

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

7407 SENATE HEALTH EDUCATION & SOCIAL SERVICES

D.C. study).

---

22. A 1972 study in West Germany of insurance coverage for 1,004 patients, also in a five year follow-up study, who had averaged 100 hours of psychotherapy found that 81% felt strongly they were helped by treatment. Further, their hospital care usage was reduced to 0.78 hospital days/year. Pre-treatment usage averaged 5.3 days/year, with the general population average being 2.5 days/year. This included hospitalization for any illness.

---

23. Otto Jones, M.S.W., a clinical social worker, developed a mental health program for employees at Kennecott Copper in Utah. Before the program employees averaged 5.8 working days/month absence, weekly indemnity costs averaged \$70.67/person/month, and hospital/medical/surgical costs averaged \$109.04/person/month. One year after psychotherapy significant reductions were noted: Absenteeism decreased to a 2.93 average working days/month, weekly indemnity costs averaged \$25.33/person/month, and hospital/med/surg. costs averaged \$56.91/person/month. THIS IS A 49.5% REDUCTION IN ABSENTEEISM, A 64.2% REDUCTION IN WEEKLY INDEMNITY, AND A 48.9% REDUCTION IN HOSP.-MED.-SURGERY COSTS!! Those employees not involved in psychotherapy tended to get worse and showed increases of: 2.9% increase in absenteeism, a 28.5% increase in weekly indemnity costs, and a 7.7% increase in hospital, medical and surgical costs.

---

24. A 1980 letter from Blue Cross of California indicated that psychotherapy coverage for clinical social workers is "...a small part of their total health care package...[and]...have little impact on the total rates for health coverage."

---

25. A 1979 study reported in Psychiatric News states that "...mental health claims are not a substantial portion of total claims dollars." Again the findings were that only between 5 to 7% of the claims dollars were paid out for mental health care of all types including inpatient services. In general "...costs of mental health care...have lagged behind the increases in other health services."

---

26. A 1984 NIMH study ( AMA News, November 9, 1984 ); which is the largest and most comprehensive survey to date of mental disorders indicates that 20% of all adult Americans suffers from at least one mental disorder. Such disorders were equally divided between males and females. However, only 1/5th of those so identified ever saw a mental health professional for treatment. The rest were seen by their family physician only and never referred for services.

---

27. A 1980 article in American Medical News (10/10/84) stated that "...A prepaid mental health care program...appears able to cut health expenses...." As a result of this intervention and cost-savings, "...for the first time in three years, Stationers Corp. did not have an increase in its health insurance premiums."

---

28. McDonnell Douglas (and several other companies like Xerox, Hallmark Cards, Pitney Bowes, and IBM) in providing in-house mental health services for employees "calculates that it saved \$4 million over 10 years...and other companies also report lowered costs for medical and disability insurance, fewer accidents and reduced absenteeism...."

---

29. A 1980 article in the American Journal of Psychiatry indicates that only 7.3% of insured patients had services for mental health disorders. Of these, over half the claims for such services were submitted by general physicians and not mental health professionals.

---

30. A 1981 study reported in American Medical News (9/4/81) found that treatment for alcoholism resulted in a savings of \$1.5 million, with "alcoholism rehabilitation programs [having] an 85% success rate." A Stress management and health back programs also saved further money. "...the \$2.7 million estimated savings are "conservative figures..." for New York Telephone employees.

---

21. A 1983 study in the Journal of Pain found that utilization of EMG Biofeedback treatment in patients with chronic rheumatic back pain resulted in significant positive changes. "...At the end of the treatment phase and at the 4 month followup the patients in the biofeedback group showed significant improvements in the duration, intensity, and quality of their back pain as well as their EMG levels, negative self-statements, and utilization of the health care system." Non-treated, control groups, and traditionally medically treated groups showed no improvements in their conditions at all."

# The Social Worker as Independent Mental Health Practitioner

Cost effective services  
for the community

*lep. pages 4-7*

# The Social Worker as Independent Mental Health Practitioner

Cost-effective services  
for the community

NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.  
Office of Quality Assurance  
7981 Eastern Avenue  
Silver Spring, MD 20910

October 1990

The national median fee for psychiatrists in private practice is estimated to be \$90 a session. In contrast, clinical psychologists average \$65 a session and social workers average \$50."<sup>15</sup>

majority of the psychotherapeutic services rendered in the United States . . . are particularly suited to be of assistance to the courts in resolving clinical-legal issues and in facilitating the effective administration of individualized justice in cases where issues relating to psychosocial dysfunction and mental disorders are involved."<sup>5</sup>

There have been many other decisions which recognize social work as a legitimate member of the learned professions. In 1976, the Montgomery County (Maryland) Board of Appeals, for instance, ruled that "an accredited social worker who has earned a Master's degree, practices in a field licensed and regulated by state statute and is a bona fide member of a professional group having powers to adopt a code of ethics and to discipline members for unethical conduct meets all the standards established by the County Attorney's Opinions, and therefore should be considered a member of a 'recognized profession'."<sup>6</sup>

# **CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

The national median fee for psychiatrists in private practice is estimated to be \$90 a session. In contrast, clinical psychologists average \$65 a session and social workers average \$50."<sup>15</sup>

As early as 1972, social workers alone represented 44 percent of the professional staff (excluding nurses and non-psychiatric physicians) in mental health facilities in the United States.<sup>1</sup> Now providing the bulk of mental health services in the United States, social workers are finally and deservedly being recognized as fully qualified mental health providers.

As a *New York Times* article noted, "A quiet revolution is going on in psychotherapy. . . . Three major groups offering psychotherapy are psychiatrists, psychologists and social workers. . . . But the new shift is most pronounced in the comparison between psychiatrists and social workers. . . . Although social workers provide the bulk of therapy in institutions, growing numbers are treating more affluent, private clients, thus moving into the traditional preserve of the elite psychiatrists and clinical psychologists, as well."<sup>2</sup>

Social workers are also being recognized as expert witnesses in an increasing number of court cases. The American Bar Association's standards identify clinical social workers as qualified mental health professionals who should be recognized as expert witnesses.<sup>3</sup> Justice Benjamin Altman of the New York County Supreme Court recently wrote that "even though they are not physicians, certified social workers who demonstrate appropriate training and supervised clinical experience in the diagnostic assessment of mental disorders may, within the scope of their license, make diagnostic assessments of a person's mental condition and may qualify as experts in the diagnosis of mental health disorders."<sup>4</sup>

Justice Stephen G. Crane of the New York Supreme Court decided in 1985 that "a properly qualified certified social worker may be appointed to act as 'psychiatric examiner'. . . . Clinical social workers, who provide the

majority of the psychotherapeutic services rendered in the United States . . . are particularly suited to be of assistance to the courts in resolving clinical-legal issues and in facilitating the effective administration of individualized justice in cases where issues relating to psychosocial dysfunction and mental disorders are involved."<sup>5</sup>

There have been many other decisions which recognize social work as a legitimate member of the learned professions. In 1976, the Montgomery County (Maryland) Board of Appeals, for instance, ruled that "an accredited social worker who has earned a Master's degree, practices in a field licensed and regulated by state statute and is a bona fide member of a professional group having powers to adopt a code of ethics and to discipline members for unethical conduct meets all the standards established by the County Attorney's Opinions, and therefore should be considered a member of a 'recognized profession'."<sup>6</sup>

## Research on the Cost-Effectiveness of Clinical Social Work

---

In the competition for market share among mental health professionals, cost efficiency of services takes on decisive importance. The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), which provides medical care for military dependents, military retirees and members of the Commissioned Corps of the U.S. Public Health Service, conducted a study on the cost-effectiveness of using clinical social workers as reimbursable providers of mental health services to its beneficiaries. Following an 18-month study of such services from 1981 to 1982, CHAMPUS decided to include social workers as independent reimbursable mental health providers.<sup>7</sup>

The Senate Report on the Department of Defense Appropriation Bill of 1983 stated that, "Based on the successful pilot program the Committee has included bill language to permit direct reimbursement of clinical social workers who provide mental health services. . . . No quality of care problems have arisen, and reimbursement of clinical social workers costs less than the traditional physician gate keeper approach."<sup>8</sup>

Many companies who provide insurance for federal employees under the Federal Employees Health Benefits Act (FEHBA) have for many years voluntarily included social workers as reimbursable providers of mental health services.

In February 1986, President Reagan signed into law an amendment to FEHBA which requires that such coverage be included in health plans provided for some 10 million federal employees, retirees and dependents. It further provides that insurance carriers may not require that social workers be supervised by any other health professional. As of July 1, 1990, Congress enacted legislation to include clinical social workers as reimbursable mental health providers under Medicare Part B outpatient mental health coverage (P.L. 101-239).

Thus, clinical social workers are covered mental health providers for all programs under the jurisdiction of the federal government.

There is also a considerable body of research which indicates that providing mental health services has the effect of reducing other health care costs (called "cost-offset"), particularly those related to hospitalization. Since over one half of all health dollars (government, insurance and private) are funneled to hospitals and physicians,<sup>9</sup> reduction of these costs must be a major consideration in any health care cost containment effort. A recent analysis of cost-offset literature concluded, "The widespread and persistent evidence of reduced rate of increase of medical expense following mental health treatment argues for the inseparability of mind and body in health care, and it also argues specifically for the likelihood that mental health treatment may improve patients' ability to stay healthy enough to avoid hospital admission for physical illness. The clearest cost-offset effect appears largely in the reduction of inpatient rather than outpatient costs. As . . . inpatient charges account for 75 percent of total medical charges . . . substantial savings would have to result from reduced hospitalization."<sup>10</sup>

Research on the impact of a Massachusetts vendorship law implemented in July 1982 indicated that the total dollar amount paid out by the major insurer (Blue Shield of

Massachusetts) for mental health services over the previous two years stayed virtually constant, correcting for inflation, but there was a slight shift in payments from psychiatrists to psychologists and social workers. It may be that previously social workers were billing through the psychiatrists for reimbursement, and thus this shift may not reflect any actual dollar change.<sup>11</sup>

A study conducted by Actuarial Services of Blue Cross and Blue Shield of Utah from 1980 to 1982 indicated that following the Utah vendorship law (implemented in 1978), the number of social workers licensed as providers of mental health services increased by over 50 percent from 1978 to 1982. The data indicate that social workers had not taken "any significant amount of business from either psychiatrists or psychologists but rather have drawn from a pool of patients which previously did not receive care covered by mental health insurance benefits."<sup>12</sup>

The situation in Utah resulted in an increased number of people receiving mental health services, very likely because social workers are usually found in greater numbers in rural areas than are other mental health professionals.

Their services are also attractive because they usually charge lower fees than other mental health providers and also have fewer visits per individual case.<sup>13</sup>

The National Institute of Mental Health conducted a survey of Blue Cross reimbursements for mental health services in the Washington, D.C. area. At its completion in 1976, they found that social workers provided about 12 percent of the mental health services for which claims had been submitted, but received only 9 percent of the revenues. Social work fees were found to be about 73 percent of the average of those charged by other mental health professionals.<sup>14</sup>

The *New York Times* article noted, "Psychiatry finds itself in a price war with other therapy professions. . . .

The national median fee for psychiatrists in private practice is estimated to be \$90 a session. In contrast, clinical psychologists average \$65 a session and social workers average \$50."<sup>15</sup>

As early as 1972, social workers alone represented 44 percent of the professional staff (excluding nurses and non-psychiatric physicians) in mental health facilities in the United States.<sup>1</sup> Now providing the bulk of mental health services in the United States, social workers are finally and deservedly being recognized as fully qualified mental health providers.

As a *New York Times* article noted, "A quiet revolution is going on in psychotherapy. . . . Three major groups offering psychotherapy are psychiatrists, psychologists and social workers. . . . But the new shift is most pronounced in the comparison between psychiatrists and social workers. . . . Although social workers provide the bulk of therapy in institutions, growing numbers are treating more affluent, private clients, thus moving into the traditional preserve of the elite psychiatrists and clinical psychologists, as well."<sup>2</sup>

Social workers are also being recognized as expert witnesses in an increasing number of court cases. The American Bar Association's standards identify clinical social workers as qualified mental health professionals who should be recognized as expert witnesses.<sup>3</sup> Justice Benjamin Altman of the New York County Supreme Court recently wrote that "even though they are not physicians, certified social workers who demonstrate appropriate training and supervised clinical experience in the diagnostic assessment of mental disorders may, within the scope of their license, make diagnostic assessments of a person's mental condition and may qualify as experts in the diagnosis of mental health disorders."<sup>4</sup>

Justice Stephen G. Crane of the New York Supreme Court decided in 1985 that "a properly qualified certified social worker may be appointed to act as 'psychiatric examiner'. . . . Clinical social workers, who provide the

## Summary

---

Legislation which recognizes social workers as fully qualified mental health providers is sometimes opposed. This opposition is usually grounded in turf issues. "Whenever a new mental health professional vies for payments, it cuts down on the number who can get that same therapy dollar."<sup>17</sup>

When a profession is fully qualified by education and training to provide a sanctioned service, and when that service can be demonstrated to contribute to the reduction of costs to the community, then it should be encouraged to take its place as a recognized and reimbursable provider of mental health services, a step in the best interest of all consumers. Adequate knowledge of social work qualifications and sufficient data regarding costs will be persuasive arguments for such recognition.

All people should be free to select the most appropriate qualified mental health providers for themselves and should not be restricted in their choice because of lack of protective legislation.

Social work is an autonomous profession, and full recognition of this will enhance its contribution to the delivery of cost-effective mental health services to the public.

## References

---

---

1. *Staffing of Mental Health Facilities in the United States*. 1976 NIMH Series B, No. 14 (GPO# 017-024-008257).
2. Goleman, D. "Social Workers Vault into a Leading Role in Psychotherapy." *New York Times*, April 30, 1985.
3. *ABA Criminal Justice Mental Health Standards*. American Bar Association, 1989.
4. *New York Law Journal*, July 12, 1983.
5. *People v Matthew Scala*, Criminal Term, Part 81. *New York Law Journal*, July 1, 1985.
6. Montgomery County (Maryland) Board of Appeals Opinion, Case No. A-197, January 8, 1976.
7. Department of Defense, Office of Civilian Health and Medical Program of the Uniformed Services. "Final Report on the Experimental Study on Reimbursement of Clinical Social Workers, December 1980-September 1982." (Unpublished report.)
8. CHAMPUS. "Certified Clinical Social Workers, Amendment of Final Rule." *Federal Register*. March 1, 1984. pp. 7561ff.
9. U.S. Department of Commerce. *Statistical Abstract of the United States: 1984*, 104th edition.
10. Mumford, E., Schlesinger, H. J., Glass, G. V., Patrick, C., Cuedon, T. "A New Look at Evidence about Reduced Cost of Medical Utilization following Mental Health Treatment." *American Journal of Psychiatry*. October 1984.
11. McGuire, T., Gurin, A., Frisman, L. K., Kane, V. L., Shatkin, B. r. "Vendorship and Social Work in Massachusetts." *Social Service Review*. September 1984.
12. Van Deventen, J., & Kuhnhausen, B. "The Effects of Social Worker Legislation in Utah." Actuarial Services. Blue Cross and Blue Shield of Utah, March 1983. (Unpublished report.)

13. Towery, O. B., Sharfstein, S., Goldberg, L. "The Mental and Nervous Disorder Utilization and Cost Survey: An Analysis of Insurance for Mental Disorders." *American Journal of Psychiatry*, September 1980.
14. Towery, Sharfstein, Goldberg, "The Mental and Nervous Disorder Utilization and Cost Survey."
15. Goleman, "Social Workers Vault into a Leading Role."
16. Fairbank, A. "Expanding Insurance Coverage to Alternative Types of Psychotherapists: Demand and Substitution Effects of Direct Reimbursement to Social Workers." *Inquiry*, Summer 1989. Blue Cross and Blue Shield Association.
17. Goleman, "Social Workers Vault into a Leading Role."

#### **Other References**

National Association of Social Workers, Inc. "Professional Social Work Recognition: Vendorship Report 1987." June 1987.

Congress of the United States, Office of Technology Assessment. "Cost-Effectiveness Analysis of Medical Technology: The Efficacy and Cost Effectiveness of Psychotherapy." October 1980.

**NASW**

**7981 Eastern Avenue  
Silver Spring MD 20910**

SB

157

FISCAL NOTE

STATE OF ALASKA  
1991 LEGISLATIVE SESSION

BILL NO. SB 157

Revision Date: \_\_\_\_\_ Department Affected: Commerce & Economic Dev.

Title: An Act relating to optometrists. BRU: Occupational Licensing

Component: Administration

Sponsor: Senator Adams

Requestor: Senate HESS

COMPONENT SERIAL NO. 

0	3	5	6
---	---	---	---

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS. CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE	0	0	0	0	0	0
---------	---	---	---	---	---	---

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

The bill amends the optometry statutes to authorize the use of pharmaceutical agents in the practice of optometry. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler, Administrative Officer Phone: 465-2144

Division: Occupational Licensing Date: March 11, 1991

Approved by Commissioner: Glenn A. Olds *[Signature]* Spec. Asst. II

Agency: Department of Commerce & Economic Development Date: 3-12-91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

# Alaska State Legislature

Al Adams  
District L

WHILE IN SESSION  
P.O. Box V  
State Capitol  
Juneau, Alaska 99811  
(907) 465-3707

---

OUT OF SESSION  
P.O. Box 333  
Kotzebue, Alaska 99752  
(907) 442-3245

---

3111 C Street  
Anchorage, Alaska 99503  
(907) 561-7622

Official Business

TO: Senator Arliss Sturgulewski, Chair  
Senate Health, Education and Social Services Committee

FROM: Senator Al Adams *AAA*

RE: Senate Bill 157, : "An Act relating to optometrists"

DATE: March 11, 1991

This is to request a hearing on the aforementioned legislation.

Enclosed for your information is various background material on this issue.  
A fiscal note from the Department of Commerce has been requested but  
not yet received.

Please contact my aide Martha Stewart if you have questions or concerns.

Melissa

when we hear AB15-7

Optometrists authorized

services notify

Dr. Peter J. Cannawa

Saldotua / Kerai

262-4340

called 10/12/91

8 AM Home  
333 1912  
Received

Parsons  
I speak  
that man  
person

Jeff GONSON

276-2080

ANCH

SB157

4103092

Post-It telephone message pad 7660

To \_\_\_\_\_  
Date 3/18 Time 4:15

**WHILE YOU WERE OUT**

M Becky  
of L10

Phone No. \_\_\_\_\_

TELEPHONED	PLEASE CALL
WAS IN TO SEE YOU	WILL CALL BACK
WANTS TO SEE YOU	<b>URGENT</b>
RETURNED YOUR CALL	

Message  
teleconference #  
4103092

Bridge #10 Jeff to call in  
562-2882 Operator \_\_\_\_\_

Medical Park Eye Care  
2211 E. Northern Lights - Suite 202  
Anchorage, AK 99508

**Jeffrey A. Gonnason, O.D.**

Doctor of Optometry  
Vision Examinations  
Contact Lenses

Member



American Optometric  
Association

Telephone: 276-2080

*Sam Katz - Lobbyist*

*Al Adams will draft bill. Jeff will get to me.*

*Consider putting in as Senate HESS & House Hess bill.*

BILL: HB 222 SHORT TITLE: OPTOMETRISTS & PHARMACEUTICALS  
NAME: CSHB 222(HESS) AM  
TITLE: "AN ACT RELATING TO OPTOMETRISTS."

PRIME SPONSOR: HEALTH, EDUCATION & SOCIAL SERVICES  
BY REQUEST

CURRENT STATUS: (S) L&C

STATUS DATE: 05/04/90

03/15/89	00628	(H)	READ THE FIRST TIME - REFERRAL(S)
03/15/89	00628	(H)	HEALTH, EDUCATION & SOCIAL SERVICES
04/09/90	03208	(H)	HES RPT CS(HESS) NEW TITLE 3DP 1NR
04/09/90	03208	(H)	-ZERO FISCAL NOTE (DCED) 4/7/90
04/17/90	00000	(H)	RULES TO CALENDAR 4/18/90
04/18/90	03315	(H)	READ THE SECOND TIME
04/18/90	03315	(H)	HES CS ADOPTED UNAN CONSENT
04/18/90	03315	(H)	AMENDMENT NO 1 BY COLLINS
04/18/90	03316	(H)	AM NO 1 ADOPTED Y21 N17 X1 A1
04/18/90	03316	(H)	ADVANCED TO THIRD READING UNAN CONSENT
04/18/90	03316	(H)	READ THE THIRD TIME CSHB 222(HESS) AM
04/18/90	03316	(H)	PASSED Y29 N9 X1 A1
04/18/90	03317	(H)	NAVARRÉ NOTICE OF RECONSIDERATION
04/19/90	03367	(H)	RECONSIDERATION NOT TAKEN UP
04/19/90	03367	(H)	TRANSMITTED TO (S)
04/20/90	03477	(S)	READ THE FIRST TIME - REFERRAL(S)
04/20/90	03477	(S)	HES
04/25/90	03599	(S)	L&C REFERRAL ADDED
05/04/90	03917	(S)	HES REFERRAL WAIVED
05/04/90	03917	(S)	REFERRED TO LABOR & COMMERCE
05/05/90	03967	(S)	24 HOUR RULE WAIVED

*25 have passed*

*16 are not returning*

*Modeling after Washington State Bill*

## ALASKA'S DOCTORS OF OPTOMETRY

### Fact sheet for SB 157

#### A: Access:

Alaskans in communities like Sitka, Kodiak, Homer, Ketchikan and others do not have access to eye care. Most Alaskan communities have no medical specialists, and the local optometrist is the most highly trained, specialized, and instrument-equipped professional in town, with over 60 of us scattered throughout the state.

#### B: Better Care:

The optometrist is often the first contact for a patient suffering from an eye disorder. Needed treatment can be started immediately, which is an important aspect in treating many eye diseases.

#### C: Cost Containment:

Optometrists' fees are generally lower than those of medical specialists and hospitals; the cost of a 2nd visit to another doctor or clinic would be eliminated; travel time and expense would be eliminated as well as extra time away from work. These are documented cost savings from other states. Increased competition with freedom of choice among health providers also holds down costs.

#### D: Doctors of Optometry:

Optometrists have been prescribing drugs for their patients across the nation for the past 15 years, with 26 states currently allowing therapeutic drug treatment of eye diseases. No laws have been repealed, and 13 more states have bills pending. There have been no problems nationally, and the malpractice insurance premiums for optometry are the same in states with and without therapeutic drug laws.

#### E: Education:

Optometry training is on a par with medicine, dentistry and podiatry. An undergraduate college degree plus a 4 year doctorate program and often a residency in a hospital-based setting. The letter from Dr. Les Walls, a medical school professor and now an optometry school dean, best explains our education. Older optometrists who did not originally receive advanced therapeutic training would not be grandfathered. They would be required to return to school for additional training and pass rigid State Board standards and exams to be endorsed to use therapeutics.

F: Fairness:

Under the current state law, the optometrists in most communities must refer their patients needing eye medication to a nurse practitioner, health aide, or general medical doctor with far less training than optometrists have.

G: Government:

Approximately 5 agencies of the Federal Government have studied optometry and found us competent in therapeutic treatment and surgical co-management. Military and Indian Health optometrists have used therapeutic drugs for many years. Optometrists are considered "physicians" under federal Medicare law, being allowed to provide any services the state law allows. The national American Public Health Association recently passed a resolution supporting optometry therapeutics in all states.

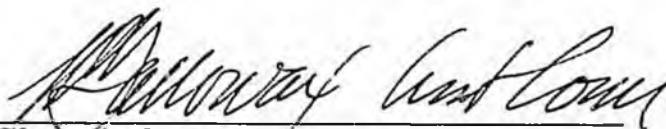
This legislation is in the best interest of the public health.

SB 157: "An Act relating to optometrists."

This bill authorizes the use of therapeutic pharmaceutical agents in the practice of optometry after a license endorsement has been earned by providing competency in the use of those drugs.

It further authorizes optometrists to remove superficial foreign bodies from the eye and its appendages. The bill states it is not intended to allow "invasive surgery." The department would prefer that the "appendages" be itemized. Also, while negative language is not usually our first choice, it might be necessary to exclude what might be considered "invasive surgery."

The department does not oppose SB 157.



Glenn A. Olds, Commissioner

Date: 4-26-91

FRANK H. MURKOWSKI  
ALASKA

COMMITTEES:

VETERANS' AFFAIRS (RANKING MEMBER)  
ENERGY AND NATURAL RESOURCES  
FOREIGN RELATIONS  
SELECT COMMITTEE ON INTELLIGENCE  
SELECT COMMITTEE ON INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510  
(202) 224-6865

222 WEST 7TH STREET, BOX 1  
ANCHORAGE, AK 99513  
(907) 271-3735

101 12TH AVENUE, BOX 7  
FAIRBANKS, AK 99701  
(907) 458-0233

P.O. Box 1847  
JUNEAU, AK 99802  
(907) 686-7400

120 TRADING BAY ROAD, SUITE 350  
KENAI, AK 99811  
(907) 283-5808

109 MAIN STREET  
KETCHIKAN, AK 99901  
(907) 225-8880

April 9, 1990

Dr. Jeffrey A. Gonnason, O.D.  
Medical Park Eye Care  
2211 E. Northern Lights - Suite 202  
Anchorage, Alaska 99508

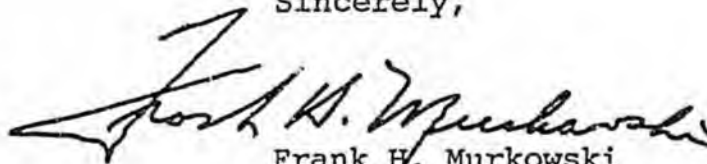
Dear Jeff:

It was a pleasure to visit with you during your recent visit to Washington. I appreciate your taking time to stop by my office.

Lisa Moore has provided me with the written information which you left. I concur with you that optometrists should not be discriminated against in federal and state legislation. I wish you luck with the Alaska legislature on the prescription drug issue. Please let me know the outcome.

If I can be of any assistance to you, please let me know.

Sincerely,



Frank H. Murkowski  
United States Senator



Employee Benefits Division  
Medicare Claim Administration  
P. O. Box 1998  
Portland, Oregon 97207-1998  
Telephone No. (503) 222-6831

Form Approved  
OMB No. 0938-0222

**Medicare**

10/14/87

F00 511

SS05

JEFFREY A GONNASON OD  
2211 E. -NORTHERN LGHT  
ANCHORAGE, AK 99504

CORRESPONDENCE NO. 807264800C300G

WE RECEIVED YOUR LETTER ABOUT A RECENT MEDICARE NEWSLETTER ARTICLE  
PERTAINING TO OPTOMETRISTS .

THE NEWSLETTER ARTICLE WAS IN ERROR REGARDING THERAPEUTIC TREATMENT  
OF EYE DISEASES OR DISORDERS BY OPTOMETRISTS.

EFFECTIVE 4/1/87, A DOCTOR OF OPTOMETRY IS CONSIDERED A PHYSICIAN WITH  
RESPECT TO ALL SERVICES THAT THE OPTOMETRIST IS AUTHORIZED TO PERFORM  
UNDER STATE LAW. IF STATE LAW AUTHORIZES THERAPEUTIC TREATMENT BY AN  
OPTOMETRIST, MEDICARE CAN CONSIDER THE CHARGE FOR PAYMENT.

SINCERELY,

MEDICARE CLAIMS ADMINISTRATION  
AETNA LIFE INSURANCE COMPANY

3-387



# Medicare News

Volume 13, Issue 2

February, 1987

## IN THIS ISSUE

	Page
B12 COVERAGE .....	4
COVERAGE FOR OPTOMETRIST EXPANDED .....	1
ELECTRONIC BILLING OPTOMETRIST EXPANDED .....	3
HOSPICE .....	4
INDEPENDENT LABORATORY CERTIFICATION UPDATES .....	9
MANDATORY ASSIGNMENT REQUIREMENT FOR PHYSICIAN OFFICE LABORATORIES .....	2
1987 HCPCS LOCAL CODES .....	9
1987 HCPCS UPDATE .....	4
PHYSICIAN ASSISTANTS .....	2
SERVICES RELATED TO NON-COVERED SERVICES .....	1

### SERVICES RELATED TO NONCOVERED SERVICES

All providers are reminded that routine services "related to" noncovered services (e.g. cosmetic surgery, noncovered organ transplants), including services related to the followup care, are not covered services under Medicare.

In addition, services provided primarily for the purpose of administering a noncovered injection, are excluded from Medicare payment. For example, if the primary treatment is noncovered dimethyl sulfoxide (DMSO) or ethylenediamine-tetra-acetic acid (EDTA chelation therapy), the associated office visits and lab tests will also be excluded from payment.

### COVERAGE FOR OPTOMETRIST EXPANDED

Coverage has been expanded on services performed by optometrists on or after 4/1/87. Medicare will then allow payment for vision care services of optometrist when:

- 1) the optometrist is legally authorized by the state to perform the service, and
- 2) the service is already covered by Medicare when performed by a physician

Previously Medicare allowed payment to optometrist for services related to the treatment of Aphakic patients only.

6 February 1990

2420 Banbury Drive  
Anchorage, AK 99504

Dear Legislator,

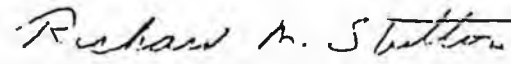
I just completed my optometric appointment with Dr. Jeffrey A. Gonnason, O.D. and was glad to hear Alaska was currently addressing the issue of Optometrists being allowed to prescribe a variety of therapeutic agents (HB 222/Optomety Pharmaceutical).

This action is long overdue and has already been approved in many other states.

I am a Colonel in the Air Force, a board certified Family Physician and Chief of the Emergency Room, Family Practice, and Primary Care Department at Elmendorf Air Force Base Regional Hospital. I have thus had frequent professional exposure to Optometrists and thus feel I can speak quite objectively.

I feel optometrists are fully qualified to expand their prescribing service to their patients.

I would hope an objective review of this bill be undertaken and passage of the bill be the outcome.

  
RICHARD M. STRATTON, MD, Colonel, USAF, MC

SB157

We, the undersigned authorized representatives of the Legislative Committee of the Alaska Optometric Association and the Legislative Affairs Committee of the Alaska Association of Ophthalmology, assign the support of our respective organizations to the attached negotiated bill that amends the current Alaska optometry statute. By our signatures below and on the attached bill we attest that support. We will, if called upon, testify before the Alaska State Legislature in favor of the bili as written. This agreement expires at the end of the 1987 session of the 15th Alaska Legislature.

Lynn J. Coon, O.D.  
Lynn J. Coon, O.D.

Oliver M. Korshin, M.D.  
Oliver M. Korshin, M.D.

Edward E. Crouch, M.D.  
Edward E. Crouch, M.D.

Jeff Gonnason OD

HB 222

written  
Early  
1990

## The old "Compromise" story

- Early 1987: We wanted to re-introduce a comprehensive Therapeutic Drug Bill. Sen. Fischer wanted the ophthalmologists + optometrists (MD's + OD's) to meet and compromise. We told him they would never compromise on any therapeutics.
- We met anyway to discuss it w/ MD's. Rick Union ~~was~~ (our lobbyist at one time past) promised a compromise bill would fly through the legislature in 2 weeks.
- After Dr. McCortney from Fairbanks left the meeting, the OD's + MD's shook hands on a bill for diagnostic drugs and some limited therapeutic drugs for when an ophthalmologist wasn't available.
- 2 Hours later, Dr. Korshin, MD leader, called back and broke the deal, saying we had to add "after consultation w/ an ophthalmologist". Faced with no bill at all, Dr. Coon, OD leader, agreed, but said "no more changes".
- 3 Days later, Korshin MD said he had to remove all therapeutics from the bill, and if ~~we~~ we held him to the deal, he would be replaced as chair by the MD's.

→ Coon OD, took the broken deal for diagnostics only, since it was promised to fly through & be supported by both groups, and only Alaska & Maryland were left in the nation without diagnostic drugs for OD's.

→ After Senate passage, Korshin MD said they would withdraw support because they disliked an advertisement run by Falconer OD on Medicare.

→ McConkey MD and others actively fought against our bill, and it got amended once or twice, sent to sub-committee, and we had to hire a second lobbyist and struggle ~~both~~ both years of the 15<sup>th</sup> ~~legislature~~ legislature to finally pass diagnostics as the 50<sup>th</sup> & last out of 50 states. (Maryland got a veto & over-ride it).

→ The "compromise" was to not fight the bill, not to forever restrict our profession to antiquated laws. It expired in 1987.

→ HB 222 is our "compromise" offer, asking only for minimum tools - 2 categories of eye drops. ~~for~~

ALASKA'S DOCTORS OF OPTOMETRY

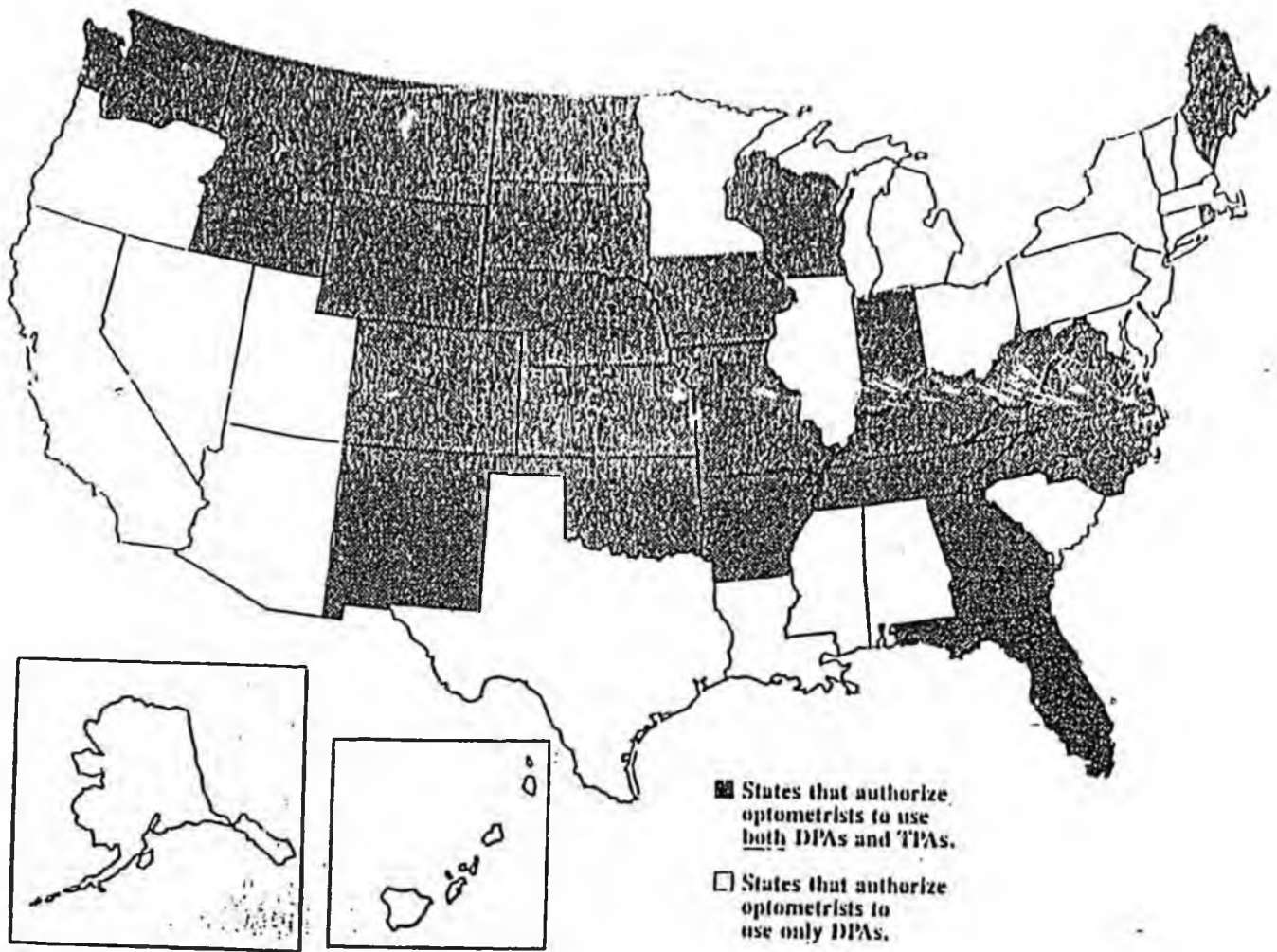
Name	File #	Address	City	ST	Zip Code	Last Exam	Birthdate
Pickard, O.D., Jim		P.O. Box 777	Dillingham	AK			
Williams, O.D., Salisa		P.O. Box 1898	Hillsboro	OR	97123		
Bach, O.D., Edward E.		1440 W. 10th Ave.	Anchorage	AK	99501		
Falconer, O.D., James C.		1345 West 9th Avenue	Anchorage	AK	99501		
Falconer, O.D., Maynard C.		1345 West 9th Avenue	Anchorage	AK	99501		
Faulkner, O.D., Bill D.		400 L Street - Suite 104	Anchorage	AK	99501		
Stander, O.D., Tom		IHS-ANMC Eye Clinic	Anchorage	AK	99501		
Sternberg, O.D., Aharon		542 West 2nd Avenue	Anchorage	AK	99501		
Brinkerhoff, O.D., Dennis R.		4301 Seeley Ct.	Anchorage	AK	99502		
Albert, O.D., Dennis L.		2702 Gambell St. #102	Anchorage	AK	99503		
Bach, O.D., Ph.D., Phil		3401 Denali Street - Suite 204	Anchorage	AK	99503		
Blower, O.D., Victoria A.		207 E. Northern Lights #101	Anchorage	AK	99503		
Coon, O.D., Larry		600 E. Northern Lights #136	Anchorage	AK	99503		
Miller, O.D., Robert W.		2606 C Street	Anchorage	AK	99503		
Roselius, O.D., Thomas		2600 Denali - Suite 603	Anchorage	AK	99503		
Freeborn, O.D., Dennis W.		6311 DeBarr Road - Suite D	Anchorage	AK	99504		
Ricker, O.D., Phil		3900 Robin Street	Anchorage	AK	99504		
Sayler, O.D., Jeffery		523 Beluga Ave. Apt. B	Anchorage	AK	99505		
Bancroft, O.D., Edward		5332 Sillary Circle	Anchorage	AK	99508		
Beckerman, O.D., Mike		3716 Bisquier Drive	Anchorage	AK	99508		
Gonnason, O.D., Jeffrey A.		2211 E. Northern Lights #202	Anchorage	AK	99508		
Samaniego, O.D., Daniel D.		332 N. Bunn St. #A	Anchorage	AK	99508		
Ripley, O.D., John F.		P.O. Box 93011	Anchorage	AK	99509		
Dobson, O.D., Steven S.		1000 E. Dimond Blvd. #101	Anchorage	AK	99515		
Kjome, O.D., Gary H.		1000 E. Dimond Blvd. #101	Anchorage	AK	99515		
McLaughlin, O.D., Tim B.		800 E. Dimond Blvd. Ste 228A	Anchorage	AK	99515		
Rogers, O.D., William C.		2910 Pelican Dr.	Anchorage	AK	99515		
Thanepohn, O.D., Denise L.		130 Beaufort Circle	Anchorage	AK	99515		
Titzel, O.D., Gene E.		2909 West 100th St.	Anchorage	AK	99515		
Bigelow, O.D., Don E.		12201 Graiff St.	Anchorage	AK	99516		
Freeman, O.D., Anne M.		4820 Southpark Bluff Dr.	Anchorage	AK	99516		
Stralka, O.D., Stephen		13441 Baywind Drive	Anchorage	AK	99516		
Hagge, O.D., Hal E.		10928 Eagle River Rd. #1J2	Eagle River	AK	99577		
Keene, O.D., Jeffrey		16331 Heritage Place #104	Eagle River	AK	99577		
Baldwin, O.D., Gregg		P.O. Box 528, Eye Clinic	Bethel	AK	99599		
Taylor, O.D., James R.		P.O. Box 528, Eye Clinic	Bethel	AK	99599		
Mastolier, J.D., Gary		3953 Bartlett Street	Homer	AK	99603		
Walker, O.D., Boyd L.		P.O. Box 3669	Homer	AK	99603		
O'Connell, O.D., Robert D.		P.O. Box 4370	Kenai	AK	99611		
Swarner, O.D., Dennis A.		P.O. Box 4370	Kenai	AK	99611		
Myers, O.D., Jeremiah		P.O. Box 1948	Kodiak	AK	99615		
Shank, O.D., John T.		P.O. Box 827	Kodiak	AK	99615		
Demske, O.D., John		155 Smith Way - Suite #202	Soldotna	AK	99669		
Coon, O.D., Lynn		418 N. Main	Wasilla	AK	99687		
McKinley, O.D., Rich		950 E. Bogard - Suite 206	Wasilla	AK	99687		
Graves, O.D., James C.		477 Darrell Drive	Fairbanks	AK	99701		
Johnson, O.D., Curtis M.		530 Seventh Avenue	Fairbanks	AK	99701		
Lounsbury, O.D., Joe J.		124 North Turner	Fairbanks	AK	99701		
Cobbett, O.D., John		P.O. Box 55777	North Pole	AK	99705		
Lind, O.D., Virginia		830 Nordic St.	North Pole	AK	99705		
Hammond, O.D., Robert P.		P.O. Box 73164	Fairbanks	AK	99707		
LeFevre, O.D., Nancy		P.O. Box 1954	Fairbanks	AK	99707		
Nicolas, O.D., Ruth		P.O. Box 73814	Fairbanks	AK	99707		
Eastlake, O.D., John		P.O. Box 82707	Fairbanks	AK	99708		
Christiansen, O.D., Randy		725 Darrell Drive	Fairbanks	AK	99709		
Humphreys, O.D., Grant		P.O. Box 69, Eye Clinic	Barrow	AK	99723		
McGarr, O.D., Bill		P.O. Box 1255	Kotzebue	AK	99752		
Box, J.D., Roy A.		9309 Glacier Hwy. Suite A102	Juneau	AK	99801		
Kemp, O.D., Gilbert H.		611 W. Willoughby Avenue	Juneau	AK	99801		
Matson, O.D., Jim M.		800 Glacier Avenue	Juneau	AK	99801		
Messerschmidt, O.D., F.		8800 Glacier Hwy - Suite 105	Juneau	AK	99801		
Hagerman, O.D., Wayne T.		P.O. Box 338	Sitka	AK	99835		
Christianson, O.D., Eric D.		348 Main Street	Ketchikan	AK	99901		
Swearingen, O.D., Rick		410 Mission Street	Ketchikan	AK	99901		

*Tenakee Springs; currently professor at Pacific University in Oregon*

*64 O.D.'s here, plus military adds more*

# TREATMENT STATES

Twenty five, one half, of the fifty states of our great Union allow Optometry to utilize therapeutic medications as part of their health care delivery system. The U.S. Military, Public Health Service, Indian Health Service, and Veterans Administration also permit qualified optometrists to use therapeutic medications as a broad base eye care delivery system.

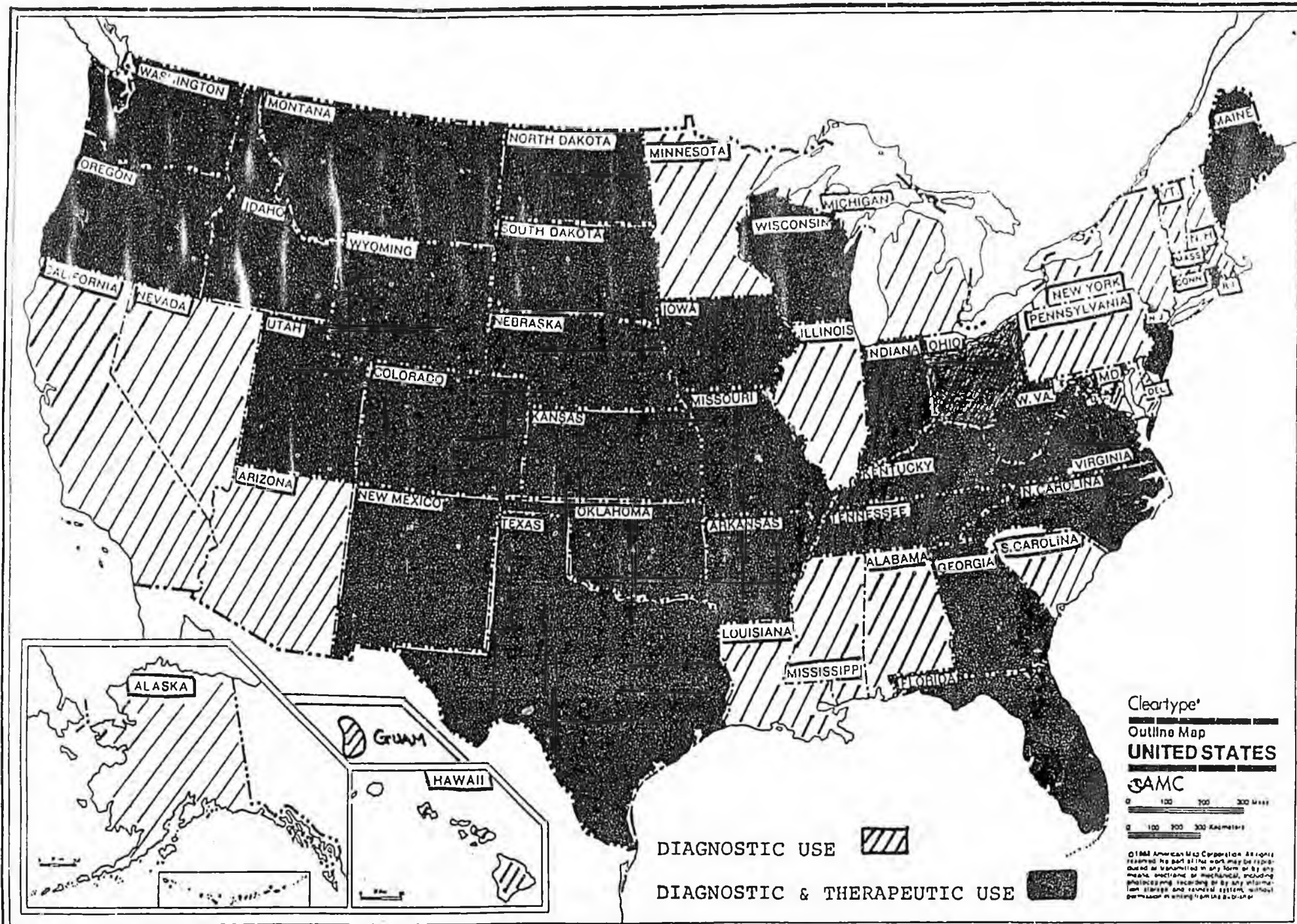


## OPTOMETRIC DRUG LAWS





# STATUS OF PHARMACEUTICAL LEGISLATION

February  
January 16, 1992



Cleartype®  
Outline Map  
**UNITED STATES**

JAMC  
0 100 200 300 Miles  
0 100 200 300 Kilometers

DIAGNOSTIC USE   
DIAGNOSTIC & THERAPEUTIC USE 

©1991 American Med Corporation. All rights reserved. No part of this work may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without permission in writing from the author.



CATARACT AND LASER INSTITUTE

TO: *Members of the Alaska Legislature*

FROM: *Robert O. Ford, MD*

DATE: *May 21, 1991*

Founders

Robert Ford, MD  
Helgi Heidar, MD

Medical

Ronald Sugiyama, MD  
Oli Traustason, MD  
Paul Barney, OD  
Cynthia Murrill, OD, MPH  
Donald Peterson, OD  
David Stanfield, OD  
Michael Van Brocklin, OD

*Over the last ten years of working as an ophthalmologist closely with the optometric profession to provide eye care to the people of Washington, I have made some observations that I would like to share with you.*

Administrative

Wayne Carlson, PA  
Executive Director of  
Corporate Development

Rose Fischer  
Director of Practice  
Enhancement

*Relations between ophthalmology and optometry in general are unfortunately frequently dominated by competition and turf issues. Once I was able to get past that in my own thinking about eight years ago, I began to see things in a different light.*

Greg Korneluk  
Chief Executive Officer

Shirley Puckett  
Chief Operating Officer

Verna Stallsworth  
Executive Vice President

Lola Swope  
Director of Finances

*Individual and professional advancement is part of the American way. Optometry as a profession has grown progressively more sophisticated and capable. Unfortunately each step of the way, their efforts at self-improvement have been resisted by organized ophthalmology. The most frequent argument used has been that patients will suffer when practitioners practice beyond their training. It is true that patients will suffer if any practitioner overextends himself whether he be MD, OD, attorney, politician or anything else. The real issue of public safety lies with the morality, honesty, and faithfulness of each person using their own judgement to manage only things for which they are qualified, and to get consultation or make referrals when necessary.*

*My experience with optometry is that they are as a whole, above average in their commitment to providing quality care to their patients and requesting assistance or making referrals whenever a particular case is beyond their knowledge or training.*

2517 N E Kresky  
Chenalis, WA 98532  
206 748-8632  
1 800 888-9903

*As I have observed the changes in Washington, first with an extension of optometry's freedom to use diagnostic drugs and then later with their freedom to use therapeutic drugs, I have not seen patients harmed. In fact the availability of eye care has improved, and I can recommend this course of action to the state of Alaska.*

2302 Union Ave.  
Suite B-16  
Tacoma, WA 98405  
206 756-9440  
1 800 888-9905

Sincerely,

Robert O. Ford, MD  
/de

8203 W Quinault Ave  
Suite 200  
Kennewick, WA 99336  
509 736-0826  
1 800 888-9904



## Kachemak Bay Medical Clinic

Professional Corporation  
PAUL D. RAYMOND M.D.  
4285 Hohe St., Suite 2  
Homer, Alaska 99603  
(907) 235-4050

May 2, 1991

Dear Legislator:

I am writing this letter in support of Senate Bill 157, which involves the use of pharmaceutical agents by optometrists. As a family practitioner in a rural area of Alaska, without the presence of ophthalmologists we depend greatly on qualified optometrists for evaluation and treatment of superficial and anterior chamber eye disease. This would include administering topical steroids, antibiotics and antiglaucoma agents to the human eye. Obviously, this would be inherent on the licensee having been endorsed under AS 08.72.175.

The ability of appropriately trained optometrists to diagnose and treat anterior chamber and superficial eye disease would prove beneficial not only for rural physicians but also would serve in the patients' best interests concerning long term cost containment. In my experience the optometrists in the geographical area in which I practice appropriately refer ophthalmologic patients to board certified ophthalmologists when indicated.

I appreciate your support.

Sincerely,

*Paul D. Raymond MD*

Paul D. Raymond, M. D.

PDR:nmc

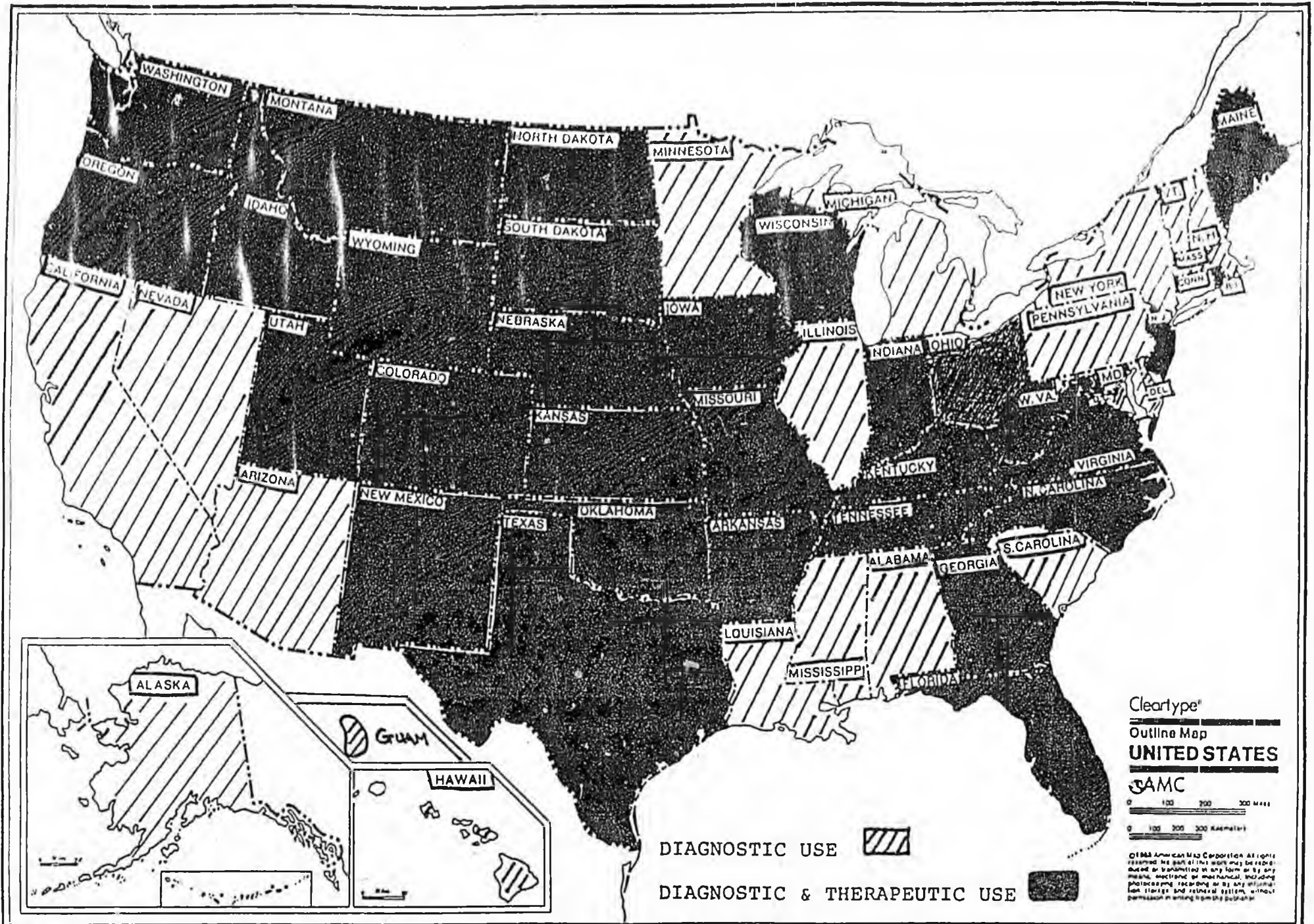
cc: Boyd Walker

# **CORRECTION**

**THIS DOCUMENT  
HAS BEEN REPHOTOGRAPHED  
TO ASSURE LEGIBILITY**

# STATUS OF PHARMACEUTICAL LEGISLATION

February  
January 16, 1992



STATE	DIAGNOSTIC USE	THERAPEUTIC USE
ALABAMA	*	
ALASKA	May 25, 1988	
ARIZONA	April 25, 1980	
ARKANSAS	April 2, 1979	March 3, 1987
CALIFORNIA	July 9, 1976	
COLORADO	June 10, 1983	April 20, 1988
CONNECTICUT	April 2, 1986	
DELAWARE	July 10, 1975	
D.C.	March 25, 1986	
FLORIDA	July 10, 1986**	July 10, 1986**
GEORGIA	February 14, 1980	February 25, 1988
GUAM	December 28, 1982	
HAWAII	June 12, 1985	
IDAHO	March 23, 1981	March 31, 1987
ILLINOIS	September 15, 1984	
INDIANA	***	***
IOWA	June 8, 1979	May 31, 1985
KANSAS	April 12, 1977 (2:00 p.m.)	April 17, 1987
KENTUCKY	March 29, 1978	February 7, 1986
LOUISIANA	July 6, 1975	
MAINE	June 24, 1975	June 25, 1987
MARYLAND	January 13, 1989	
MASSACHUSETTS	December 23, 1985	
MICHIGAN	March 26, 1984	
MINNESOTA	March 8, 1982	
MISSISSIPPI	March 17, 1982	
MISSOURI	July 24, 1981	June 24, 1986
MONTANA	April 12, 1977 (10:10 a.m.)	April 23, 1987
NEBRASKA	February 13, 1979	March 26, 1986
NEVADA	May 25, 1979	
NEW HAMPSHIRE	June 6, 1985	
NEW JERSEY	*	January 16, 1992
NEW MEXICO	March 4, 1977	April 5, 1985
NEW YORK	July 15, 1983	
NORTH CAROLINA	June 3, 1977	June 3, 1977
NORTH DAKOTA	March 22, 1979	April 10, 1987
OHIO	March 15, 1984	February 15, 1992
OKLAHOMA	April 6, 1981	March 22, 1984
OREGON	May 20, 1975	August 9, 1991
PENNSYLVANIA	March 1, 1974	
RHODE ISLAND	July 16, 1971	June 26, 1985
SOUTH CAROLINA	March 21, 1984	
SOUTH DAKOTA	March 15, 1979	March 15, 1986
TENNESSEE	May 8, 1975	April 22, 1987
TEXAS	August 5, 1981	June 15, 1991
UTAH	March 21, 1979	March 20, 1991
VERMONT	April 23, 1984	
VIRGINIA	February 25, 1983	April 11, 1988
WASHINGTON	April 23, 1981	April 18, 1989
WEST VIRGINIA	March 4, 1976	March 4, 1976
WISCONSIN	April 29, 1978	August 3, 1989
WYOMING	February 17, 1977	March 2, 1987

**FOOTNOTE KEY:**

\* = General legislation, favorable attorney general opinion.

\*\* = Previous favorable attorney general opinion. Specific legislation enacted in 1986.

\*\*\* = General legislation, favorable attorney general opinion. Legislation which would have prohibited pharmaceutical utilization defeated. Appeal from dismissal of litigation which would have prohibited pharmaceutical utilization denied by state supreme court, February 27, 1986. Clarification legislation adopted May 13, 1991.



TO: *Members of the Alaska Legislature*

Founders  
Robert Ford, MD  
Helgi Heidar, MD

FROM: *Robert O. Ford, MD*

Medical  
Ronald Sugiyama, MD  
O. Traustason, MD  
Paul Barney, OD  
Cynthia Murrill, OD, MPH  
Donald Peterson, OD  
David Stanfield, OD  
Michael Van Brocklin, OD

DATE: *May 21, 1991*

*Over the last ten years of working as an ophthalmologist closely with the optometric profession to provide eye care to the people of Washington, I have made some observations that I would like to share with you.*

Administrative  
Wayne Carlson, PA  
Executive Director of  
Corporate Development

*Relations between ophthalmology and optometry in general are unfortunately frequently dominated by competition and turf issues. Once I was able to get past that in my own thinking about eight years ago, I began to see things in a different light.*

Rose Fischer  
Director of Practice  
Enhancement

Greg Korneluk  
Chief Executive Officer

*Individual and professional advancement is part of the American way. Optometry as a profession has grown progressively more sophisticated and capable. Unfortunately each step of the way, their efforts at self-improvement have been resisted by organized ophthalmology. The most frequent argument used has been that patients will suffer when practitioners practice beyond their training. It is true that patients will suffer if any practitioner overextends himself whether he be MD, OD, attorney, politician or anything else. The real issue of public safety lies with the morality, honesty, and faithfulness of each person using their own judgement to manage only things for which they are qualified, and to get consultation or make referrals when necessary.*

Shirley Puckett  
Chief Operating Officer

Verna Stallworth  
Executive Vice President

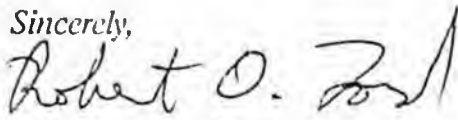
Lola Swope  
Director of Finances

*My experience with optometry is that they are as a whole, above average in their commitment to providing quality care to their patients and requesting assistance or making referrals whenever a particular case is beyond their knowledge or training.*

2517 N.E. Kresky  
Chehalis, WA 98532  
206 748-8632  
1 800 888-9903

*As I have observed the changes in Washington, first with an extension of optometry's freedom to use diagnostic drugs and then later with their freedom to use therapeutic drugs, I have not seen patients harmed. In fact the availability of eye care has improved, and I can recommend this course of action to the state of Alaska.*

2302 Union Ave  
Suite B-16  
Tacoma, WA 98405  
206 756-9440  
1 800 888 9905

*Sincerely,*  
  
Robert O. Ford, MD  
/de

5203 W. Quinault Ave  
Suite 200  
Pennywick, WA 99336  
509 736-0826  
1 800 888 9904



## Kachemak Bay Medical Clinic

Professional Corporation  
PAUL D. RAYMOND M.D.  
4285 Hohe St., Suite 2  
Homer, Alaska 99603  
(907) 235-4050

May 2, 1991

Dear Legislator:

I am writing this letter in support of Senate Bill 157, which involves the use of pharmaceutical agents by optometrists. As a family practitioner in a rural area of Alaska, without the presence of ophthalmologists we depend greatly on qualified optometrists for evaluation and treatment of superficial and anterior chamber eye disease. This would include administering topical steroids, antibiotics and antiglaucoma agents to the human eye. Obviously, this would be inherent on the licensee having been endorsed under AS 08.72.175.

The ability of appropriately trained optometrists to diagnose and treat anterior chamber and superficial eye disease would prove beneficial not only for rural physicians but also would serve in the patients' best interests concerning long term cost containment. In my experience the optometrists in the geographical area in which I practice appropriately refer ophthalmologic patients to board certified ophthalmologists when indicated.

I appreciate your support.

Sincerely,

*Paul D. Raymond MD*

Paul D. Raymond, M. D.

PDR:nmc

cc: Boyd Walker

MEDICAL  
PARK  
FAMILY CARE, Inc.



"Prompt, Thorough, Concerned"

F. LELAND JONES, M.D.  
KENNETH S. LAUFER, M.D.  
R. MATISON WHITE JR., M.D.  
RICHARD R. TAYLOR JR., M.D.

CHARLES AARONS, M.D.  
MARK NEWMAN, M.D.  
ILONA JEAN HODSON, M.D.  
ROBERT K. THORNQUIST, M.D.

Diplomates American Board of Family Practice

2211 EAST NORTHERN LIGHTS BLVD., ANCHORAGE, ALASKA 99508 • (907) 279-8486 • FAX (907) 278-7255

February 12, 1992

Donald Lehmann, M.D.  
Alaska State Medical Association  
Legislative Committee Chair  
700 Katlian Street, Suite E  
Sitka, AK 99835

Dear Dr. Lehmann:

As a family practitioner, I have become familiar with the capability of Alaska licensed optometrists.

I support the updating of the Alaska optometry law to allow qualified optometrists to use therapeutic pharmaceutical agents limited to eye treatment. The expansion of clinical privileges of optometrists has been shown to increase the availability, accessibility, and cost effectiveness of eye care to the public.

In 1990 the American Public Health Association passed a resolution supporting this legislation, and 30 states currently allow optometrists to use therapeutic drugs for the benefit of their patients.

I would request that the Alaska State Medical Association Legislative Committee support this legislation.

Sincerely,

Richard R. Taylor, M.D.

*M. Marcell Jackson, M.D.*  
A PROFESSIONAL CORPORATION

February 7, 1992

Donald Lehmann, M.D.  
Alaska State Medical Association  
Legislative Committee Chair  
700 Katlian Street, Suite E  
Sitka, AK 99835

Dear Dr. Lehmann:

As a family practice physician, I have become familiar with the scope of training and capability of Alaska licensed optometrists.

I support the updating of the Alaska optometry law to allow qualified optometrists to use therapeutic pharmaceutical agents limited to eye treatment.

Nationally, the American Public Health Association has passed a resolution supporting this legislation, and 29 states currently allow optometrists to use therapeutic drugs for the benefit of their patients.

I would request that the Alaska State Medical Association Legislative Committee support this legislation.

Sincerely,

M. Marcell Jackson, M.D.

# Tanana Valley Clinic

Family Medical Care  
Since 1958

April 18, 1991

OBSTETRICS & GYNECOLOGY  
Richard D. Anderson, M.D.  
Doris R. Hallman, M.D.  
Richard C. Hest, M.D.  
Raghu A. Wani, M.D.  
Reginald W. Wagoner, V.M.D.  
Phyllis L. Davis, P.A.  
Jan Swanson, L.N.P.

SURGERY  
Allen D. Koehler, M.D.

INTERNAL MEDICINE  
Michael J. Healy, M.D.  
Jonathan R. Starr, M.D.

PEDIATRICS  
Marvin E. Bergeson, M.D.  
J. Timothy Foster, M.D.  
Richard C. Peom, M.D.  
Helen J. Schuff, M.D.  
Marie H. Brault, M.D.

FAMILY PRACTICE  
Harriet Justice, M.D.  
Donald E. Thomson, M.D.  
Jean M. W. Torgerson, M.D.  
Charles Steiner, M.D.  
Corinne Espinasse, M.D.  
David Lewis, P.A.-C.  
Dennis Rogers, P.A.-C.

PHYSICAL THERAPIST  
Lynn Carson, L.P.T.  
Barbara Conover, L.P.T.

PATIENT EDUCATION  
Sharon Stephenson, R.N.

ADMINISTRATION  
Ann Davis, Administrator  
Sandra J. Farmer, Controller/Asst. Admin.

Alaska State Legislature  
Juneau  
Alaska 99811

To the Legislators:

I am writing to you requesting support for the proposed Senate Bill 157 allowing optometrists in the State of Alaska to practice at a level consistent with their training which would include limited use of therapeutic drugs, i.e. anti-infectives and anti-inflammatory drugs. I worked for many years in the military which utilized optometrists and allowed them to use the drugs as both diagnostic and therapeutic agents. I found that the optometrists I worked with were very confident and judicious in the use of these therapeutic agents.

There are only four ophthalmologists in Fairbanks and none in the remainder of the Interior; however, there are many optometrists. Allowing optometrists to treat diseases of the eye within their spectrum of expertise would allow many more Alaskans to be adequately taken care of. Optometrists are trained for four years after completing a Bachelor of Arts degree, and in most cases this training includes 150 hours of Pharmacology. Currently all fifty states allow optometrists to use drugs in a diagnostic area, and 25 of the states also allow them to use drugs therapeutically.

Alaska, with its vast land area and remoteness of villages and cities, would certainly benefit by allowing optometrists to use their clinical expertise with the use of diagnostic and therapeutic drugs.

Sincerely,



Marvin E. Bergeson, M.D.

Pediatrics

MEB:sr



# Fairbanks Clinic

Quality Care Since 1932

April 23, 1991

Alaska State Legislature  
PO Box V  
Juneau, Alaska 99811

Dear Sirs:

I am writing this letter in support of Senate Bill 157 concerning optometry prescribing privileges.

I was on active duty as a medical officer in the United States Air Force from 1981-1988. During the last five years of that time I was assigned to the USAF clinic at Eielson Air Force Base. Part of my duties there was to serve as direct supervisor for the optometrists. During that period of supervision, the Air Force changed its prescribing rules and began to allow optometrists with appropriate training to prescribe certain classes of medication. In order to obtain these prescribing privileges, the optometrist had to show documented proof of ocular therapeutics training during his original professional schooling or evidence of adequate education in ocular therapeutic since graduation from optometry school. With documentation of the appropriate training, these optometrists were then permitted to prescribe medications in classes similar to those mentioned in Senate Bill 157.

I have had the opportunity to work with several optometrists who have been credentialed under these rules and have found that they have been able to provide increased service to their patients. I have not seen any significant problems associated with optometrist-prescribing practices.

I feel that it would be a benefit to the residents of Alaska to permit optometrists to prescribe those medications noted in Senate Bill 157. I believe that appropriately trained optometrists are capable of effectively and safely treating relatively minor eye problems with medications, as specified in Senate Bill 157, and therefore am in favor of passage of this bill.

Sincerely,

Enlow R. Walker, M.D.  
Family Practice

ERW/hlb

# CALLISTO



MEDICAL CLINIC

"Nunquam occidens stella"

Thomas L. Conley M.D., FAAP  
Physician Services

Peggy Midgett Jones  
Patient Coordinator

Jean Kemmerer  
Office Manager

Susan Walsh R.N.  
Nursing Services

February 18, 1992

Senator Arliss Sturgulewski  
Alaska State Legislature  
State Capitol  
Juneau, Alaska 99801-1182

Dear Senator Sturgulewski:

I am writing in general support of SB157 which would permit appropriately trained optometrists to use and prescribe ophthalmologic medications. I do think it needs some reworking in a number of areas.

As a member and for five years chairman of the Alaska State Medical Licensing Board I was involved in hammering out the compromise between optometrists and ophthalmologists that permitted use of certain topical agents under the provisions of AS 08.72.175 and AS 08.72.272. It was obvious at the time that eventually optometrists would be back asking for expansion of this authority to use all topical medications and authority to remove foreign bodies from the eye for indeed their training qualifies them to make these judgments and to perform these tasks.

Opposition from ophthalmology in 1988 to Sections 175 and 272 was spirited and can be expected to be spirited in regard to the request for the expansion of authority proposed in SB 157. It was couched in terms of protection of the public health and such surely will be the countering argument in 1992. However such arguments are clearly a smoke screen, optometrists are indeed adequately trained in these areas and the battle is rather one over turf and resultant compensation. In such a contest the state should stand neutral - as long as in this case both groups are trained adequately in the area - and let the market decide the outcome.

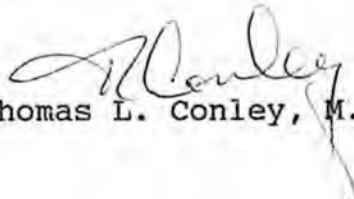
I would recommend however some reworking of the bill. It would seem appropriate to delete reference to oral medications for such moves outside the competence of optometry with the exception that oral anti-glaucoma medications might be administered with telephonic consultation and quickly referral. As to topical medications the authority should extend to prescription in addition to administration. This might require some changes in the pharmacy and medicine sections of Chapter 08, a task which legislative research should be able to handle.

Senator Arliss Sturgulewski  
Alaska State Legislature  
State Capitol  
February 18, 1992  
Page 2

Finally, believing as I do that licensing boards should pay their own way, I would tack a \$50.00 endorsement fee onto the licensing fee of any optometrist who seeks this authority to help defray the administrative and testing costs of the endorsement.

To put the whole thing in prospective it should be pointed out that physicians assistants, who have much less formal training than optometrists, are routinely prescribing much more potent and dangerous drugs (including topical ophthalmologic drugs) than are proposed here. Medicine accepts their practice. It is therefore logically inconsistent for it to oppose the use of topical medications and the removal of ocular foreign bodies by optometrists. It will be argued that physician assistants are under supervision and so they are in theory. However the required once a quarter in-person supervision hardly makes for close scrutiny. I am not by any means attacking the physician assistant system, which I support, and which has extended medical care to many Alaskans who would otherwise lack it. It has indeed worked fairly well. In similar manner it can be expected that well trained optometrists will, granted the authority asked here, extend competent eye care to many Alaskans who would otherwise not receive such.

Sincerely,

  
Thomas L. Conley, M.D.

TLC:ts

HARVEY F. ZARTMAN, M.D.  
3340 PROVIDENCE DRIVE - SUITE 466  
ANCHORAGE, ALASKA 99508-4684

PHONE (907) 562-2423

April 8, 1991

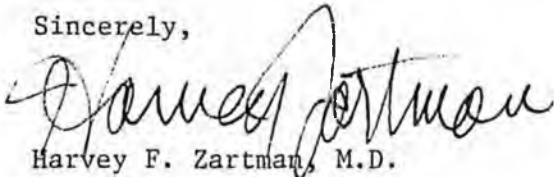
Senator Arliss Sturgulewski  
P.O. Box V  
Juneau, Alaska 99811

re: Senate Bill 157

Dear Senator Sturgulewski,

In discussion with Dr. David Johnson of Ketchikan, I learned today of Senate Bill 157; re: optometrists seeking permission to use drugs - other than dilating agents - for treatment of eye disease. Apparently, the optometrists are saying that they are the "only" doctors, other than ophthalmologists, treating eye disease. As a matter of fact, most eye diseases are diagnosed and treated by family physicians, pediatricians and internists and only the complicated and unfamiliar are referred to ophthalmologists. Optometrists have only a very limited amount of training, primarily in the area of refracting. They have little or no background in the physiology and biochemistry of the eye. It would be a grave step backwards for them to prescribe antibiotics, steroids, etc. in the treatment of eye disease, and thus fail to refer to ophthalmologists. I would urge that you not support this bill.

Sincerely,



Harvey F. Zartman, M.D.

SB157

PENINSULA EYE & CATARACT CLINIC

PETER E. CANNAVA, MD., A.P.C.  
NORTH 161 BINKLEY  
SOLDOTNA, ALASKA 99669  
(907) 262-4482

March 21, 1991

Senator Sam Galton  
P.O. Box 2  
Capitol, Room 111  
Juneau, AK 99811

Dear Sam,

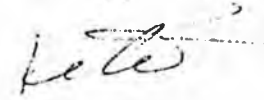
I would like to correct a few of the things the Optometrists said to you at the HESS Committee on Tuesday, March 19!

Firstly, Dr. Gunnerson (Optometrist) mentioned that the Homer Hospital was seeking to seek legislative support so Optometrists could use their facility to prescribe medicines to treat eye diseases. Be advised that such a statement is a prevarication according to the hospital administrator!

Secondly, the Optometrists stated that allowing them to use therapeutic drugs would be a cost saving measure! Be advised that the U.S. Department of Health and Human Services has gone on record as stating that, including Optometrists under Medicare would cost the taxpayers an additional \$470,000,000 over three years!

Thirdly, you astutely asked how you all were to intelligently decide, since you are a layperson on this subject. Let me respond by asking if you, or one of your loved ones, would seek medical help from an Optometrist (by definition the least well trained of the eye providers) for an eye problem! Would you permit an Optometrist to remove a piece of steel from your eye? I surmise you would seek the best trained, not the least trained. If that be the case, why pass legislation which would place the unsuspecting public at risk!

Sincerely,



Peter E. Cannava, MD

PEC/kw

cc: Senators Paul Fischer, Lyman Hoffman, Curt Menard, Arliss Sturgulewski

April 4, 1991

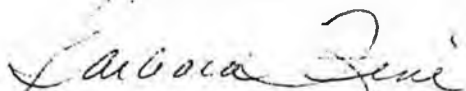
To the Legislature.

This is a letter of support for the bill in Legislation which will permit Optometrist; to prescribe and dispense medication.

The clinic where I work is located in Metlakatla and the nearest Ophthalmologist is in Juneau. Patients that have an acute eye problem and need to be evaluated by an "eye specialist" are referred to the Optometrist, Dr. E. Christiansen, in Ketchikan for evaluation and a treatment plan. After Dr. Christiansen evaluates the patient, he calls the referring physician to tell them his findings and recommendations. On occasion, Dr. Christiansen has recommended that the patient be seen by an Ophthalmologist for care we send the patient to Juneau. But, not all patients have needed to be referred to the Ophthalmologist. It has saved the clinic unnecessary travel expenses for those patients Dr. Christiansen can treat.

For the above reasons, I support the bill which will permit the Optometrist to prescribe and dispense medications.

Thank you.



Barbara Fine, RN  
P. O. Box 652  
Metlakatla, Alaska 99926

April 8, 1991

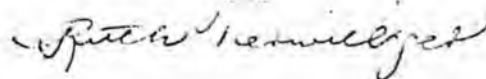
Alaska Legislature  
Juneau, AK

Dear Legislators,

We are writing this letter to inform you that we support the bill in legislation that will allow Optometrists to prescribe medications for the treatment of eye disease.

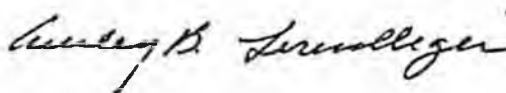
I was previously a patient of Ed Craig, O.D. who practiced in our community for many years. In fact it was he who first detected my glaucoma in 1985 and referred me to an ophthalmologist in Seattle for treatment. My health is not as good as it once was and I find it impossible to travel to Seattle for my follow-up visits. Dr. Eric Christiansen has taken over Dr. Craig's practice and has been following the status of my the glaucoma for a year. I feel comfortable with his care and follow-up. I had a bad experience with the ophthalmologists that travel to our city periodically and do not wish to see them for care. It frustrates my husband and I when we cannot get a prescription for eye drops renewed or changed during a follow-up visit at Dr. Christiansen's office. The doctor must call the ophthalmologist in Seattle and have him call my prescription to a pharmacy in Ketchikan. Dr. Christiansen has told us the ophthalmologist in Seattle is uncomfortable with this arrangement due to my inability to travel to Seattle for follow-up. Optometrist's are available any time because they live here. If their education trains them to understand the prescription of medications for treatment of eye disease then they should be allowed to prescribe it. It would save Alaskan's with eye problems time, money, and frustration. It would also improve our ability to obtain treatment immediately if we need it. Please consider passing this important legislation. Thank you.

Regards,



Ruth Terwilliger

Ruth A. and Wesley B. Terwilliger  
Marine View, Apt. 509  
Ketchikan, AK 99901



April 5, 1991

Alaska State Legislature  
P.O. Box V  
Juneau, AK 99811

Dear Legislator:

I am writing in support of Senate Bill 157 (Optometry Pharmaceuticals). I am glad to hear Alaska is currently addressing the issue of optometrists being allowed to prescribe a variety of therapeutic agents.

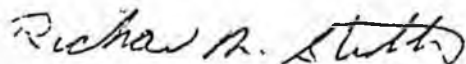
This action is long overdue and has already been approved in 26 other states.

I am a Colonel in the Air Force, a board certified Family Physician and Chief of the Emergency Room, Family Practice, and Primary Care Department at Elmendorf Air Force Base Regional Hospital. I have thus had frequent professional exposure to optometrists and thus feel I can speak quite objectively.

I feel optometrists are fully qualified to expand their prescribing service to their patients.

I would hope an objective review of this issue be undertaken and passage of the bill be the outcome.

Sincerely,



Richard M. Stratton, M.D., Colonel, USAF, MC

COMMENTS OF LESLEY L. WALLS, O.D., M.D. BEFORE THE  
VIRGINIA STATE BOARD OF MEDICINE'S AD HOC COMMITTEE ON  
OPTOMETRY, DECEMBER 20, 1988 PUBLIC HEARING, REGARDING  
CERTIFICATION OF OPTOMETRISTS TO PRESCRIBE AND ADMINISTER  
OCULAR RELATED THERAPEUTIC PHARMACEUTICAL AGENTS.

I. Introduction

My name is Dr. Lesley L. Walls and I am from Oklahoma where my job is Dean of the College of Optometry in Tahlequah, Oklahoma.

I am privileged to be a graduate of both optometry school (University of California at Berkeley-1968) and Medical School (University of California at Davis-1972).

My career has been in both Academic Medicine (Northeastern Ohio Universities College of Medicine, 1975-1977; University of Oklahoma Tulsa Medical College, 1977-78 and 1981-88 and Oral Roberts University College of Medicine, 1978-79) and Optometry (Northeastern State University, 1979-81 and February 1988 - present). I served as Department Chairman for Family Practice Tulsa Medical College from 1981-1988. I am very familiar with the curricular requirements of medical and optometric programs.

II.

Let me offer some specific observations on my own experience with optometric and medical education.

Medical school traditionally prepares the student in general medical and surgical background for the post-graduate training programs. Detailed anatomy and physiology of organs such as the eye is not emphasized during medical school. As well, during surgical rotation in medical school it is uncommon to be exposed to ocular surgery. Because heart disease, cancer, and stroke are the biggest killers of the U.S. population, medical school clinical training is heavily devoted to general internal medicine, general surgery, obstetrics-gynecology and pediatrics. There are usually fourth-year electives in 4-12 week blocks where a student may increase his/her exposure to subspecialty medical and surgical areas such as: ophthalmology, ear/nose and throat, urology, pulmonary medicine, cardiology, etc. In my experience a small minority of students choose ophthalmology as a clinical rotation.

By a small personal survey in the area of Oklahoma in which I reside, most primary care physicians (general practitioners, family practice, internists, and pediatricians) state they had from one to three weeks of medical school devoted to ophthalmological care. This includes both didactic coursework and clinical experience. I do not need to remind you that these physicians treat eye diseases on an unrestricted basis.

In optometry schools there are courses in general pathology and ocular signs of systemic disease since

the optometrist is responsible to detect systemic diseases with ocular manifestations and to make appropriate referrals. The detailed ocular anatomy, ocular physiology, ocular pathology, and ocular pharmacology training in optometry school is far superior to the same ocular topics in any general medical school course in the country. This is not to slight medical education, there simply is not enough medical school curriculum time to devote to the eye because of training in vital organ systems such as the heart, lung, vascular system, etc.

### III.

The possession of and use of sophisticated equipment such as binocular indirect ophthalmoscopes, slit lamps, goldman tonometers, gonioscopes, Fundus photography, etc. are far superior in a modern optometric practice than in any primary care physicians office such as family practice, internists and pediatricians. Coupled with training and experience in the utilization of this type sophisticated equipment makes the optometrist better prepared to evaluate, diagnose and treat most ocular conditions when compared to the other listed primary health providers. This is not to demean or to cast these fine primary care providers in a bad light, rather, it is simply a fact that we must accept.

Because of the above there is no question that a well trained and well equipped optometrist can more than measure up to medical standards of care for primary physicians in the

area of diagnoses and management of various ocular diseases/disorders.

Iv.

I will now briefly discuss my personal experience with side effects of ocular pharmacologic therapy. This section will be very brief as I have never had a patient with anything other than a very minor side effect from ocular pharmaceutical agents. I feel that the optometric curriculum in conjunction with current basic life support certification is adequate preparation to handle an emergency should it occur.

In summary I would like to point out that ophthalmologists are vitally needed. The medical profession would be in sad shape without them because of their expertise in the area of ocular trauma, cataract surgery, retinal surgery, and other ocular problems requiring advanced medical management. However, in a state such as Virginia the ophthalmologists are primarily in larger cities with a poor distribution in the rural communities.

I also strongly feel that optometrists are vitally needed. Optometrists are well distributed in rural communities and by definition serve as primary care health professionals. In my opinion, the patient, particularly in a state like Virginia, will be the beneficiary of modern optometric practice. With the use of pharmaceutical agents, for diagnostic and therapeutic purposes, serious disease detection will be facilitated thus making the referral system

into medicine more efficient. As well, this will save the patient a lot of inconvenience and time. I feel the Virginia State Board of Medicine should allow the people of the state of Virginia to benefit from modern optometry which includes the use of diagnostic and therapeutic pharmaceutical agents. I believe the key to utilizing these medications by any health care professional is proper education and training.

Lesley L. Walls, O.D., M.D.  
Dean, College of Optometry  
Northeastern State University  
Tahlequah, OK 74464  
918/456-5511



Continuously  
Serving Optometrists  
Since 1973

November 7, 1991

TO WHOM IT MAY CONCERN:

RE: OPTOMETRIC PROTECTOR PLAN

This letter is in response to your inquiry relative to professional liability rates and therapeutic drug usage.

The Optometric Protector Plan which is endorsed by the American Optometric Association currently insures over 7,000 O. D.'s nationwide. Our professional liability experience reflects both therapeutic and non-therapeutic states and the information provided is based on this information.

Poe & Associates, in the past has reviewed on a comprehensive basis the underwriting results for three major carriers for a period of seven years, and found that there is no significant actuarial coordination between therapeutic drug usage and liability insurance rates based on the current underwriting results.

Our current carrier of record, Great American Insurance Companies, does not charge a premium differential or surcharge for therapeutic drug usage in any of the states in which they are currently providing coverage. Because claims and premiums are so closely related to incidents of harm and injury to patients, we do not have evidence at this time that there is a correlation between the use of therapeutic drugs by Optometrists and malpractice claims.

Please contact me if I can be of any further help.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Szuszczewicz".

Kathy Szuszczewicz  
Program Coordinator

KS/sv

National Administrator  
Poe & Associates, Inc.

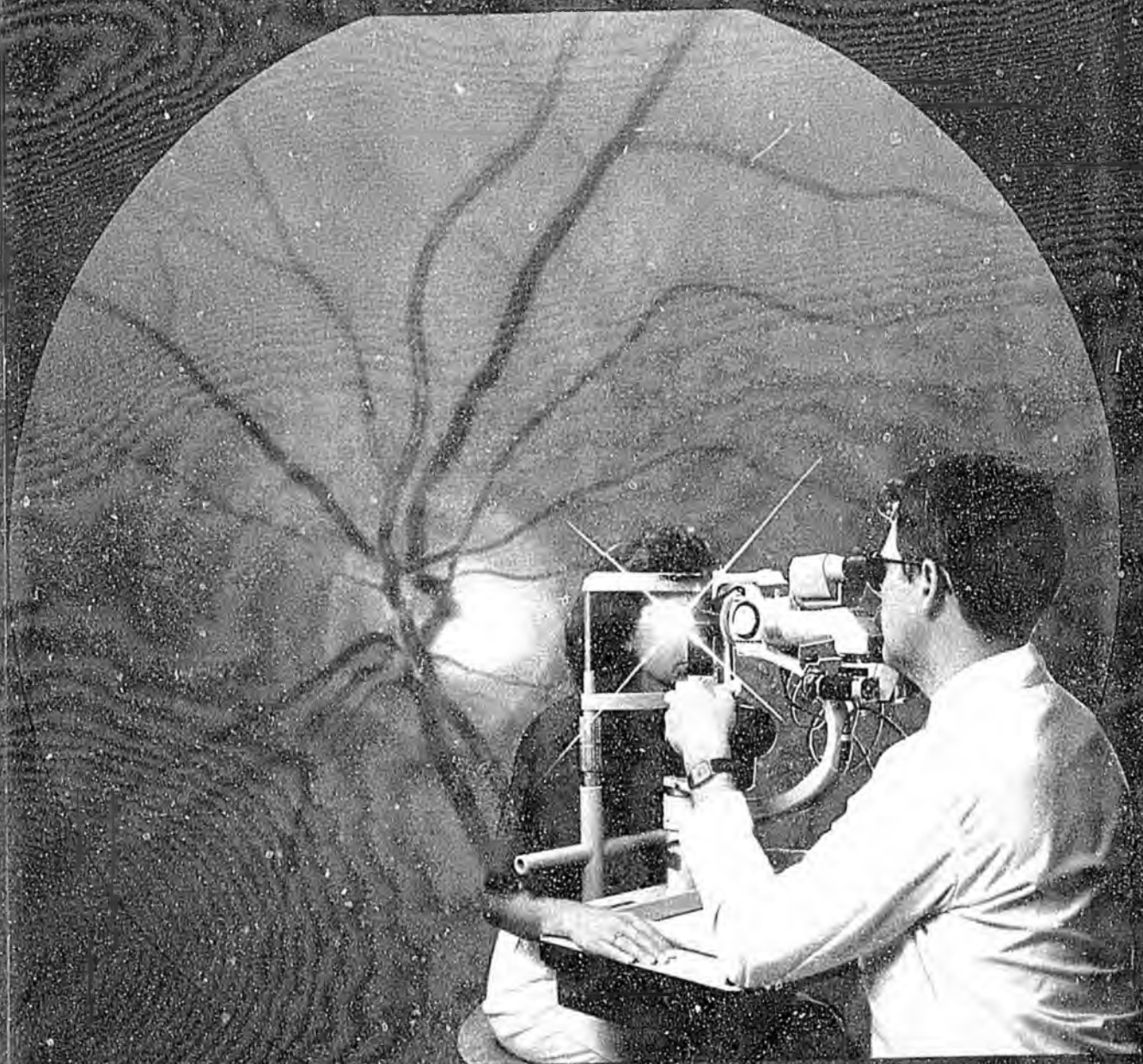
P.O. Box 1348  
Tampa, Florida 33601-1348  
(813) 222-4100  
Fax (813) 221-4109

Pennsylvania College  
of Optometry

---

University Program

# Pennsylvania College of Optometry



*Shaping the Future of Vision Care*

# Message from the President



Thomas L. Lewis, O.D., Ph.D.

state-of-the-art facilities and creative and diverse learning opportunities.

**“A TRADITION OF LEADERSHIP AND EXCELLENCE** best describes the Pennsylvania College of Optometry. Leading optometry into primary eye care and the accompanying expanded scope of practice and responsibilities has been a major objective of PCO for the past two decades. This institution stands ready to provide the same leadership for optometry into the next century.

**“BEING A LEADER CREATES** great opportunities for the college, but also an awesome responsibility to achieve excellence in its academic programs. Excellence in basic and clinical sciences at PCO has been achieved by bringing together bright and eager students with an outstanding faculty,

**“YOUR INTEREST IN PCO** indicates a desire to enter a dynamic institution and profession, both of which are enjoying unprecedented growth and development. If you truly have a desire to help people by improving and preserving their visual world, I encourage you to join the PCO family. The challenges will be great, the reward will be a lifetime of contribution to society.”

## *Table of Contents*

Pennsylvania College of Optometry— Shaping the Future of Vision Care . . . . .	2
The College	
Degree Programs . . . . .	4
The College Curriculum . . . . .	5
The College Facilities . . . . .	5
Faculty and Research . . . . .	6
Special Initiatives . . . . .	6
Special Program . . . . .	7
The College Mission and Goals . . . . .	8
Student Life . . . . .	10
Housing . . . . .	11
Admissions Criteria and Procedure . . . . .	13
Financial Information . . . . .	16
Academic Life . . . . .	21
The Sequence of Courses . . . . .	25
Course Descriptions . . . . .	29
Four-Year O.D. Program . . . . .	36a-36b
Graduate Studies in Vision Impairment . . . . .	40
Post-Graduate Opportunities . . . . .	43
Trustees, Administration and Faculty . . . . .	45
1990-92 Academic Calendar . . . . .	52
Directions to the College and Campus Map . . . . .	53

## *Pennsylvania College of Optometry: Shaping the Future of Vision Care*

The Pennsylvania College of Optometry is shaping the future of vision care. It views the optometrist—like the physician and the dentist—as a primary health care professional, one who requires the most advanced scientific and patient care training. Its orientation is “holistic”—it insists that the eye be studied and understood in relation to overall bodily health. Its expanding research activities, clinical practice and continuing education programs assure the College continued leadership in shaping the future of vision care.

At the Pennsylvania College of Optometry, the student acquires a diverse range of skills through a rigorous education based upon solid understanding of the art and science of optometry. This professional optometric education is also a highly personalized one. Through the College's unique externship program, students can pursue individual areas of interest in their clinical training, such as pediatric and geriatric optometry, and low vision and contact lens specialties. Students work one-on-one with faculty in The Eye Institute.

Historically, the College always has been at the forefront of the profession. Founded in 1919, it granted the first legislature-approved Doctor of Optometry (O.D.) degree in the nation. It was the first independent health care school of any kind to be recognized by a regional accrediting body. The College's Eye Institute is the first major interdisciplinary optometric facility in the United States. The College was the first optometric teaching institution to initiate an external education department and was at the forefront of the movement for passage of the first state laws permitting optometrists to use diagnostic and therapeutic drugs. In addition, the College is affiliated with Hahnemann University in joint programs in education, research and patient care, providing students with a unique educational opportunity.

The College's graduates are highly visible. They comprise almost 90 percent of the practicing optometrists in Pennsylvania and nearly 20 percent nationwide. They enter into private practice, either developing a practice of their own or joining in a partnership or associate relationship. An increasing number of graduates choose group practice arrangements, combining their talents with other professionals to form a health care team.

Still others select organizational settings—industry, hospital, HMO, government agency or commissioned military service. And some alumni, with a view toward academic teaching or vision research, have opted for further advanced educational programs.

In 1983 the U.S. Department of Labor's Bureau of Statistics projected that employment opportunities for optometrists will grow faster than the average for all occupations through the year 2000. Growth is attributed to three major factors: the maturing of the large baby-boom generation who recognize the importance of vision care, the dramatic increase in the elderly population who often require more optometric care, and the improved ability to pay for optometric services, resulting from third party insurance coverage.

A career in optometry is open to all men, women and minorities who have the desire and demonstrated academic skills. Equally as important, the Doctor of Optometry candidate must be prepared to make the necessary commitment to life-long learning and responsibility for patient care.

*The College*



## *Degree Programs*

The College awards four earned degrees. The Doctor of Optometry (O.D.) degree is awarded to all students who have successfully completed the professional curriculum.

Candidates for the Bachelor of Science degree must have been in residence at the College for one academic year and have accumulated a minimum of 128 semester hour credits, including at least 18 semester hour credits in the humanities, English or Social Sciences.

The Master of Science degree in Vision Rehabilitation is awarded to all students who have completed one year of full-time graduate study in vision rehabilitation. The College also offers a Master of Education as well as a Certificate Program in Education of the Visually Handicapped.

The College also confers honorary degrees of Doctor of Science and Doctor of Laws upon individuals selected for their distinguished service.

### **Accelerated O.D. Degree Program**

An accelerated program for talented high school students with an interest in optometry has been established by the College with several undergraduate colleges and universities. The program permits the qualified student to earn the Doctor of Optometry degree in seven years instead of the usual eight. The first three years are spent at a participating undergraduate institution, the next four at the Pennsylvania College of Optometry. The student is awarded a Bachelor's degree by the undergraduate institution upon the successful completion of the first professional year, and a Doctor of Optometry degree by the College at the conclusion of the professional degree program.

The following undergraduate colleges and universities are presently affiliated with the Pennsylvania College of Optometry in the accelerated baccalaureate/O.D. degree program:

PENNSYLVANIA—Beaver College, Delaware Valley College, Gannon University, Gettysburg College, Indiana University of Pennsylvania, University of Pittsburgh at Bradford, Villanova University, Washington and Jefferson College, Widener University, Wilkes College; MARYLAND—Salisbury State College; NEW JERSEY—Glassboro State College, Seton Hall University, Upsala College; NEW YORK—Ithaca College, LeMoyne College, St. John Fisher College, Siena College; NORTH CAROLINA—Bennett College, Johnson C. Smith University; VIRGINIA—Old Dominion University.

For more information about the program and admissions requirements, contact the Admissions Office at 215-276-6262, or toll-free outside Pennsylvania at 800-824-6262.

### **Accreditation**

The Pennsylvania College of Optometry is accredited by the Council on Optometric Education of the American Optometric Association (a member of the Council of Post-Secondary Accreditation), the Council on Clinical Optometric Care of the American Optometric Association, The Department of Education of the Commonwealth of Pennsylvania and the Commission on Institutions of Higher Education of the Middle States Association of Colleges and Secondary Schools. It is approved for veterans' education under U.S. Code, Section 1775.

## *Curriculum*

The four-year academic program at the Pennsylvania College of Optometry is a rigorous one. The curriculum is comprised of three overlapping stages. The first phase, which occurs during the first year and a half, provides the student with a broad background in biomedical and visual sciences, including anatomy, pathology, theoretical optics and physiological optics. Phase two, essentially one year in length, stresses professional practice sciences, such as ophthalmic optics, contact lenses, clinical diagnostic procedures, diseases of the eye and ocular pharmacology. The classroom and laboratory work of the first two stages is augmented by case conferences, videotaped presentations and participation at The Eye Institute.

The third phase takes place during the last two calendar years. Students are afforded substantial opportunity to apply their knowledge in supervised direct patient care and through rotation in specialties like pediatric optometry and neuro-eye care.

Third year students train in The Eye Institute, developing primary care diagnostic and management skills under the tutelage of faculty members. They also join faculty members in providing eye examinations to the homebound, at health fairs, in schools and day care centers.

The fourth year curriculum is entirely clinical in nature. Student clinical experiences are carefully designed to provide a broad range and depth of clinical competencies in all areas of optometric care including primary care, contact lenses, pediatrics/binocular vision, vision rehabilitation, and diagnosis and treatment of ocular disease.

Students typically spend one quarter on campus assigned to The Eye Institute for advanced training. In addition they spend two to three quarters off campus for such training in carefully selected private practice externship sites, and institutional sites including Veterans Administration, military, and community hospitals, medical/surgical referral centers, community health centers, military bases, and large specialized ophthalmic centers. These sites are located in Philadelphia, the greater Delaware Valley, and throughout the entire United States as well as overseas. Placement is predicated upon students' interests and program requirements.

## *The College Facilities*

### **The Campus**

The Pennsylvania College of Optometry maintains a 13-acre self-contained campus in the tree-lined, residential Oak Lane section of Philadelphia.

The campus—with its classroom buildings, state-of-the-art Eye Institute and student apartment houses—is easily accessible from the city and suburbs. It is equally convenient to other major health care colleges and institutions in the Delaware Valley.

The Academic Buildings, opened in 1970, feature nine classrooms, 11 teaching and seven research laboratories, the College library, a student lounge and advanced multi-media learning aids, including a closed-circuit TV studio.

The Albert Fitch Memorial Library—named in honor of the College's founder and first president—holds the College's collection of 15,000 volumes. The collection's major strength is in the visual sciences with additional holdings in the basic sciences, clinical sciences, public health, psychology and rehabilitation. Video and audio cassettes are available in Fitch Library, as well as more than 310 health science journals and periodicals. Computer access is provided to the information system of the National Library of Medicine.

### **The Eye Institute**

Completed in 1978, The Eye Institute is an unrivaled setting of comprehensive eye care—the largest of its kind in the world. Located on the College's 13-acre campus, The Eye Institute is the "clinical classroom," providing both education for the student and patient care for the residents of the Delaware Valley and beyond.

The Eye Institute employs a multidisciplinary approach—with optometrists, ophthalmologists, opticians, optometric technicians, students and other health care professionals working together to provide total vision care to over 75,000 patients annually.

Its services range from primary care to special pediatric and low vision units to sophisticated procedures such as electrodiagnosis and neuro-eye consultations. Specialized services available also include vitreo-retinal, oculoplastic, corneal, pediatrics and glaucoma services. Emergency services are available on a 24 hour basis. It contains an optical dispensing service and a pharmacy.

The world-renowned William Feinbloom Vision Rehabilitation Center is housed in The Eye Institute. The Center provides optical aids and special training to maximize vision of legally blind and other low vision persons whose conditions lend themselves to rehabilitation.

### *Faculty and Research*

The Pennsylvania College of Optometry faculty is a diverse, talented and dedicated group which prepares the student with a broad base of knowledge in the full scope of optometric practice. From this team of optometrists, physicians, biologists, physicists, anatomists, opticians and other health care professionals, students learn to understand not only the visual system, but the whole body, giving them greater confidence in diagnosing, managing and referring patients. This broad exposure to the sciences affords optometric students a varied knowledge of patient concerns and produces better practitioners.

During the last five years, over \$4.9 million has been awarded to the faculty for research and special programs from such sources as the National Eye Institute, the National Institutes of Health and the National Institute for Handicapped Research.

Over 30 faculty research projects are now in progress, including lasers, visual electrophysiology, mapping eye movements in order to maximize the rehabilitation of partially sighted patients, and the interaction of ultraviolet radiation and photosensitive drugs as it affects vision.

### *Special Initiatives*

#### **The Irving Bennett Business and Practice Management Center**

The ophthalmic industry has joined with the Pennsylvania College of Optometry in creating the Irving Bennett Business and Practice Management Center. This international center was developed to provide educational programs to optometry students, optometrists and other individuals in health care to more adequately prepare them to conduct successful practices. Business and practice management education is increasingly important to the success of every health care professional.

#### **Corneal and Specialty Contact Lens Center**

The Corneal and Specialty Contact Lens Center was developed at the Pennsylvania College of Optometry to facilitate the integration of educational programs, patient care and clinical research in the areas of corneal physiology, cornea and conjunctiva diseases, and in contact lenses. Within the center, the Corneal and Specialty Contact Lens Service provides a focus for the training of interns, residents, technicians, and other professionals in contact lens. The service also provides an ongoing opportunity for clinical faculty to develop their skills in contact lenses. This service is a focus for clinical investigations and field clinical trials in the area of contact lenses, thus providing a new environment to stimulate cooperation between optometric education and contact lens industry.

## **Institute for the Visually Impaired (IVI)**

On April 1, 1985, the Pennsylvania College of Optometry established the Institute for the Visually Impaired (IVI), an international center dedicated to education, research, and rehabilitation of the partially-sighted.

The Institute incorporates a total rehabilitation approach to service delivery, for the complex and multi-faceted needs of partially sighted individuals. This comprehensive, patient-oriented philosophy includes physical, mental, and socioeconomic goals.

Researchers, eye care, education, and rehabilitation professionals combine their skills in a coordinated and individualized rehabilitation program to improve the patient's independent living and employment skills.

## **The Light and Laser Institute**

The College has established the Light and Laser Institute as an extension of its existing research capabilities in the ocular effects of light exposure. The Institute sponsors programs of research, patient care and education that address a wide variety of light related issues including: Industrial protection, Solar UV effects, sunglass protection, lighting environments, computer eye fatigue, seasonal and circadian light changes, ocular aging, ocular transmittance, medical laser safety and ophthalmic laser uses and development.

## **The Lynch Pediatric and Binocular Vision Service/Learning Center**

Established in 1978, the Mr. and Mrs. Thomas P. Lynch Center utilizes the collective experience and expertise of many professionals, along with sophisticated instrumentation to evaluate and treat a wide range of vision conditions in infants, children and adults.

The Center consists of three divisions: The Pediatric Unit, the Binocular Vision Service and the Learning Center. The Pediatric Unit provides routine comprehensive vision care, as well as preventative care and developmental guidance to infants and children through the age of seven. The Binocular Vision Service provides diagnostic and therapeutic services

for individuals with eye movement, eye coordination and eye focusing problems, as well as amblyopia (lazy eye) and strabismus (eye turned in or out). The Learning Center provides a team approach where appropriate professionals work together in the diagnosis and treatment of individuals with learning problems.

## **Center for Multiply Impaired**

In response to the growing number of individuals with multiple handicaps and the shortage of interdisciplinary diagnostic and prescriptive services for this population, the Pennsylvania College of Optometry proposes to establish a center for multiply impaired individuals.

This center will be designed to meet the varied and complex needs of children and adults who, due to multiple handicaps or communication deficits, are difficult to evaluate in standard clinical settings. The center will consist of clinical staff from the William Feinbloom Vision Rehabilitation Center and the Lynch Pediatric Service. An interdisciplinary team consisting of optometrists, social workers, orientation and mobility specialists, special educators as well as consultants from the fields of ophthalmology, neurology, genetic counseling, occupational therapy, physical therapy, psychology, and audiology will provide comprehensive evaluation and management services.

## *Special Program*

### **Hahnemann University School of Medicine Affiliation**

As of July 1, 1988, the Pennsylvania College of Optometry has become a partner with Hahnemann University, Philadelphia, in education, research and health care delivery.

The educational opportunities provided to students and residents include didactic instruction, increased access to patient care experiences, and increased interaction with ophthalmic and other health care professionals, via grand rounds, conferences, observation and advanced specialty training.

*The College Mission and Goals*

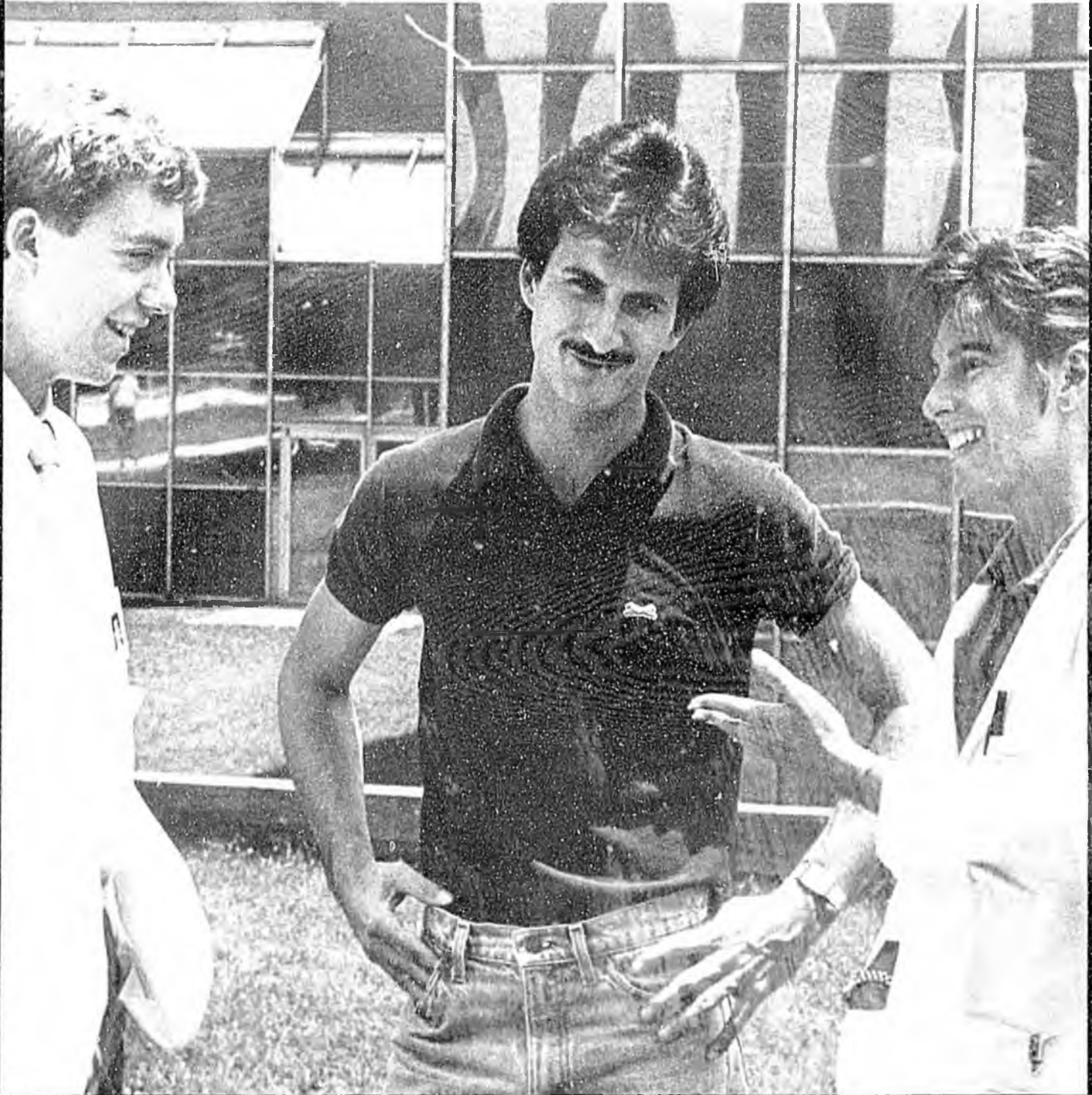


The Pennsylvania College of Optometry is a professional college dedicated to meeting a public need by graduating Doctors of Optometry and offering other educational programs, research programs, and patient care programs responsive to the health related needs of persons seeking ocular and visual care. It is the objective of the College to foster in students those attributes of intellectual curiosity, integrity, professionalism and caring for people. The College is committed to excellence in the pursuit of all its endeavors and to providing an environment which encourages learning and professional development through an open exchange of ideas.

All segments of the College community join together on a continuing basis to identify the aims of the institution, specifically in terms of the needs of the near future. The following goals represent the fruits of that collective process.

- To provide programs that will graduate Doctors of Optometry to fulfill an expanding role as primary health care providers in the prevention, diagnosis, treatment and management of ocular and visual disorders.
- To recruit, admit, support, retain, graduate and place students with the highest ethical and academic qualities and with appropriate representation of minority societal demographic distribution.
- To recruit, retain and continually develop faculty, administrators and staff with the highest competencies and personal qualities to assure the continued excellence of the academic programs and college operations.
- To operate a fiscally sound institution through efficient and effective management practices and marketing efforts and to develop an environment leading to increased financial resources.
- To raise the level of competency of the practicing optometrists, and other related professionals by encouraging the pursuit of lifelong learning and providing continuing and postgraduate education.
- To provide quality vision and health care services to the public through The Eye Institute, The Institute for the Visually Impaired, and the College's associated clinical programs which are responsive to the public health needs of the community and the needs of health care providers which the College serves.
- To conduct research and other scholarly activities which add to the body of knowledge in basic and applied health sciences leading to improved health services and helping to provide new resources to the College.
- To provide residency, graduate and/or technical level programs, and public education programs which complement the basic optometric program and assist in meeting the needs of persons with ocular and visual problems.
- To enhance the practice of optometry through educational, legislative, and inter-professional efforts that maximize the potentials of the College's graduates.
- To encourage College, community, professional and public service by the faculty, administration, staff and students.

*Student Life*



Pennsylvania College of Optometry students are involved in a wide variety of professional and social extracurricular activities.

In the forefront of student activities is the Student Council, an umbrella organization composed of seven student representatives from each class and the Graduate Studies Department, an Alumni Association liaison and the Vice President and Dean for Student Affairs (or his representative), the last three serving in an advisory capacity. Each year, a representative to the College Board of Trustees is elected from the student body to serve as a full voting member of the Board, reporting to the Student Council.

The Council, a liaison body between student and faculty/administration, also serves on joint faculty committees dealing with admissions, educational policy, curriculum evaluation and judicial action. The Student Council is active in presenting speakers of interest and in promoting community health-oriented programs.

Social events include parties, picnics and mixers. The Student Council coordinates an intermural and intramural program of athletics including softball, basketball, volleyball and soccer. Tennis and basketball courts located on campus are popular; as are swimming facilities which are available at specified times at the Ogontz Campus of Pennsylvania State University located nearby.

The College Honor Society was created in 1948. It became the College's chapter of Beta Sigma Kappa in 1973. Invitation to membership is extended to second, third and fourth-year students possessing a record of high academic achievement.

The Gold Key Optometric Honor Society recognizes upperclass students who have demonstrated leadership through service to their class, college and profession.

Campus organizations include two coed fraternities, Omega Epsilon Phi and Omega Delta; the American Optometric Association, which offers student membership in the American Optometric Student Association; the National Optometric

Association, offering student membership in the National Optometric Student Association, providing a link for minority students; and the Friends of Israel Optometric Student Organization.

From their first day on campus, students are introduced to activities at the College via their own state student optometric societies, which are designed to promote professionalism among future optometrists. The states of California, Florida, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Virginia and West Virginia sponsor these student societies.

Students have the opportunity to participate in the Photo Club and to write for *Inside PCO*, a publication circulated throughout the College community. The graduating class each year publishes an award-winning yearbook, the *IRIS*, which provides a memento to classmates and faculty and a history of the class.

Each January, a team of third and fourth-year students travel to the Caribbean or Mexico, for a two-week period, during which the students, supervised by faculty members, provide eye screenings and visual examinations. These members of the Student Optometric Service to Humanity (SOSH) organize and finance the trip on their own. Because of the indescribable poverty and shortage of eye doctors in that part of the world, the eye exams given by SOSH members often constitute the only health examination these patients receive in their lives.

## Housing

The College maintains two furnished student apartment buildings, Powell and Wentka Halls, which are located on campus, only a three-minute walk from the classrooms, library and labs. The 111 modern apartments—efficiencies, one- and two-bedroom units—accommodate single and married students.

The amenities in the campus apartments are numerous: full furnishings, including desks and built-in bookcases, air-conditioning and individual climate control, wall-to-wall carpeting, draperies, private bathrooms and kitchens. Each apartment complex has its own ground floor laundry facilities and a lounge/recreation room for social functions. Limited parking is available between the two apartment buildings for approximately one-third of the tenants, via parking decals based upon a seniority based lottery system and payment of the \$25 fee. Since parking spaces are limited, students may wish to leave vehicles at home.

Housing space is assigned on a reservation basis; an option of either a nine- or twelve-month lease is available. Reservation forms are available after the matriculation form has been received by the College. It is advantageous for a student to complete his/her application as early as possible so that a decision is made in time to reserve on-campus housing.

Additional student housing is available in private homes and apartments within easy walking distance of the campus. The Office of Student Affairs is pleased to assist with particulars.

### **Center for Personal and Professional Development**

The Center for Personal and Professional Development was established to help individuals deal more effectively with the everyday problems of living. Its purpose is to assist in removing the psychological obstacles which hinder continued personal growth.

The Center provides short-term personal counseling, couple counseling and family counseling. The professional staff is available to counsel students who lack motivation, who seek value clarification or who may feel confused about their life's direction. Crisis intervention also is offered.

The counseling relationship is professional and confidential, and is available to all students.

### **Philadelphia**

The Pennsylvania College of Optometry is located in the Commonwealth's largest city, Philadelphia. Over the last two decades, the city has undergone extensive redevelopment, not only in its business district, but also in residential areas. For those unacquainted with Philadelphia, the following is a wide-ranging overview:

First and foremost, Philadelphia is a city of neighborhoods, including historic, quaint Society Hill, tradition-steeped Rittenhouse Square and colorful South Street.

Philadelphia is a cultural, historical and recreational bastion. The Philadelphia Orchestra, the Franklin Institute, the Rodin Museum, the Art Museum, Independence Hall, the Liberty Bell, Betsy Ross House and Valley Forge are all within a half hour drive from the College. The city is known for its wonderful restaurants and great theater, where you can see a play try-out before its Broadway opening. Within the city limits you can experience the natural beauty of Fairmount Park, Schuylkill River regattas, running and biking paths along East River Drive and the Wissahickon. Sports fans will be attracted to the city's professional baseball, football, hockey and basketball teams, plus a host of great collegiate athletic events.

The Philadelphia area is an academic and health care mecca, with over 50 colleges and universities, five medical schools, and one osteopathic college, all with the attendant opportunities to share mutual interests with the Pennsylvania College of Optometry.

Philadelphia is a growing service-oriented industrial center. Major concerns in pharmaceuticals and health care, food service and hotels, finance, law and insurance, advertising and marketing all call Philadelphia home. A burgeoning computer industry is establishing itself here as well, along the Route 202 high-tech corridor. Many employment opportunities exist in the Philadelphia area for students' spouses.

Philadelphia is situated at the center of the Northeast—a two-hour drive from New York City or the Jersey shore, and three hours from Washington, D.C.

*Admissions Criteria and Procedure*



## Admissions Criteria

The College actively seeks applicants from every state in the nation. Students now attending come from more than 40 states, Puerto Rico and several foreign countries. The Admissions Committee has established an admissions policy to select the applicants who are best qualified to serve the public and the profession in years to come.

In selecting students to be admitted, many factors are considered, e.g., the applicant's academic performance, motivation, extracurricular activities and interests, related and unrelated work experience, personal achievements, essays and letters of recommendation. In weighing academic performance, the applicant's grade point average, performance in prerequisite courses, number of college credits completed, degree status, and results of the Optometry Admissions Test are considered carefully.

Individuals who meet the above criteria successfully are invited to visit the College campus for interviews which offer further insight into the applicant's characteristics and motivation. The interview team consists of a faculty member and generally a student. The candidate will also meet with an admissions counselor to discuss his/her application. The visit also affords the individual an opportunity to tour the campus and meet personnel in the Financial Aid Office.

It is recommended that students with less than a 2.5 (C+) grade point average not apply without consulting the Admissions Office. The applicant must have completed a minimum of 90 semester hours or 135 quarter hours of credit at an accredited undergraduate college or university. These credits must include the following pre-optometry courses completed with a 2.0 (C) or better:

**Biology, General or Zoology (with lab)**—1 year  
**Chemistry, General (with lab)**—1 year  
**Chemistry, Organic (with lab)**—1 year  
**English, Composition or Literature**—1 year  
**Mathematics (Calculus highly recommended)**—1 year  
**Microbiology or Bacteriology (with lab)**—½ year  
**Physics, General (with lab)**—1 year  
**Psychology**—½ year  
**Statistics**—½ year

While Biology and Chemistry majors are the largest group of applicants, any major is accepted provided the above requirements are met. For example, a growing number of Psychology majors seeking clinical and research careers are becoming more aware of the opportunities optometry holds for them. An applicant need not have completed all prerequisites prior to filing an application, but must be able to complete all outstanding prerequisites prior to enrolling. For further information, contact the Admissions Office (215-276-6262 or toll-free outside Pennsylvania, 800-824-6262).

## Admissions Procedure

Whenever possible, an application should be filed in summer or fall prior to year of admission. Applications received on or before March 31 are given priority consideration. However, applications received after March 31 will be reviewed if the class is not filled or vacancies occur.

1. Submit properly completed application (including unofficial transcripts) to the Office of Admissions, accompanied by a non-refundable check or money order in the amount of \$50. Economically disadvantaged students should contact the Office of Admissions relative to an application fee waiver.
2. Submit official transcripts of college credit (or partial transcripts, if still in college).
3. Arrange to take the Optometry Admissions Test no later than the spring test date and have results forwarded to the Office of Admissions. Test application may be obtained from the Optometry Admissions Testing Program, 211 E. Chicago Avenue, Chicago, Illinois 60611.
4. Arrange to have forwarded directly to the College either a letter of recommendation from a pre-professional committee or three letters of recommendation from faculty members teaching natural science subjects. References should attest to the applicant's moral character, academic ability and fitness for professional life. Additional references from optometrists and other health professional may be provided at the applicant's discretion.

All credentials submitted in support of an applicant become a part of that applicant's record with the College and cannot be returned.

Applicants are encouraged to visit the College to discuss the admissions process and become familiar with the curriculum and facilities. To arrange such a visit, please contact the Office of Admissions.

An applicant may be notified of his or her acceptance as early as October 1. Upon receipt of acceptance, an applicant is required to pay \$1000 to the College prior to the start of classes. Payable as follows:

1. Return matriculation form within 14 days of the date of the acceptance letter. A \$500 deposit is due January 15; if accepted after January 15, the \$500 deposit must accompany the matriculation form.
2. Due June 1—the balance of the \$500 matriculation fee.

All monies received above will be applied toward first quarter fees.

## International Programs: Foreign, transfer, and advanced standing programs

The College invites applications from foreign students for the full four year program, from transfer students attending foreign optometry schools, and from graduates of foreign optometry and medical schools for advanced standing in the College's optometry program. Further application and program information may be obtained by writing to the Director of Admissions.

## Profile of O.D. Program Class of 1994

One hundred fifty-five students entered the College in September 1990, representing 19 states, Japan, England, New Zealand, Curacao and the Commonwealth of Puerto Rico. The class members range in age from 20 to 40 years old. Women comprise 55 percent of the class, while minority students compose 25 percent of the class.

Ninety three percent of the class are single. Academically, 64 percent of the students majored in biology/zoology as undergraduates, 20 percent in chemistry, physics and other sciences, 6 percent in psychology, 1 percent in liberal arts, and 9 percent in other areas.

The average OAT scores of accepted students was 300 or above for all sections.

*Financial Information*

The cost of a professional education varies, depending on many factors. In addition to tuition and fees, there are living expenses, books and equipment and incidental expenses to be considered.

A variety of financial assistance is available to optometric students, such as student loans, scholarships, grants, work opportunities and state contributions to optometric education. Students interested in acquiring additional information or making application for financial assistance are urged to contact the College Financial Aid Office (215-276-6267 or toll free outside Pennsylvania, 800-824-6262).

### Tuition and Fees 1990—91

College fees are due and payable two weeks prior to the start of each quarter. First, second and fourth year fees are payable in three installments. Third year student fees are payable in four installments.

\$15,000: Doctor of Optometry Program\*  
\$164 per credit: Master of Science in Vision  
Rehabilitation Program\*

Master of Education of the Visually Handicapped  
Program (part-time):  
\$164 per credit

\*Tuition fees and other charges are subject to change.

### Refunds

Matriculants who withdraw from the College prior to or on May 15, will be refunded 100 percent of their paid College fees minus a \$100 administrative cost charge. Matriculants who withdraw from the College after May 15 but before the first day of class will forfeit all monies paid to the College.

Students who withdraw after the start of a quarter are responsible for payment of tuition and fees as follows:

- Within the first two (2) weeks 25%\*
- Within the first four (4) weeks 50%\*
- Within the first six (6) weeks 75%\*
- After the first six (6) weeks 100%

\*An additional \$100 administrative cost charge is levied.

### Books, Equipment

Required and recommended books may be purchased through the College Bookstore. In addition, it is necessary for optometric students to possess a number of instruments, which are available at the College Bookstore. First-year students can expect to pay close to \$2,000 for their books and equipment.

### Living Expenses

In planning for living expenses, students should consider room, board, transportation, medical, dental and personal expenses. The College provides a number of comprehensive health care program options. Fourth-year students need to consider the costs relative to two required externships, in which they may be outside of the Philadelphia area for a total of six months. Students must provide their own transportation and housing during these assignments.

### Financial Assistance Sources

The College uses a variety of financial aid programs to assist eligible students in meeting their demonstrated financial need. Financial assistance is generally available in the form of scholarships, grants, state and Commonwealth support, loans, campus employment and budget plans. Because of governmental policy regarding the financing of health professional educations, most available monies are in the form of loans. The following is a listing of the various programs available. A more thorough description of these programs is contained in the Financial Aid Handbook, available by writing to the College Financial Aid Office.

## State Contracts and Subsidies

Certain states, as a result of a contractual arrangement with the College, reduce the tuition fee for their residents by as much as \$6,100. These states are:

Arkansas, Delaware, North Carolina, Virginia, and West Virginia. The Commonwealth of Pennsylvania provides an appropriation to the College which is divided among students with Pennsylvania domicile (\$5,600 for '89-'90). Negotiations regarding development of state contracts are in progress with the state of Nebraska. Contact the Financial Aid Office for updates on 1990/91.

## Domicile Policy

Domicile is the true, fixed and permanent residence and principal establishment of a student to which he or she intends to return, even though he or she may be absent from that residence temporarily. While many factors enter into the College's decision regarding domicile, the College must base this decision on the student's adjudged subjective intent. In any case, the ultimate decision shall rest with the Dean of Student Affairs.

## Budget Plans

Individually tailored programs enable the student and his or her family to remit College fees on an installment basis. Brochures are available from the Financial Aid Office.

## Campus Employment Opportunities

The College Employment program and Federal College Work Study (CWS) program allow students to earn money through part-time jobs to help meet their expenses. The current pay rate is \$7.00/hour, and eligible students may work in a large variety of job situations.

## Scholarships and Grants

The Pennsylvania College of Optometry offers students a number of grants and scholarships which provide incentive for learning and research. These are monetary gifts which do not require repayment. Among these awards are:

**Madlyn and Leonard Abramson Scholarship** — Established by Leonard and Madlyn Abramson, the scholarship provides \$1,000 or more to students selected on the basis of academic performance and financial need. Preference is afforded students residing in states having HMO organizations operated by U.S. Health Care Systems, Inc. (currently Florida, New Jersey, Pennsylvania and Texas). Application is made via the College's Institutional Financial Aid Application.

**Administrative/Professional Staff Scholarship** — Established by the College's Administrative/Professional Council the scholarship is to be awarded to a worthy student on the basis of academic performance and financial need. Application is made via the College's Institutional Financial Aid Application.

**Alumni Scholars Scholarship** — Alumni Scholars are selected among students who possess high academic standing and demonstrated financial need. Award levels vary between \$1,000 and \$2,000. Application is made via the College's Institutional Financial Aid Application.

**American Optometric Foundation Corning Scholarship** — A scholarship awarded to the student who submits an application and essay and demonstrates academic excellence and financial need. Applications are available from the Financial Aid Office upon notification posted on the main bulletin board in the lobby of Fitch Hall.

**American Optometric Foundation Optimum Optics Scholarship** — An award of \$1,000 to a student from New Jersey showing academic excellence and financial need. The College scholarship committee nominates one candidate from the College per year.

**Association of Schools and Colleges of Optometry (ASCO) Scholarship** — Scholarships of between \$250 and \$1,000 for students on the basis of scholastic achievement and financial need. Application is made via the College's Institutional Financial Aid Application.

**Joseph F. Bacon Scholarship** — An annual award to a first-year student whose undergraduate education was obtained at the University of Delaware. Awardee is selected on the basis of academic achievement and financial need. Application is made via the College's Institutional Financial Aid Application.

**Board of Trustees Scholarships**—These scholarships are awarded to selected first-year students from non-contract states on the basis of high academic record and demonstrated financial need. The scholarships are valued at \$4,000 per year, renewable for four years. A specific application is made via the College's Admissions Office.

**Boben Scholarship** — Established by the estate of Alma L. Boben, O.D. in loving memory of her father, optometrist H.J. Leuze. This award of \$500 or more is awarded to worthy female students on the basis of academic standing and financial need. Application is made via the College's Institutional Financial Aid Application.

**Jeffrey Cohen Memorial Scholarship** — Established by friends and colleagues in memory of Jeffrey Cohen, O.D., '69, through the Federal Credit Union, the Cohen Scholarship, approximately \$500, is awarded to a student on the basis of academic performance and financial need. Application is made via the College's Institutional Financial Aid Application.

**George Comstock Scholarship** — The Connecticut Optometric Society administers a scholarship for Connecticut residents demonstrating financial need, academic excellence and high moral character. Application is made via the College's Institutional Financial Aid Application.

**William J. Condon Scholarship**— Established by the estate of Mary H. Condon in memory of her optometrist husband, this scholarship is awarded on the basis of academic performance and financial need. Application is made via the College's Institutional Financial Aid Application.

**William Deeter Memorial Scholarship** — Established by Rodenstock USA in memory of Dr. Deeter '43, the scholarship is awarded on the basis of academic achievement and financial need. Application is made via the College's Institutional Financial Aid Application.

**Sol Deglin Scholarship** — Established by Edward A. Deglin, M.D., in memory of his father. Deglin scholarships of \$1,000 are awarded to students on the basis of academic standing and financial need. Application is made via the College's Institutional Financial Aid Application.

**Faculty Scholarship**— Established by the College's Faculty Council, the scholarship is awarded to a deserving student selected on the basis of academic performance and financial need. Application is made via the College's Institutional Financial Aid Application.

**Florence and Martin Hafter Scholarship** — Established by Martin Hafter, O.D., the scholarship provides \$1,000 or more to worthy students selected on the basis of academic standing and financial need. Application is made via the College's Institutional Financial Aid Application.

**Health Maintenance Organization of PA Foundation Scholarship** — A scholarship to a first-year student in the amount of \$500. A separate application will be mailed to all first year students.

**Paul G. Matthews Scholarship** — Established by Mr. and Mrs. George Matthews in memory of their son, Paul Matthews, O.D., '81. This annual award is presented to a first-year student on the basis of academic achievement, financial need and community service. The award level is \$1,000 per year for four years. Application is made via the College's Institutional Financial Aid Application.

**Dr. Leslie Mintz Foundation Scholarships** — Administered by the New Jersey Optometric Association, students with New Jersey residence may apply for these annual scholarships, which range from \$500 to \$1,000. Students are generally notified of awards during second semester. Applications are available from the College's Financial Aid Office upon notification posted on the main bulletin board in the lobby of Fitch Hall.

**National Eye Research Foundation Fellowship Award** — The Foundation offers a \$500 award to a student enrolled in a school or college of optometry. Awards are based upon financial need. Application information will be posted on the main bulletin board in the lobby of Fitch Hall.

**Nikon Scholar Awards** — An annual competition open to first-year students of optometry. Awards range from \$100 honorariums to a \$2,000 scholarship. Application information will be posted on the main bulletin board in the lobby of Fitch Hall.

**Pennsylvania College of Optometry Scholarship** — Established by a member of the Board of Trustees, the scholarship is awarded to a worthy student selected on the basis of high academic achievement and financial need. Application is made via the College's Institutional Financial Aid Application.

**Petry-Lomb Scholarship** — An annual award of \$1,000 to a New York resident enrolled in an optometry college who exhibits financial need and scholastic achievement. Applications are available from the Financial Aid Office.

**PHEAA Grants** — A student who matriculates without receiving a baccalaureate degree, who has been a domiciliary of Pennsylvania for at least 12 months prior to the date of application and who demonstrates financial need in accordance with PHEAA requirements is eligible for a PHEAA grant. There are other requirements as well. For further information and application materials, contact the Financial Aid Office.

**Phillips Endowed Scholarship** — Established by Dr. and Mrs. Robert C. Phillips, '38, in memory of his uncle, Harry G. Phillips, O.D., Phillips Scholarships of \$1,000 or more are awarded to students on the basis of academic standing and financial need. Preference is given to first-year students and Pennsylvania residents. Application is made via the College's Institutional Financial Aid Application.

**Silhouette Optical Scholarship** — Established by Silhouette Optical Ltd., the \$500 scholarship is awarded to students on the basis of academic achievement, clinical excellence and financial need. Application is made via the College's Institutional Financial Aid Application.

**State Optometric Auxiliary Scholarships** — Many state auxiliary organizations offer scholarships to optometry students. Application is generally made directly to the state auxiliary and selection is generally made on the basis of state of residence and other criteria. Contact state optometric organizations directly for further information.

**Dr. William G. Walton Scholarship** — Established by members of the College's President's Council, the scholarships are awarded on the basis of academic performance and financial need. Award levels range from \$500 to \$1,000. Application is made via the College's Institutional Financial Aid Application.

**E.F. Wildermuth Foundation Scholarships** — Wildermuth grants are scholarships awarded to students in the first and fourth years in amounts ranging from \$500 to \$3,000. Preference is given to students having strong personal or professional ties to the Western Pennsylvania area. Application is made via the College's Institutional Financial Aid Application.

**Dr. Melvin D. Wolfberg Scholarship** — Established by President Melvin D. Wolfberg, O.D., the scholarship is awarded to a student selected on the basis of high academic achievement and financial need. Application is made via the College's Institutional Financial Aid Application.

**NOTE:** Additional grant and scholarship information is available at the Student Affairs reception area.

## Loans

Loans are financial aid which must be repaid at or by a certain time. The majority of the loan programs charge a minimal interest rate and require repayment after the student ceases to attend college (at least half-time).

**Stafford Loan** — Under this loan, students can borrow \$7,500 per year to a total of \$54,750. Loans are granted on the basis of financial need. Interest rate is 8% annually for the first four years of repayment and 10% thereafter. Form is completed by student, the College and lender. Repayment starts six to nine months after ceasing to be a half-time student.

**Supplemental Loans for Students (SLS) and/or Parents Loan to Assist Undergraduate Students (PLUS)** — These loans are granted on the basis of student enrollment. Borrowers can receive up to \$4,000 per year. Interest is calculated on a quarterly basis and is based roughly on prime lending rates. Interest is charged to students from the time the loan is disbursed. Form is completed by student, the College and lender. Repayment of principal begins six months after ceasing to be a half-time student.

**Health Education Assistance Loan (HEAL)** — Under this loan, students can borrow up to \$20,000 per year. Loans are granted on the basis of financial need. Interest is calculated on a quarterly basis and is based roughly on prime lending rates. Interest is charged to students from the time the loan is disbursed. Repayment of principal starts nine to 12 months after the borrower ceases to be a full-time student.

**Health Professions Student Loan (HPSL)** — Granted on the basis of financial need. Interest is 5% annually. Repayment starts nine months after separation from school. Interest starts to accrue at that time.

**Perkins Loan** — Under this loan, students can borrow up to \$18,000 for undergraduate and professional study. Loans are granted on the basis of financial need. Interest rate is 5% annually. Repayment starts six to nine months after separation from school. Interest starts to accrue at this time.

**Institutional Loan** — The maximum loan obtainable varies and is granted on the basis of financial need. Interest rate is 9% annually. Repayment starts nine months after separation from school. Interest starts to accrue at that time.

**E. F. Wildermuth Student Loan** — Awards, which are determined by the Financial Aid Office as a portion of an award package, generally range from \$200 to \$1,000. Loans are granted on the basis of financial need. Simple interest of 7%. Repayment begins one year after graduation or separation from school. Interest starts to accrue at this time.

The availability of loan programs is largely dependent upon federal government policy. Please consult with the Financial Aid Office for the most current information.

*Academic Life*

## Attendance, Examinations, Grading

Students are required to be in attendance at all laboratory and clinic sessions and electives. Attendance at all classroom and lecture sessions is expected, but not recorded. Course instructors have the option to require mandatory attendance at lectures if they deem it necessary to improve student learning.

Examinations, which are administered periodically, form the basis for the student's grades. A report of the student's performance is issued at the conclusion of each quarter.

The quality of a student's work is indicated by the following grades: Excellent (A), Good (B), Acceptable (C), Passing but below desired standard (D), Failure (F). All failures in required courses must be removed by repeating the course successfully within a specified time period. Otherwise, students will not be permitted to continue in the academic program without the written approval of the Dean of Academic Affairs.

In the professional practice courses, grades of Honors (H), Pass (P), and Failure (F) are used. An Incomplete grade may be assigned only when the student's work is of passing quality but some course requirement is not completed. The student must remove the grade of Incomplete within a specified time period unless exceptional circumstances exist and the extension is approved by the Vice President & Dean for Academic Advancement.

Credit by transfer may be accepted for any course within the curriculum when it is determined that the transfer course is substantially equivalent to that offered by the College. This equivalency is determined by the course instructor and department chairperson, and approved by the Vice President & Dean for Academic Advancement. Only courses in which the student received a grade of C or above or Pass will be considered for transfer credit.

## Academic Standing

**Good Academic Standing**—Students are in good academic standing when progressing normally in the curriculum and attaining a quarter and an overall grade point average (g.p.a.) greater than or equal to 2.0.

**Academic Probation**—Students are considered on academic probation when: 1) their quarter g.p.a. falls below 2.0; 2) their overall g.p.a. at the end of a quarter falls below 2.0; or 3) they receive a failing grade (F) in a clinical course.

**Academic Dismissal**—First year students are dismissed from the academic program when: 1) their g.p.a. at the end of the Fall quarter is below 1.0; 2) their overall g.p.a. is below 1.5 at the end of the Winter quarter; or 3) their overall g.p.a. is below 2.0 at the end of the Spring quarter.

All other students are dismissed from the academic program when: 1) their quarter g.p.a. is below 2.0 for two consecutive quarters; 2) their overall g.p.a. is below 2.0 for two consecutive quarters; or 3) they receive a failing (F) grade in a clinical course for two (2) quarters.

Overall g.p.a. is calculated using grades from all courses taken within the College and courses transferred for the purpose of fulfilling degree requirements.

In addition to the above academic reasons for dismissal, the College reserves the right to terminate the enrollment of any student, at any time, for what the College faculty and administration may believe to be good and sufficient reasons, such as, but not limited to, cheating, plagiarism or unprofessional conduct. The College assigns great importance to self-discipline, the ability to work pleasantly with others, and the ability to conduct oneself in a professional manner. Demonstration of deficiencies in any of these qualities is viewed by the College as evidence that the student is not suited to a professional career, and constitutes adequate cause for dismissal by the Dean of Student Affairs.

A Code of Conduct has been established by joint action of Student Council, faculty and administration. Copies of the code are available for perusal in the Office of Student Affairs.

**Re-Enrollment**—Students repeating an academic year shall pay 50 percent of the customary tuition prorated for those courses actually repeated by the student. Students not repeating an academic year but required or choosing to re-enroll in a specific course through special examination shall pay a fee of fifty (\$50) dollars.

### **Academic Counseling**

The College seeks to help students realize their full scholarly potential and successfully complete the academic program. The Office of Academic Counseling was established to help students cope with academic and personal difficulties that affect academic performance through a variety of counseling services. Students experiencing academic problems or academically-related personal problems are assisted by means of a variety of tutorial services, study-skills workshops, and educational and other counseling.

### **Degree Requirements**

The total hours required for the Doctor of Optometry degree are determined by the curriculum in which the student enrolls initially. Successful completion of all required courses and an overall grade point average of 2.0 are necessary for graduation from the Pennsylvania College of Optometry.

### **Privacy of Records**

The College complies fully with the Family Educational Rights and Privacy Act of 1974, which protects the privacy of students' education records, establishes the right of students to inspect and review their education records and provides guidelines for the correction of inaccurate or misleading data through informal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Office, Department of Health and Human Services, Washington, DC 20201, concerning alleged failure by the College to comply with the Act.

### **Alcohol & Drug Abuse Prevention Program**

The Pennsylvania College of Optometry is an institutional member of the College Consortium on Drugs and Alcohol, and has adopted a Drug Abuse Prevention Program, and a policy on service of alcoholic beverages on campus.

The use of illegal drugs is prohibited on College property. Violators, if found guilty, are subject to disciplinary action, up to and including dismissal. The College's Center for Personal and Professional Development is available for confidential counseling and referral services.

### **Other College Policies**

The Pennsylvania College of Optometry has developed a policy regarding AIDS and other infectious diseases as well as established guidelines for students engaged in the care of AIDS patients.

In addition, information relative to the Pennsylvania College and University Security Information Act 73 (1988) is available upon request.

### **Commencement Awards**

Pennsylvania College of Optometry fourth-year students are offered a number of awards at graduation which honor their academic and clinical achievements. Among these are:

**Alumni Association Award**—A plaque, a certificate and \$200 is awarded to a member of the graduating class attaining the highest academic average.

**CIBA Vision Corporation**—Contact Lens Achievement awards of a certificate and contact lens materials valued at \$1,000 to three members of the graduating class who have exhibited excellent academic achievement as well as exceptional contact lens proficiency in a clinical setting.

**Clinical Excellence Citations**—Presented to members of the graduation class by the faculty for excellence in visual science.

**Beta Sigma Kappa Award**—A medal awarded by the fraternity to a graduate among its membership who submits the most scholarly paper on an optometric subject.

**John E. and Ethel M. Crozier Memorial Award**—Awarded to a graduating student excelling in the study of anatomy and pathology.

**Vision Service Plan Award**—A plaque and \$250 offered to a graduate who submits the best paper on "Third Party Vision Care."

**Philadelphia County Optometric Society Award**—An award of \$200 awarded to a member of the graduating class attaining the highest academic average.

**Dr. Donald H. Evans Award**—An award of a plaque and \$1,000 offered annually by the Pennsylvania Optometric Association to that Pennsylvania resident of the graduating class who has submitted a publishable research paper on "Visual Needs in Public Health."

**College of Visual Development/A.M. Skeffington Memorial Award**—A plaque presented to a graduate who has demonstrated outstanding proficiency in academic knowledge and clinical care in functional vision.

**Arthur Shlaifer Memorial Award**—An award of \$500 to a graduating student who demonstrates overall excellence in clinical and didactic courses in ocular pathology.

**American Optometric Foundation Awards**—The American Optometric Foundation sponsors a variety of awards, based on varying criteria. They are:

**J. Harold Bailey Award**—A plaque for an exceptional paper on administrative science.

**Irvin M. Borish Award**—A plaque for an exceptional paper in the field of clinical optometric science.

**Frederick W. Brock Award**—A plaque for an outstanding paper in the field of vision training.

**Harold Kohn Memorial Award**—An award of \$200 for an outstanding paper based on original investigative work, suitable for publication.

**Bausch & Lomb Practice Initiation Award**—An award of \$1,000 to that fourth-year student who submits the best 500 word paper on establishing a practice as well as exceptional accomplishment in practice/business management.

**Bausch & Lomb Excellence in Academic Achievement Award**—An award of \$1,000 to a graduating student who demonstrates excellence in both didactic and clinical performance in contact lens courses.

**Sola/Barnes-Hind/Hydrocurve Recognition Award**—An award of \$500, a selection of Barnes-Hind products and an invitation to the annual Barnes-Hind Graduate Advisory Panel meeting is presented to that graduating student who, in the opinion of the faculty, has exhibited expertise in contact lenses.

**Multi-Optics Varilux Award**—An Award of \$500 to that fourth-year student who provides the most interesting case report on Varilux patients.

**Dr. H. C. Verma Memorial Award**—An award of \$250.00 is offered to that graduating student who has demonstrated above average community service while maintaining a high standard of academic performance during his/her four years at the College.

**Vistakon, Inc. Award**—A plaque and an award of \$400 to that graduating student who has maintained good academic standing, excellence in clinical Contact Lens patient care and commitment to serve the needs of patients.

**Fisons Corporation Award**—A plaque and an award of \$1500 to that fourth year student who had demonstrated clinical excellence and proficiency in allergic eye disease, contact lens and pathology.

**Bernell Corporation Award**—An award of certificate and supplies (\$300) to a graduating student who has demonstrated clinical excellence in Vision Therapy.

*The Sequence of Courses*



**Important Note:** While the descriptions below represent the most accurate information available at the time of printing, course content and/or sequencing may change.

	Lecture Hours	Lab/Clinic Hours	Quarter Hours
<b>First Year—Fall Quarter</b>			
BS111 Human Anatomy	25	20	3.5
BS112 Biochemistry	25		2.5
BS113 Microanatomy	25	20	3.5
BS114 Human Physiology	35	12	4.0
BS115 Theoretical Optics I	40	20	5.0
Totals	150	72	18.5
<b>First Year—Winter Quarter</b>			
BS121 General Pathology	25		2.5
BS122 Endocrinology	15		1.5
BS123 Neurosciences	30	20	4.0
BS124 Optics of the Eye	30	10	3.5
BS125 Theoretical Optics II	50	10	5.5
Totals	140	60	17.0
<b>First Year—Spring Quarter</b>			
BS131 Ocular Biology I	35	20	4.5
BS132 Pharmacology & Therapeutics I	30		3.0
BS133 Ocular Microbiology & Immunology	15	20	2.5
CS131 Professional Practice I		10	.25
CS132 Clinical Diagnostic Procedures I	30	40	5.0
CS135 Introduction to Community Health	25		2.5
Totals	145	70	17.75
Year Totals	435	202	53.25
<b>Second Year—Fall Quarter</b>			
BS211 Ocular Biology II	45	20	5.5
BS212 Pharmacology & Therapeutics II	40		4.0
BS214 Ocular Motility	30	20	4.0
CS211 Professional Practice II		10	.25
CS212 Clinical Diagnostic Procedures II	20	40	4.0
CS215 Epidemiology/Clinical Decision Making	25		2.5
Totals	160	90	20.25