, 1983

Dear Senator Josephson:

I strongly urge you to support the optometry drug bill. I feel that this will better enable my optometrist to serve the needs of my family.

Thank you,

Sara Castle

Sara Castle,

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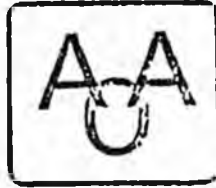
APR 13 1983

Josephson

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AS A UNIT IN THE ORIGINAL DOCUMENT.**

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AMERICAN OPTOMETRIC ASSOCIATION



BULLETIN

from

COUNSEL

VOLUME XXXIV, BULLETIN NO. 62

March 8, 1976

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

FROM: Thomas E. Eichhorst, J.D., Counsel; AOA, St. Louis

SUBJECT: West Virginia Legislation

DIST: O, T, Drs. Rhodes, Rush, Division Executive Committee Chair-
men, ED, WOD, GC, C, AA, Division Directors, E, NE,
Administrative Heads of Schools and Colleges

The West Virginia Legislature has enacted Committee Substitute for H.B. 1005 (as amended). The West Virginia House of Delegates (the lower house) on Monday, February 16, 1976 passed the bill by a vote of 58 to 39. On Friday, February 20, 1976 the state Senate passed the bill by a vote of 27 to 4. Governor Arch A. Moore, Jr., vetoed the bill on Saturday, February 28, 1976.

On Tuesday, March 2, 1976 the House considered the measure again. An amendment was proposed to strike therapeutics and treatment from the bill. This amendment was defeated 53 to 44. Then the House voted to override the Governor's veto by a vote of 59 to 39. (In West Virginia, unlike most states, there is no 2/3 vote requirement to override; only a 51% of the elected membership is needed.) On Thursday, March 4, 1976 the Senate defeated by a voice and standing vote the amendment to strike therapeutics and treatment. Then the Senate voted to override the veto by a vote of 27 to 6.

A copy of this new law is attached. The notations (on pages 6 and 10) indicate amendments made by the House of Delegates before the initial passage of the bill.

ENROLLED
COMMITTEE SUBSTITUTE
FOR

H. B. 1005

(By MR. SOMMERVILLE)

(Originating in the House Committee on the Judiciary.)

(Passed February 20, 1976; in effect ninety days from passage.)

AN ACT to amend and reenact section one, article five, and sections two, four and five, article eight, all of chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to the profession of optometry; adding, within the definition of "prescription," optometrist to the licensed professionals who order drugs or medicines or combinations or mixtures thereof in certain cases; providing for the redefinition of the practice of optometry; exempting the practice of osteopathy from the provisions of law regulating the practice of optometry; accreditation of schools and colleges of optometry and the qualifications, education, examination and certification of applicants to practice optometry.

Be it enacted by the Legislature of West Virginia:

That section one, article five, and sections two, four and five, article eight, all of chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted to read as follows:

ARTICLE 5. PHARMACISTS, ASSISTANT PHARMACISTS AND DRUG-STORES.

§30-5-1. Definitions.

1 The following words and phrases as used in this article,
2 shall have the following meanings, unless the context other-
3 wise requires:

4 (1) The term "drug" means (a) articles in the official United
5 States Pharmacopoeia, or official National Formulary, or any
6 other supplement to either of them, which are intended for use
7 in the diagnosis, cure, mitigation, treatment or prevention of
8 disease in man or other animals, and (b) all other articles in-
9 tended for use in the diagnosis, cure, mitigation, treatment, or
10 prevention of disease in man or other animals, and (c) articles,
11 other than food, intended to affect the structure or any func-
12 tion of the body of man or other animals and (d) articles in-
13 tended for use as a component of any articles specified in
14 clause (a), (b), or (c).

15 (2) The term "poisonous drug" means any drug likely to
16 be destructive to adult human life in quantities of five grains
17 or less.

18 (3) The term "deleterious drug" means any drug likely to
19 be destructive to adult human life in quantities of sixty grains
20 or less.

21 (4) The term "habit-forming drug" means any drug which
22 has been or may be designated as habit forming under the
23 regulations promulgated in accordance with Section 502 (d)
24 of the Federal Food, Drug and Cosmetic Act of June twenty-
25 fifth, nineteen hundred and thirty-eight.

26 (5) The term "pharmacy" or "drugstore" or "apothecary"
27 shall be held to mean and include every store or shop or
28 other place (a) where drugs are dispensed, or sold at retail,
29 or displayed for sale at retail, or (b) where physicians'
30 prescriptions are compounded; or (c) which has upon it or
31 displayed within it, or affixed to or used in connection with
32 it, a sign bearing the word or words "pharmacy," "pharma-
33 cists," "apothecary," "drugstore," "drugs," "druggists," "medi-
34 cine," "medicine store," "drug sundries," "remedies," or any

35 word or words of similar or like import; or (d) any store
36 or shop or other place, with respect to which any of the
37 above words are used in any advertisement.

38 (6) The term "prescription" shall be held to mean an
39 order for drugs or medicines or combinations or mixtures
40 thereof, written or signed by a duly licensed physician,
41 dentist, optometrist, as authorized by section two, article
42 eight of this chapter, veterinarian or other medical practi-
43 tioner licensed to write prescriptions intended for the treat-
44 ment or prevention of disease of man or animals. The
45 term "prescription" shall also include orders for drugs or
46 medicines or combinations or mixtures thereof transmitted
47 to the pharmacist by word of mouth, telephone or other means
48 of communication by a duly licensed physician, dentist,
49 optometrist, veterinarian or other medical practitioner licensed
50 to write prescriptions intended for treatment or prevention of
51 disease of man or animals, and such prescriptions received
52 by word of mouth, telephone or other means of communication
53 shall be recorded in writing by the pharmacist and the record
54 so made by the pharmacist shall constitute the original prescrip-
55 tion to be filed by the pharmacist. All such prescriptions shall
56 be preserved on file for a period of five years, subject to in-
57 spection by the proper officer of the law. The above shall apply
58 except for narcotic prescriptions, when all narcotic laws and
59 regulations must be complied with.

60 (7) The term "cosmetic," which shall be held to include
61 "dentifrice" and "toilet article," means (a) articles intended
62 to be rubbed, poured, sprinkled, or sprayed on, introduced
63 into, or otherwise applied to the human body, or any part
64 thereof for cleansing, beautifying, promoting attractiveness, or
65 altering the appearance, and (b) articles intended for use
66 as a component of any such articles, except that such term
67 shall not include soap.

ARTICLE 8. OPTOMETRISTS.

§30-8-2. Practice of optometry defined.

1 Any one or any combination of the following practices
2 shall constitute the practice of optometry:

3 (a) The examination of the human eye, with or without

4 the use of drugs prescribable for the human eye, which drugs
5 may be used for diagnostic or therapeutic purposes for topical
6 application to the anterior segment of the human eye only, and,
7 by any method other than surgery, to diagnose, to treat or to
8 refer for consultation or treatment any abnormal condition of
9 the human eye or its appendages;

10 (b) The employment without the use of surgery of any in-
11 strument, device, method or diagnostic or therapeutic drug
12 for topical application to the anterior segment of the human
13 eye intended for the purpose of investigating, examining, treat-
14 ing, diagnosing, improving or correcting any visual defect or
15 abnormal condition of the human eye or its appendages;

16 (c) The prescribing and application or the replacement or
17 duplication of lenses, prisms, contact lenses, orthoptics, vision
18 training, vision rehabilitation, diagnostic or therapeutic drugs
19 for topical application to the anterior segment of the human
20 eye, or the furnishing or providing of any prosthetic device,
21 or any other method other than surgery necessary to correct
22 or relieve any defects or abnormal conditions of the human
23 eye or its appendages.

24 Nothing in this section shall be construed to permit an
25 optometrist to perform surgery, use drugs by injection or to
26 use or prescribe any drug for other than the specific purposes
27 authorized by this section.

**§30-8-4. Registration prerequisite to practice of optometry; excep-
tions.**

1 No person shall practice or offer to practice optometry in
2 this state without first applying for and obtaining a certificate of
3 registration for such purpose from the West Virginia board of
4 optometry; but the following persons, firms and corporations
5 are exempt from the operation of this article, except as
6 hereinafter provided:

7 (a) Persons who have heretofore been registered as op-
8 tometrists in this state, or who were engaged in the practice
9 of optometry in this state before the passage of any law by
10 this state regulating such practice, and who have heretofore
11 received from the board of examiners certificates of exemption
12 from examination;

13 (b) Persons authorized under the laws of this state to practice
14 tice medicine and surgery or osteopathy;

15 (c) Persons, firms and corporations who sell eyeglasses
16 or spectacles in a store, shop or other permanently established
17 place of business on prescriptions from persons authorized
18 under the laws of this state to practice either optometry or
19 medicine and surgery;

20 (d) Persons, firms and corporations who manufacture or
21 deal in eyeglasses or spectacles in a store, shop or other
22 permanently established place of business, and who neither
23 practice nor attempt to practice optometry.

§30-8-5. Qualifications of applicant for registration; examination.

1 An applicant for registration shall present satisfactory
2 evidence that he is at least eighteen years of age, of good
3 moral character and temperate habits, and has graduated from
4 a high school or secondary school, or has completed an equiva-
5 lent course of study approved by the West Virginia board of
6 optometry, has satisfactorily completed all preoptometry or
7 premedical college requirements and has graduated from a
8 school or college of optometry approved by said board. No
9 school or college of optometry shall be approved by the West
10 Virginia board of optometry unless at first it has been
11 accredited by a regional or professional accreditation organiza-
12 tion which is recognized by the national commission on ac-
13 creditation or the United States commission of education. Each
14 applicant shall submit to and be examined in all phases of
15 optometry as is provided by the school or college of optometry
16 and shall include, but not be limited to, anatomy and phy-
17 siology of the human eye, the use of instruments such as the
18 ophthalmoscope, retinoscope, tonometer, slit lamp biomicro-
19 scope, the general laws of optics and refraction, general and
20 ocular pharmacology, general and ocular pathology and other
21 such subjects or instrumentation as the board of optometry
22 may deem necessary.

23 The West Virginia board of optometry shall be responsible
24 to determine the educational training received by the applicant
25 from the schools and colleges of optometry, the educational
26 qualifications of each applicant and the administering of the

Enr. Com. Sub. for H. B. 1005] 6

27 examination and certifications of each applicant commensurate
28 with his education. No optometrist shall be registered or
29 certified to practice optometry in the state of West Virginia
30 in any area that is beyond the scope of his educational train-
31 ing as determined by the West Virginia board of optometry:
32 *Provided*, That any optometrist presently registered in the state
33 of West Virginia and who desires to employ the use of phar-
34 maceutical agents must submit to the West Virginia board of
35 optometry evidence of satisfactory completion of all necessary
36 educational requirements as made mandatory by the West Vir-
37 ginia board of optometry: *Provided further*, That the West
38 Virginia board of optometry shall provide for continuing edu-
39 cational requirements to be completed from time to time by all
40 optometrists desiring to employ the use of pharmaceutical
41 agents.

7 /Enr. Com. Sub. for H. B. 1005

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the House.

Takes effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within _____ this 'th
day of _____, 1976.

Governor



AMERICAN OPTOMETRIC ASSOCIATION



BULLETIN
from
OFFICE OF COUNSEL

VOLUME XXXV, BULLETIN NO. 84

June 6, 1977

TO: O, T, DEC-C, EMS, E, NE, GC, State Association Presidents, Executives, Legal-Legislative Chairmen, Attorneys, Legislative Counsel, Optometric Legislators, IAB-EC, State Board Presidents, Secretaries, Attorneys, Administrative Heads of Schools and Colleges, COE-ES, CCOC-ES, Drs. Rhodes, Rush

FROM: Thomas E. Eichhorst, Counsel

SUBJECT: North Carolina Legislation

The General Assembly of North Carolina has enacted into law Senate Bill 424, as amended. This law permits optometrists to utilize pharmaceutical agents "to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa. Provided, however, in using or prescribing pharmaceutical agents, other than topical pharmaceutical agents within the definition hereinabove set out which are used for the purpose of examining the eye, the optometrist so using or prescribing shall communicate and collaborate with a physician duly licensed to practice medicine in North Carolina designated or agreed to by the patient."

A copy of this bill, as enacted, is enclosed. The bill in its final form passed the Senate on May 24, 1977 by a vote of 46 to 4, and the House of Representatives on June 3, 1977 by a vote of 83 to 4. In North Carolina, the Governor has no veto power, so enactment by both houses of the legislature is final.

North Carolina is the fourteenth state to enact legislation authorizing optometrists to utilize pharmaceutical agents. Twelve other states authorize optometrists to utilize diagnostic pharmaceutical agents; the dates of the enactment of these laws are 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), California (July 9, 1976), Wyoming (February 17, 1977), New Mexico (March 4, 1977), Montana (April 12, 1977 at 10:10 a.m.), and Kansas (April 12, 1977 at 2:00 p.m.). On March 4, 1976, the West Virginia Legislature authorized the use of drugs for diagnostic or therapeutic purposes by optometrists who meet educational requirements set by the optometry board.

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

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1977

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SENATE BILL 424*
Second Edition Engrossed 5/24/77

Short Title: Redefine Optometry.

(Public)

Sponsors: Senators Hardison; Kincaid, Combs, Mathis, Raynor,
Popkin, Lawing, Webster, Scott, Alexander.

Referred to: Judiciary II.

April 6, 1977

1 A BILL TO BE ENTITLED
2 AN ACT TO REDEFINE THE PRACTICE OF OPTOMETRY CONSISTENT WITH
3 MODERN ADVANCES IN SCIENCE AND OPTOMETRY.

4 The General Assembly of North Carolina enacts:

5 Section 1. G.S. 90-114 as the same appears in the 1975
6 Replacement Volume 2C of the General Statutes is hereby amended
7 and rewritten to read as follows:

8 "§ 90-114. Optometry defined.--Any one or any combination of
9 the following practices shall constitute the practice of
10 optometry:

11 (1) the examination of the human eye by any method, other than
12 surgery, to diagnose, to treat, or to refer for consultation or
13 treatment any abnormal condition of the human eye and its adnexa;
14 or

15 (2) the employment of instruments, devices, pharmaceutical
16 agents and procedures, other than surgery, intended for the
17 purposes of investigating, examining, treating, diagnosing or
18 correcting visual defects or abnormal conditions of the human eye
19 or its adnexa; or

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21

1 (3) the prescribing and application of lenses, devices
2 containing lenses, prisms, contact lenses, orthoptics, vision
3 training, pharmaceutical agents, and prosthetic devices to
4 correct, relieve, or treat defects or abnormal conditions of the
5 human eye or its adnexa.

6 Provided, however, in using or prescribing pharmaceutical
7 agents, other than topical pharmaceutical agents within the
8 definition hereinabove set out which are used for the purpose of
9 examining the eye, the optometrist so using or prescribing shall
10 communicate and collaborate with a physician duly licensed to
11 practice medicine in North Carolina designated or agreed to by
12 the patient. "

13 Sec. 2. G.S. 90-118 as the same appears in the 1975
14 Replacement Volume 2C of the General Statutes and in the 1975
15 Cumulative Supplement thereto is hereby amended by adding at the
16 end thereof a new subsection (e) to read as follows:

17 "(e) The board shall not license any person to practice
18 optometry in the State of North Carolina beyond the scope of the
19 person's educational training as determined by the board. No
20 optometrist presently licensed in this State shall prescribe and
21 use pharmaceutical agents in the practice of optometry unless and
22 until he (i) has submitted to the board evidence of satisfactory
23 completion of all educational requirements established by the
24 board to prescribe and use pharmaceutical agents in the practice
25 of optometry and (ii) has been certified by the board as
26 educationally qualified to prescribe and use pharmaceutical
27 agents.

28 Provided, however, that no course or courses in pharmacology

1 shall be approved by the board unless (i) taught by an
2 institution having facilities for both the didactic and clinical
3 instruction in pharmacology and which is accredited by a regional
4 or professional accrediting organization that is recognized and
5 approved by the Council on Postsecondary Accreditation or the
6 United States Office of Education and (ii) transcript
7 credit for the course or courses is certified to the board by the
8 institution as being equivalent in both hours and content to
9 those courses in pharmacology required by the other licensing
10 boards in this Chapter whose licensees or registrants are
11 permitted the use of pharmaceutical agents in the course of their
12 professional practice."

13 Sec. 3. G.S. 90-118.10 as the same appears in the 1975
14 Replacement Volume 2C of the General Statutes is hereby amended
15 by adding at the end thereof a new paragraph to read as follows:

16 "In issuing a certificate of renewal, the board shall expressly
17 state whether such person, otherwise licensed in the practice of
18 optometry, has been certified to prescribe and use pharmaceutical
19 agents."

20 Sec. 4. G.S. 90-118.11 as the same appears in the 1975
21 Replacement Volume 2C of the General Statutes is hereby amended
22 by inserting in line 8 thereof immediately following the word
23 "refused" and before the semicolon the words:

24 "; or shall practice or attempt to practice optometry by means
25 or methods that the board has determined is beyond the scope of
26 the person's educational training".

27 Sec. 5. Article 6 of Chapter 90 of the General Statutes
28 is hereby amended by inserting therein a new section G.S. 90-

1 [25.] to read as follows:

2 "§ 90-[25.]. Filling prescriptions.--Legally licensed
3 druggists of this State may fill prescriptions of optometrists
4 duly licensed by the North Carolina State Board of Examiners in
5 Optometry to prescribe, apply or use pharmaceutical agents."

6 Sec. 6. G.S. 90-87(22) (a) as the same appears in the
7 1975 Replacement Volume 2C of the General Statutes is hereby
8 amended by inserting in line 1 thereof immediately following the
9 word "dentist," and preceding the word "veterinarian" the word
10 "optometrist,".

11 Sec. 7. The provisions of this act are applicable only
12 to those individuals licensed pursuant thereto and

13 shall not] restrict, expand, or otherwise alter
14 those other practices or acts governed by Chapter 90 of the
15 General Statutes.

16 Sec. 8. This act shall become effective on and after
17 July 1, 1977.

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PROFESSIONS AND VOCATIONS § 463.02

462.20 Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1978 [See § 11.61]

Laws 1969, c. 69-104, §§ 19, 35, provided for change to division of health of the department of health and rehabilitative services for state board of health.
Change in Fla.St.1975. "Department of Health and Rehabilitative Services"

substituted by the division of statutory revision for "division of health of the department of health and rehabilitative services" to reflect the abolition of the division of health by Laws 1975, c. 75-48, § 3.

462.21 Omitted in Fla.St.1967

Repeal by Laws 1967, c. 67-590, § 1. Part 1, chapter 462 was repealed. Section 3 of this act provided that: "This act shall take effect the first day of

the first month following the first regular session of the Florida legislature held subsequent to July 1, 1967."

CHAPTER 463. OPTOMETRY

Sec. 463.125 Optometric services for certain public agencies (New).

Repeal of Chapter

Laws 1976, c. 76-168, the Regulatory Reform Act of 1976, which provides for legislative review of programs and functions which regulate professions, occupations, business, industry and other endeavors in Florida; provided in section 3 of the law for repeal of this chapter on July 1, 1978. For the provisions directing the regulatory review and a listing of all statutes affected by Laws 1976, c. 76-168, see § 11.61 and notes thereunder.

463.01 "Optometry" and "optometrist" defined (Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1978. See § 11.61)

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

Amended by Laws 1975, c. 75-230, § 1, eff. June 27, 1975.

Laws 1975, c. 75-230, amended this section without change.

Cross References
Nonprofit optometric service corporations, see § 497.011 et seq.

1. Constitutionality
Where this section defining optometry and optometrists, in addition to prohibiting diagnosis of human eye and its ap-

pendages by the employment of any "objective or subjective" means, described and delineated in detail activities prohibited, conduct sought to be condemned was clearly defined, and this section was not unconstitutional on ground that it was so vague and ambiguous that it deprived defendant of his constitutional rights. State v. Yanes, 231 So.2d 212 (1970).

463.02 Florida state board of optometry [Repealed by Laws 1976, c. 76-168, § 3, eff. July 1, 1978. See § 11.61]

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

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

After such revoca-

tion taken to the ap-
plicant subject to like
that any such li-
provisions of this
the circuit court in
a certificate, un-
annulled and that
me and forthwith

entails
process: Florida's
ative Procedure Act,
165 (Fall 1966).

978 [See § 11.61]

partment of Profes-
sional Regulation.

[Repealed by Laws

the diploma, license,

.. license, record, or
issued unlawfully

r than his own or

different name;

in connection with
m as a practitioner-
authorized to prac-

suspended or re-

as provided in §

c. 76-168, § 3, eff.

and program shall

975. Rev. § 20.30(5)
functions that may
Bureau of Records
partment of Profes-
sional Regulation.

1978 [See § 11.61]

partment of Profes-
sional Regulation.

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

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

ARKANSAS: 5. Approved Pharmaceutical Agents

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

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

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

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

§1560. Definitions. As used in this Article:
(a) "Topical Pharmaceutical Agents" means:

Types of Drugs:

(1) Mydriatics

(a) Phenylephrine Hydrochloride:

(b) Hydroxyamphetamine Hydrobromide:

Maximum Concentration
that may be used:

2.5%

1%

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

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

DELAWARE:

Section 3. Use of drugs.

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

FLORIDA:

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

GEORGIA:

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

IDAHO:

No list.

INDIANA:

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

IOWA:

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

KANSAS:

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

KENTUCKY:

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

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

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

AUTHORIZED DIAGNOSTIC PHARMACEUTICAL AGENTS

Topical Anesthetics:

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

Mydriatics:

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

MINNESOTA: No list.

MONTANA: Administrative Rules of Montana §40-3.70(6)-S70020.

40-3.70(6)-S70020 RULES FOR DIAGNOSTIC PHARMACEUTICAL AGENTS

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

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

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

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

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

NEW JERSEY: No list.

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

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

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

OREGON: OR. AD. RULES §852-8-010:

Diagnostic Pharmaceutical Agents

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

(1) Anesthetics:

- (a) Benoxinate 0.4%
- (b) Proparacaine HCl 0.5%

(2) Cycloplegics/Mydriatics:

- (a) Cyclopentolate, not to exceed 1%
- (b) Hydroxyamphetamine HBr 1%
- (c) Phenylephrine HCl, not to exceed 1%
- (d) Tropicamide, not to exceed 1%

(3) Dyes:

(a) Fluorescein Na impregnated paper strips, as commonly used in the practice of optometry for some time; not to be stored in liquid form.

(b) Rose bengal 1%

(4) Miotics (for emergency use only): Pilocarpine, not to exceed 4%; prior to use, consultation with a competent physician shall be held if at all possible. The Board recommends that any patient demonstrating any adverse reaction due to the instillation of any diagnostic pharmaceutical agent be referred to a competent physician as soon as practicable.

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

DIAGNOSTIC PHARMACEUTICAL AGENTS

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

Anesthetics: Benoxinate 0.4%
Proparacaine HCl 0.5%

Cycloplegics/Mydriatics:

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

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

Combined agents:

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

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

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

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

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

A. Local anesthetics:

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

B. Miotics:

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

C. Mydriatics and/or cycloplegics:

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

All Potencies listed above are the maximum allowable potencies.

- RHODE ISLAND: No list. Any topical anesthetic, mydriatic and miotic is allowed. Cycloplegics are not specifically mentioned but the rule of mydriatic can be applied. By Board recommendation atropine sulphate in any percentage is discouraged.
- SOUTH DAKOTA: No list. Optometry law authorizes optometrists to utilize topical pharmaceutical agents for diagnostic purposes.
- TENNESSEE: No list. An optometrist may utilize pharmaceutical agents, to wit, miotics, mydriatics, cycloplegics, and anesthetics, within the limits of his educational background and training.
- UTAH: (e) Topically applied diagnostic agents as used herein shall be defined as the following:
- (i) Commercially prepared topical anaesthetics as follows: proparacaine HCL 0.5%, benoxinate HCL 0.4%, piperocaine 2%, and tetracaine 0.5%;
 - (ii) Tropicamide in strength of not greater than 1%, cyclopentolate in strength of not greater than 1%, and atropine sulfate in strength of not greater than 0.5%;
 - (iii) Penylephrine HCL in strength of not greater than 2.5%, hydroxyamphetamine in strength of not greater than 1%;
 - (iv) Such others as may be from time to time determined by the Optometric Committee of the Utah State Business Regulations Division in consultation with a licensed physician specializing in diseases and surgery of the eye, appointed by the Utah Medical Association, and a pharmacologist appointed by the Medical Center of the University of Utah. Any

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

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

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

(a) Mydriatics

1. Phenylephrine 2.5%
2. Hydroxyamphetamine 1%

(b) Cycloplegics

1. Tropicamide 1%
2. Cyclopentolate 1%

(c) Topical Anesthetics

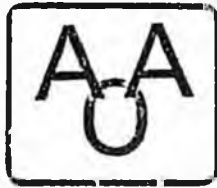
1. Benoxinate 0.4%
2. Proparacaine 0.5%
3. Tetracaine 0.5%
4. Benoxinate 0.4% - Fluorescein 0.25% Combination

(d) Dyes

1. Fluorescein 0.25% - Benoxinate 0.4% Combination

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

AMERICAN OPTOMETRIC ASSOCIATION



BULLETIN

from the

COMMITTEE ON STATE AGENCIES

COMMUNITY HEALTH DIVISION

VOLUME XXXIII, BULLETIN NO. 36

May 28, 1975

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

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

SUBJECT: Oregon Legislation

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

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

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

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

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

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

Enrolled
House Bill 2740

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

CHAPTER _____

AN ACT

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

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

Section 1. ORS 683.010 is amended to read:

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

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

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

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

Section 2. ORS 683.040 is amended to read:

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

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

Section 3. ORS 683.060 is amended to read:

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

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

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

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

Section 4. ORS 683.270 is amended to read:

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

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

(2) To adopt and use a common seal.

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

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

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

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

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

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

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

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

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

Date: January 28, 1981

File Ref:

To:

Sen. Thompson

From: Ann J. Haney, Secretary
Department of Regulation and Licensing

Subject: Report on Diagnostic Pharmaceutical Agents

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

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

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

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

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

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

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

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

They are as follows:

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

AJH:kcb
5136

FEB 2 1981

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

Analysis by the Legislative Reference Bureau

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

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

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

The people of the state of Wisconsin, represented in senate and assembly,
do enact as follows:"

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

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

6 (End)

§ 32-1701 PROFESSIONS AND OCCUPATIONS

CHAPTER 16—OPTOMETRY

Effective January 1, 1982

ARTICLE 1. GENERAL PROVISIONS

- Sec. 32-1701. Definitions.
- 32-1702. Board of optometry; appointment; qualifications; term; removal.
- 32-1703. Organization of board; compensation; immunity; treatment of money received.
- 32-1704. Powers and duties of the board; meetings.
- 32-1705, 32-1706. Repealed.

- Sec. 32-1742. Registering with board; public registry file.
- 32-1743. Grounds for censure, probation, suspension or revocation of license.
- 32-1744. Board investigations duty to report violations; hearing; decision of board.
- 32-1745. Insurers to report malpractice claims and actions.
- 32-1746. Referral of certain complaints to department of law; reporting; board journals of complaints.
- 32-1747. Right to examine and copy evidence.
- 32-1748. Reinstatement of a suspended license; reissuance of a revoked license.
- 32-1749. Judicial review and appeal.
- 32-1750. Allegations sufficient to charge violation.
- 32-1751. Injunctive relief.
- 32-1752. Violation; classification.
- 32-1753 to 32-1759. Repealed.

ARTICLE 2. LICENSING

- 32-1721. Persons and acts not affected by this chapter.
- 32-1722. Qualifications of applicant; applications.
- 32-1723. Reciprocity.
- 32-1724. Examination of applicants; time of examination.
- 32-1725. Issuance of license.
- 32-1726. Renewal of license; continuing of education; failure to renew.
- 32-1727. Fees.

ARTICLE 4. REFERRAL

- 32-1761. Referral of patient to licensed physician required upon finding of certain symptomatic conditions.

ARTICLE 3. REGULATIONS

- 32-1741. Practicing optometry without a license prohibited.

Chapter 16, consisting of Article 1, §§ 32-1701 to 32-1704, Article 2, §§ 32-1721 to 32-1727, Article 3, §§ 32-1741 to 32-1752, and Article 4, § 32-1761, was added by Laws 1980, Ch. 248, § 4, effective January 1, 1982.

For Chapter 16 as added by Laws 1980, Ch. 248, § 3, effective July 1, 1980, see Chapter 16, ante.

Former Chapter 16, consisting of Article 1, §§ 32-1701 to 32-1706, Article 2, §§ 32-1721 to 32-1726, and Article 3, §§ 32-1751 to 32-1759, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

Termination under Sunset Law

The board of optometry shall terminate on July 1, 1985, unless continued. See §§ 41-2363.01 and 41-2377.

Chapter 16 relating to optometry is repealed on January 1, 1986. See § 41-2371.01.

ARTICLE 1. GENERAL PROVISIONS

Article 1, consisting of §§ 32-1701 to 32-1704, was added by Laws 1980, Ch. 248, § 4, effective January 1, 1982.

For Article 1 as added by Laws 1980, Ch. 248, § 3, effective July 1, 1980, see Chapter 16, Article 1, ante.

Former Article 1, consisting of §§ 32-1701 to 32-1706, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

For termination under Sunset Law, see italic note, ante.

§ 32-1701. Definitions

In this chapter, unless the context otherwise requires:

1. "Board" means the state board of optometry.
2. "Cycloplegics" means one-half of one per cent tropicamide, one per cent tropicamide, or cyclogyl.

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante

3. "License" means a license or certificate to practice the profession of optometry.

4. "Licensed optometrist" or "doctor of optometry" means a person holding a license to practice the profession of optometry in this state.

5. "Mydriatics" means one per cent norepinephrine, two and one-half per cent phenylephrine HCL, or ten per cent phenylephrine HCL.

6. "Practice of the profession of optometry" means the examination or refraction of the human eye and its appendages, and the employment of any objective or subjective means or methods other than medicine or surgery, or the use of drugs, except those diagnostic pharmaceutical agents known as topical anesthetics, cycloplegics and mydriatics, to be administered only at the time and place of examination, for the purpose of determining any visual, muscular, neurological or anatomical anomalies of the eye, the use of any instrument or device to train the visual system or correct any abnormal condition of the eye or eyes and the prescribing, fitting or employment of any lens, prism, frame or mountings for the correction or relief of or aid to the visual function. Optometrists may use such diagnostic pharmaceutical agents for diagnostic purposes only after first satisfactorily completing a course in clinical pharmacology as required in § 32-1722.

7. "Topical anesthetics" means one-half of one per cent pontocaine or one-half of one per cent proparacaine.

8. "Unprofessional conduct" means:

(a) Willful betrayal of a professional secret or willful violation of a privileged communication except as otherwise required by law.

(b) Final judgment of conviction for an offense involving moral turpitude, in which case the record of such conviction is conclusive evidence.

(c) Giving or receiving rebates.

(d) Addiction to, or illegal use of, narcotic drugs or use of intoxicating beverages to excess or practicing or attempting to practice the profession of optometry while under the influence of intoxicating beverages or narcotic drugs.

(e) Impersonation of another licensed optometrist.

(f) Knowingly having professional connection with or lending one's name to an illegal practitioner.

(g) Gross malpractice or repeated acts constituting malpractice.

(h) Any conduct or practice, including incompetency, which constitutes a danger to the health, welfare or safety of patients or the public.

(i) Prescribing, dispensing or pretending to use any secret means, methods, device or instrumentality.

(j) Refusing to divulge to the board upon demand the means, methods, device or instrumentality used for optometric examination or therapy.

(k) Representing that a manifestly not correctable condition can be permanently corrected or that a correctable condition can be corrected within a stated time if such is not accurate.

(l) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of the profession of optometry. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

Laws 1980, Ch. 248, § 13, subsec. B, effective July 1, 1980, provides:

"B. The provisions of § 4 of this act are effective on January 1, 1982."

For legislative intent regarding Laws 1980, Ch. 248, see note following § 32-1701 in Chapter 16 effective until January 1, 1982, ante.

Former § 32-1701, as amended by Laws 1979, Ch. 50, § 1, eff. April 17, 1979, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante.

ing with board; publicity file.
for censure, probation, suspension or revocation of license.
investigations duty to violations; hearing; of board.
to report malpractice and actions.
of certain complaints; appointment of law; review; board journals of minutes.
to examine and copy same.
reinstatement of a suspended license.
reissuance of a license.
review and appeal.
one sufficient to charge violation.
to receive relief.
in: classification.
9. Repealed.

§ 4. REFERRAL
of patient to licensed optician required upon receipt of certain symptomatic conditions.

§ 32-1704, Article 2,
§ 32-1752, and Article 4,
effective January 1,

§ 3, effective July 1,

§ 32-1701 to 32-1706,
§ 32-1751 to 32-1759,
July 1, 1980.

§ 1, 1985, unless
on January 1, 1986.

SIONS

was added by Laws

§ 3, effective July 1,

§ 32-1706, was repealed

table note, ante.

lines:

it topicalamide, one per cent

Ch. 16, ante

32-1701 PROFESSIONS AND OCCUPATIONS

1701 in Chapter 16 effective until January 1, 1982, ante.

1980 Reviser's Notes:
Pursuant to authority of section 41-1304.02, in paragraph 3, "license" was substituted for "licensed" to correct a manifest clerical error.

In adding chapter 16, Laws 1980, Ch. 248, sec. 4 incorrectly referred to its addition to title 43.

Pursuant to authority of section 41-1304.02, in paragraph 4 following "doctor" the word "of" was substituted for "or" as a correction of a manifest clerical error.

Library References

Physicians and Surgeons § 3.
C.J.S. Physicians and Surgeons § 3 et seq.

§ 32-1702. Board of optometry; appointment; qualifications; term; removal

A. There is established a state board of optometry which consists of six members appointed by the governor. Terms of office are for four years expiring on July 1 of the respective year. Four members shall have been licensed and engaged in the active practice of the profession of optometry in this state for at least three years immediately prior to appointment, one member shall be a physician licensed pursuant to chapter 13 or 17 of this title,¹ and one member shall be a lay person with no interest, direct or indirect, in the practices of optometry, opticianry or medicine.

B. The governor may remove any professional member for incompetency or unprofessional conduct or when his license has been revoked or suspended or when he has been censured or placed on probation. The governor may remove any member for neglect of duty or improper conduct. The unexcused absence of a member for more than two consecutive meetings is justification for removal. Appointment by the governor to fill a vacancy caused other than by expiration of a term is for the unexpired portion of the term.

C. A member of the board is ineligible to serve more than two consecutive full terms. The completion of the unexpired portion of a full term does not constitute a full term for purposes of this subsection. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

¹ Sections 32-1401 et seq., 32-1801 et seq.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-1701 in Chapter 16 effective until January 1, 1982, ante.

Former § 32-1702, as amended by Laws 1979, Ch. 50, § 2, eff. April 17, 1979, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

Library References

Physicians and Surgeons § 3.
C.J.S. Physicians and Surgeons II 2, 6, 13.

§ 32-1703. Organization of board; compensation; immunity; treatment of money received

A. The board shall annually elect from its members a president who shall preside over all meetings of the board and such other officers as it deems appropriate and necessary to conduct its business. The board shall assign such duties as it deems appropriate to such other officers as it elects.

B. Members of the board are eligible to receive compensation as determined pursuant to § 39-611 for each day actually spent in the performance of their duties.

C. Members of the board are personally immune from suit with respect to all acts done and actions taken in good faith and in furtherance of the purposes of this chapter.

D. All monies received by the board shall be paid at least monthly to the state treasurer who shall deposit such monies in the general fund. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-1701.

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante

PROFESSIONS AND OCCUPATIONS § 32-1704

of section 41- following "doc- substituted for manifest cler-

is § 2. Surgeons § 3 ut

erm; removal consists of six four years ex- have been li- optometry in ment, one mem- of this title, indirect, in

Incompetency l or suspended vernor may re- unexcused ab- sification for and other than

wo consecutive term does not Laws 1980, Ch.

amended by April 17, 1980, Ch.

§ 2.

of

shall

of this

ed sections, see Tables preceding § 32-1701 in Chapter 16 effective until January 1, 1982, ante. Former § 32-1703, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

Library References Physicians and Surgeons § 2. C.J.S. Physicians and Surgeons § 2, 6, 13.

§ 32-1704. Powers and duties of the board: meetings

A. The board shall promulgate, and may amend, rules and regulations consistent with this chapter governing the practice of the profession of optometry, for the performance of its duties under this chapter and for the examination of applicants for licenses. The board shall adopt and use a seal, administer oaths and take testimony concerning any matter within its jurisdiction

B. The board may not adopt a rule which:

- 1. Regulates fees or charges of a doctor of optometry to a patient.
2. Regulates the place in which a doctor of optometry may practice.
3. Prescribes the manner or method of accounting, billing or collection of fees.
4. Prohibits advertising by a doctor of optometry unless such advertising is inconsistent with § 44-1481.

C. The board shall meet at least six times each year at such times and places within the state as its president or the governor may designate by call. The board shall keep a record of all its acts, receipts and disbursements. The board shall keep a master copy of each examination given, together with the names and addresses of the applicants and their individual test scores. The board shall keep a record of the names of all persons to whom licenses have been issued and all renewals. All such records are public records.

D. The board may adopt and promulgate administrative rules providing for criteria for approving programs of continuing education for doctors of optometry. Programs shall be designed to assist doctors of optometry to maintain competency, to become aware of new developments in the practice of the profession of optometry and to increase management skills and administrative efficiency. The board shall approve programs meeting its adopted criteria.

E. The board may hire an executive director as an employee of the board. The executive director is responsible for the performance of the regular administrative functions of the board and such other administrative duties as the board may direct. The executive director is eligible to receive compensation in an amount as determined pursuant to § 38-611.

F. The board may hire or contract with investigators to assist in the investigation of violations of this chapter, hire other employees required to carry out this chapter and contract with other state agencies when required to carry out this chapter.

G. Not later than December 31 each year the board shall transmit to the governor a written report of its actions and proceedings. The report shall be verified by the president and shall include a detailed statement of the receipts and disbursements for the preceding year. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-1701 in Chapter 16 effective until January 1, 1982, ante.

Former § 32-1704 was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

Library References Physicians and Surgeons § 2. C.J.S. Physicians and Surgeons § 2, 6, 13.

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante

§ 32-1705 PROFESSIONS AND OCCUPATIONS

§§ 32-1705, 32-1706. Repealed by Laws 1980, Ch. 248, § 2, eff. July 1, 1980

Former §§ 32-1705, as amended by Laws 1979, Ch. 50, § 3, eff. April 17, 1979, and 32-1706, as amended by Laws 1977, Ch. 82, § 19, eff. May 23, 1977, were repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

ARTICLE 2. LICENSING

Article 2, consisting of §§ 32-1721 to 32-1727, was added by Laws 1980, Ch. 248, § 4, effective January 1, 1982.

For Article 2 as added by Laws 1980, Ch. 248, § 3, effective July 1, 1980, see Chapter 16, Article 2, ante.

Former Article 2, consisting of §§ 32-1721 to 32-1726, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

For termination under Sunset Law, see italic note preceding § 32-1701.

§ 32-1721. Persons and acts not affected by this chapter:

This chapter does not apply to:

1. Physicians and surgeons duly licensed to practice medicine and surgery in this state, if they are practicing lawfully.
2. Dispensing opticians duly licensed to practice, if they are practicing lawfully in accordance with the provisions of § 32-1671.
3. The sale of complete ready-to-wear eyeglasses as merchandise from a permanent, established place of business. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-1701 in Chapter 16 effective until January 1, 1982, ante.

For legislative intent regarding Laws 1980, Ch. 248, see note following § 32-

1701 in Chapter 16 effective until January 1, 1982, ante.

Former § 32-1721 was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

Library References

Physicians and Surgeons § 6(5).
C.J.S. Physicians and Surgeons §§ 10, 23.

§ 32-1722. Qualifications of applicant; applications

A. A person of good moral character, desiring to engage in the practice of the profession of optometry, shall file with the board not less than thirty days prior to the date on which an examination is to be held a verified application with the required application fee, which shall show:

1. Applicant's name, age and address.
2. Graduation from a university or college teaching the profession of optometry accredited by a nationally accepted accrediting body on optometric education.
3. Satisfactory completion of a course of study in clinical pharmacology approved by a committee composed of the president of the board, the chairman of the pharmacology department of the university of Arizona college of medicine and the chairman of the department of ophthalmology of the university of Arizona college of medicine, with particular emphasis on the clinical application of diagnostic pharmaceutical agents for the purpose of examination of the human eye and the analysis of ocular functions.
4. Background information on a form prescribed by the attorney general for the purpose of conducting an investigation into the existence of prior arrests and convictions.

B. Upon receipt of an application in proper form and containing the information prescribed in subsection A, the board may have an investigation made of the applicant's character, ability and experience.

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante

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PROFESSIONS AND OCCUPATIONS § 32-1723

C. For the purposes of such investigation, the board may subpoena witnesses, administer oaths and take testimony with respect to the character of the applicant or to any matter affecting the application at a hearing held after sufficient notice has been given.

D. If the board finds that the applicant has passed the examination provided for under § 32-1723 or 32-1724, and that the applicant's character, ability and experience are satisfactory, the board shall issue a license.

E. Every application shall be approved or denied within ninety days from the filing date or, if a hearing is held, within thirty days from the close of hearing. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added sections, see Tables preceding § 32-1701. Chapter 16 effective until January 1, 1982, ante.

Former § 32-1722, as amended by Laws 1979, Ch. 50, § 4, eff. April 17,

1979, was repealed by Laws 1980, Ch. 248, § 2, effective July 1, 1980.

1980 Reviser's Note:
Pursuant to authority of section 41-1304.03, in subsection A, paragraph 3 the spelling of "ophthalmology" was corrected as a manifest clerical error.

Library References
Physicians and Surgeons § 4.
C.J.S. Corporations § 956.
C.J.S. Physicians and Surgeons § 12.

§ 32-1723. Reciprocity

A. A person who presents to the board a certified copy of or a license in good standing which was issued after examination by a board of registration in the profession of optometry in any other state where the requirements for licensure are, in the opinion of the board, equivalent to those of this state shall be licensed in this state without a written examination but shall be given a practical and oral examination subject to all of the following:

1. That such state accords like privileges to holders of licenses issued in this state.

2. The license of the applicant shall not have been suspended or revoked by such other state for any cause which is a basis of suspension or revocation of a license under this chapter.

3. The applicant has not previously failed to pass the examination in this state subsequent to his admission to practice in such other state.

4. The applicant has been engaged in the practice of the profession of optometry continuously in such state for not less than four of the five years immediately preceding his application.

5. The applicant intends to reside and practice the profession of optometry in this state.

6. The applicant offers proof of satisfactory completion of a course of study in clinical pharmacology approved by a committee composed of the president of the board, the chairman of the pharmacology department of the university of Arizona college of medicine and the chairman of the department of ophthalmology of the university of Arizona college of medicine, with particular emphasis on the clinical application of diagnostic pharmaceutical agents for the purpose of examination of the human eye and the analysis of ocular functions.

7. The applicant meets the requirements of § 32-1722 concerning good, moral character.

B. Subsection A applies only to those persons coming into this state to open a permanent office within one hundred eighty days from the date a license is issued. Added Laws 1980, Ch. 248, § 4, eff. Jan. 1, 1982.

Effective January 1, 1982.

For applicable effective date provision of Laws 1980, Ch. 248, see note following § 32-1701.

For disposition of the subject matter of repealed and expiring sections and derivation of the subject matter of added

Ch. 16 effective until Jan. 1, 1982, see Ch. 16, ante

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

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

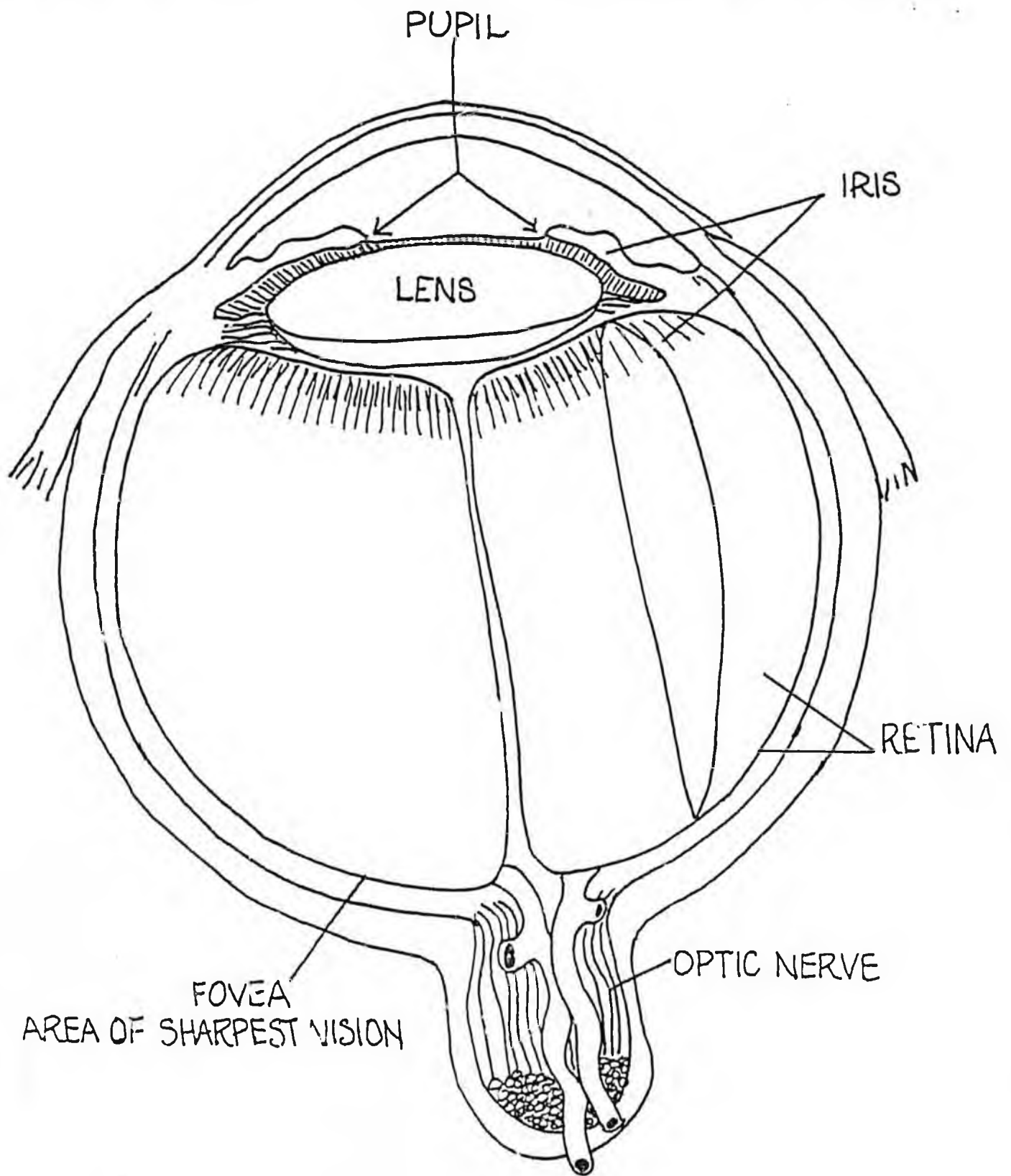
State	Optometric Drugs		Classifications of Drugs Used					None Specifically Listed In Statute or Regulations
	Diagnostic Only	Diagnostic & Therapeutic	Cycloplegics	Mydiatics	Topical Anesthetics	Dyes such as Fluorescein	Miotics	
Arizona	X		X	X	X			
Arkansas	X		X	X	X	X		
California	X		X	X	X			
Delaware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

Key

E = In Emergency Use Only

x = Excludes Oral or Injectable Drugs

Source: American Optometric Association (1980)



THE HUMAN EYE

(Drawing compliments of
(Nancy Deitrick - 2/25/81
(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.

