

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 00/2

9959 HOUSE LABOR & COMMERCE

1 transferred to a new permit as determined by the board.

2 * **Sec. 22.** AS 08.13.185(a) is amended to read:

3 (a) The Department of Commerce and Economic Development shall set fees
4 under AS 08.01.065 for initial licenses and renewals for the following:

5 (1) schools;

6 (2) school owners;

7 (3) instructor;

8 (4) shop owner;

9 (5) practitioner of barbering;

10 (6) practitioner of hairdressing;

11 (7) practitioner of manicuring;

12 (8) practitioner of esthetics [COSMETOLOGY];

13 (9) [(8)] temporary permit;

14 (10) temporary license;

15 (11) [(9)] student permit.

16 * **Sec. 23.** AS 08.13.190 is amended to read:

17 **Sec. 08.13.190. Failure to possess a license or permit.** A person who
18 practices barbering, hairdressing, or esthetics [COSMETOLOGY], or operates a shop,
19 or operates a school of barbering, hairdressing, or esthetics [COSMETOLOGY], or
20 teaches in a school of barbering, hairdressing, or esthetics [COSMETOLOGY],
21 without a license, temporary permit, temporary license, or student permit and who is
22 not exempt under AS 08.13.120 or under AS 08.13.160(d) is guilty of a class B
23 misdemeanor.

24 * **Sec. 24.** AS 08.13.190 is amended by adding a new subsection to read:

25 (b) A person who practices manicuring, operates a shop for manicuring,
26 operates a school of manicuring, or teaches in a school of manicuring without the
27 appropriate license, temporary permit, temporary license, or student permit and who
28 is not exempt under AS 08.13.120 or 08.13.160(d) is guilty of a violation.

29 * **Sec. 25.** AS 08.13.210 is amended to read:

30 **Sec. 08.13.210. Health and sanitary conditions.** Health and sanitary
31 conditions in shops and schools of barbering, hairdressing, manicuring, and esthetics

1 [COSMETOLOGY] shall be supervised by the Department of Environmental
2 Conservation.

3 * Sec. 26. AS 08.13.220(4) is amended to read:

4 (4) "esthetics" ["COSMETOLOGY"] means the use of the hands,
5 appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing,
6 stimulating, or similar work on the scalp, face or neck, including skin care, make-up,
7 and temporary removal of superfluous hair, for cosmetic purposes for a fee;

8 * Sec. 27. AS 08.13.220(5) is amended to read:

9 (5) "hairdressing" means performing, for a fee, the following services
10 for cosmetic purposes:

11 (A) [SHAVING,] trimming [,] or cutting the beard of a living
12 person; and

13 (B) arranging, styling, dressing, curling, temporary waving,
14 permanent waving, cutting, singeing, bleaching, coloring, cleansing,
15 conditioning, or similar work on the hair of a living person;

16 * Sec. 28. AS 08.13.220(6) is amended to read:

17 (6) "instructor" means a person who teaches barbering, hairdressing,
18 manicuring, or esthetics [COSMETOLOGY] in a school or who supervises an
19 apprentice;

20 * Sec. 29. AS 08.13.220(7) is amended to read:

21 (7) "practitioner" means a person licensed to practice barbering,
22 hairdressing, manicuring, or esthetics [COSMETOLOGY] under this chapter;

23 * Sec. 30. AS 08.13.220(9) is amended to read:

24 (9) "shop" is an establishment operated for the purpose of engaging in
25 barbering, hairdressing, manicuring, or esthetics [COSMETOLOGY].

26 * Sec. 31. AS 08.13.220 is amended by adding a new paragraph to read:

27 (10) "manicuring"

28 (A) means, for a fee, to

29 (i) cut, trim, polish, color, tint, or cleanse a natural or
30 artificial nail;

31 (ii) affix material by artificial means to a natural nail for

1 the addition to or extension of the natural nail;

2 (iii) cleanse, treat, or beautify the hands or feet for
3 cosmetic purposes; or

4 (iv) otherwise treat the nails of the hand or foot except
5 as provided in (B) of this paragraph;

6 (B) notwithstanding (A) of this paragraph, does not include

7 (i) massage treatment; or

8 (ii) cleansing, treating, or beautifying the hands or feet
9 solely for the treatment of disease or physical or mental ailments.

10 * Sec. 32. AS 44.46.020 is amended to read:

11 **Sec. 44.46.020. Duties of department.** The Department of Environmental
12 Conservation shall

13 (1) have primary responsibility for coordination and development of
14 policies, programs, and planning related to the environment of the state and of the
15 various regions of the state;

16 (2) have primary responsibility for the adoption and enforcement of
17 regulations setting standards for the prevention and abatement of all water, land,
18 subsurface land, and air pollution, and other sources or potential sources of pollution
19 of the environment, including by way of example only, petroleum and natural gas
20 pipelines;

21 (3) promote and develop programs for the protection and control of the
22 environment of the state;

23 (4) take actions that are necessary and proper to further the policy
24 declared in AS 46.03.010;

25 (5) adopt regulations for

26 (A) the prevention and control of public health nuisances;

27 (B) the regulation of sanitation and sanitary practices in the
28 interest of public health;

29 (C) standards of cleanliness and sanitation in connection with
30 the construction, operation, and maintenance of a camp, cannery, food handling
31 establishment, food manufacturing plant, mattress manufacturing establishment,

1 industrial plant, school, barbershop, hairdressing, manicuring, or esthetics
2 [COSMETOLOGY] establishment, soft drink establishment, beer and wine
3 dispensaries, and for other similar establishments in which lack of sanitation
4 may create a condition that causes disease;

5 (D) the regulation of quality and purity of commercially
6 compressed air sold for human respiration.

7 * Sec. 33. REGULATIONS. The Board of Barbers and Hairdressers and the Department
8 of Environmental Conservation shall begin the process of developing regulations to implement
9 this Act. A regulation takes effect under AS 44.62 but not before the effective date of the law
10 that is implemented by the regulation.

11 * Sec. 34. Section 33 of this Act takes effect immediately under AS 01.10.070(c).

12 * Sec. 35. AS 08.13.190(b), added by sec. 24 of this Act, and the amendments to
13 AS 08.13.070, as amended by sec. 4 of this Act, that add the word "manicuring" take effect
14 September 1, 2001.

Alaska State Legislature

APR 07 1999

Senator Tim Kelly, Chairman
Anchorage
Senator Jerry Mackie, Vice-Chairman
Craig
Senator Randy Phillips
Eagle River
Senator Jerry Ward
Anchorage
Senator Lyman Holliman
Bethel



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State Capitol, Room 101
Juneau, AK 99801
(907) 465-4989

Interim
716 W. 4th Avenue
Suite 400
Anchorage, AK 99501-2133
(907) 269-0146

Senate Community & Regional Affairs Committee

Monday, Wednesday, & Friday
1:30 PM Fahrenkamp Room

To: Representative Norman Rokeberg
Chairman of the House Labor & Commerce Committee

From: Senator Tim Kelly *TJK*
Chairman of the Senate Community & Regional Affairs Committee

Date: April 7, 1999

Re: Hearing Request

Recently, Senate Bill 51, An Act relating to barbers, hairdressers, manicurists, and cosmetologists; providing that the only qualification necessary for licensure as a manicurist, other than payment of fees, is completion of a class that is 12 hours in duration, addresses relevant health, safety, and hygiene concerns, and is offered through a school approved by the Board of Barbers and Hairdressers; and providing for an effective date, was referred to your committee and I would like to request a committee hearing for this bill at your earliest convenience.

As you may know, a similar bill was introduced in the 20th Legislature, however it was unable to move to the House of Representatives because of the bill's timing in the legislative session. I believe that the Board of Barbers & Hairdressers will again support this legislation, which was a 1998 priority of theirs.

If I can be of any assistance, please feel free to contact my office. And thank you for your consideration of this request.

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

No. 3
Bill Version: CSSB 51(L4C)
(S) Publish Date: 9-26-99

Revision Date/Time (Note if correction) Rev. 3/18/99 10 a.m. Dept. Environmental Conservation
Title Relating to barbers, hairdressers, manicurists, BRU Environmental Health
and cosmetologists Component Food Safety and Sanitation
Sponsor (S) CRA
Requester (S) Finance Component Serial No. 2343

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual	3.0					
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	3.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1007 Interagency Receipts	3.0					
TOTAL	3.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SEE ATTACHED

Prepared by Janice Adair, Director Phone 259-7645
Division Environmental Health Date/Time 3/18/99 3:40 PM
Approved by Commissioner Michele Brown Date 3/18/99
Agency Environmental Conservation

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SB 51 relating to barbers, hairdressers, manicurists, and cosmetologists
Fiscal Note Details

The department currently has regulations adopted in 1982 relating to some of these establishments. Updating the regulations would be required under this bill. Based on information from occupational licensing, we estimate we would have a mailing list of 950.* The costs for the regulation changes would be:

Public Notice published once in 7 papers statewide	\$1,015.00
Copies of the Notice and explanatory letter (3 pages)	\$ 715.00
Postage to mail the Notice	\$ 940.00
Copies of the draft regulations to send upon request (250 copies)	\$ 375.00
TOTAL	\$3,043.00

No staff time is included as the department does not currently inspect facilities covered by this legislation, nor are we proposing to start an inspection program. The regulations are essentially self-implementing, and time permitting, we do and would respond to complaints. However, these facilities represent a relatively low public health risk as compared to other establishments regulated by DEC.

*Mailing List:

543	Beauty, barber, cosmetology shops
295	Manicure salons
16	Beauty schools
65	Legislative copies
<u>30</u>	Other interested parties
949	Total

FISCAL NOTE No. 2

STATE OF ALASKA
1999 LEGISLATIVE SESSION

Bill Version: CSSB 51 (L&C)
(S) Publish Date: 2-18-99

Revision Date/Time (Note if correction) _____	Dept. Affected <u>Commerce & Econ Dev.</u>
Title <u>An Act relating to barbers, hairdressers,</u>	BRU <u>Occupational Licensing</u>
<u>manicurists and cosmetologists.</u>	Component <u>Operations</u>
Sponsor <u>Senate Community and Regional Affairs Committee</u>	
Requester <u>Senate Labor and Commerce</u>	Component Serial No. <u>2360</u>

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services	8.5	8.5	8.5	8.5	8.5	8.5
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	6.9	6.9	6.9	6.9	6.9	6.9
Supplies	1.0	1.0	1.0	1.0	1.0	1.0
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	16.4	16.4	16.4	16.4	16.4	16.4

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()	16.4	16.4	16.4	16.4	16.4	16.4
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts	16.4	16.4	16.4	16.4	16.4	16.4
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	16.4	16.4	16.4	16.4	16.4	16.4

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time					
Part-time					
Temporary					

ANALYSIS: *(Attach a separate page if necessary)*

CSSB 51 (L&C) establishes a licensing category for manicurists to be regulated by the Board of Barbers and Hairdressers. The number of individuals that would be affected by the bill is not known therefore, a number of assumptions are made in this fiscal note. Information obtained from the Business Licensing files indicate there are approximately 295 manicure/pedicure salons licensed to do business. For the purposes of this fiscal note, we have doubled the number (590) assuming that most salons would have more than one manicurist. An explanation of the costs is attached.

Prepared by <u>Jennifer Strickler, Administrative Officer</u>	Phone <u>465-2144</u>
Division <u>Occupational Licensing</u>	Date/Time <u>2/16/99 4:22 PM</u>
Approved by Commissioner <u>Deborah B. Sedwick</u>	Date <u>2/16/99</u>
Agency <u>Commerce & Economic Development</u>	

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STATE OF ALASKA
1999 LEGISLATIVE SESSSION

BILL NO.: CSSB 51 (L&C)

ANALYSIS: (Continued)

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
FISCAL NOTE CALCULATIONS

PERSONAL SERVICES

Funding to add 2.5 months of time to an existing PPT Occupational Licensing Examiner I position, Range 12, GGU \$8.5

The increase time to the existing position will be responsible for the licensing of manicurists.,

TRAVEL

No travel is anticipated \$0.0

CONTRACTUAL SERVICES

\$6.9

Contractual Services are based on the following costs:

Regulations:

\$5.2

- One public notice printed in three newspapers, estimated at \$200 per paper x 3 = \$600
- Printing of regulations consisting of 6 pages, back-to-back, at \$12 per 100 x 6 pages = \$72 x 6 (to produce 600 copies) = \$432
- Postage for 600 pieces x .32 = \$192
- Printing and mailing costs to current licensees (3,838) of the new statute and regulation changes, \$4.0

Daily Communication Costs:

\$1.0

Printing Costs:

\$0.7

Applications and other forms will be needed to implement the licensing requirements. A large supply will be required for the initial mailing and to have forms available in each division office. Assuming application forms are at least 3 pages, back-to-back, at \$12 per 100 x 3 pages = \$36 x 20 (to produce 2,000 copies) = \$720

SUPPLIES

\$1.0

TOTAL:

\$16.4

REVENUE/FUND SOURCE:

AS 08.01.065 requires all licensees to pay the costs of regulating their profession. The general fund program receipts from the licensing of manicurists will be expected to cover the direct costs shown in this fiscal note and a share of administrative indirect costs like other licensing programs.

Alaska State Legislature

Senator Tim Kelly, Chairman
Anchorage
Senator Jerry Mackie, Vice-Chairman
Craig
Senator Randy Phillips
Eagle River
Senator Jerry Ward
Anchorage
Senator Lyman Holliman
Bethel



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Senate Community & Regional Affairs Committee

Monday, Wednesday, & Friday

1:30 PM Fahrenkamp Room

Sponsor Statement

Committee Substitute, Senate Bill 51 (L&C)

Senate Bill 51 alters the Alaska Statute in order to better explain the duties of barbers, hairdressers, manicurists, and cosmetologists. To accomplish this, SB 51 changes "cosmetology" and "cosmetologist" to "esthetics" and "estheticians" in the applicable sections of the statutes. In addition, SB 51 also removes the shaving of a beard from the statute, as shaving is neither taught nor tested by the Board of Barbers & Hairdressers. Furthermore, Senate Bill 51 licenses manicurists and limits their instruction to a maximum requirement of a 12-hour class, which is based on health, safety, and hygiene. Lastly, it changes the Instructor's license to include a Practitioner license, therefore eliminating the current dual (practitioner & instructor) licensing of Instructors.

In addition, SB 51 creates a new temporary license for persons who have successfully completed a course of study or apprenticeship in barbering, hairdressing, or esthetics. This temporary license allows one to work under direct supervision of a practitioner, licensed in the field of study that they are also studying, for up to 120 days. This will allow a person to continue practicing their field of study while awaiting their board examination.

Therefore Senate Bill 51 should eliminate the ambiguities in verbiage between the states by replacing cosmetology with esthetics, it should resolve the problem of inconvenient test scheduling or location for students or apprentices who have completed their training, and it should provide for the licensing of manicurists.

**ALASKA STATE BOARD OF BARBERS AND HAIRDRESSERS
GOALS AND OBJECTIVES FOR FY 99**

1. Conduct two one-day face-to-face meetings and two or three teleconferences as needed.
2. Have an operating budget so that we can accomplish our goals and not have to cut out exams.
3. Have more training and education for administering licensing exams.
4. Representation on the national and regional level.
5. Report cards to the schools.
6. Continue to support investigation and legislation pertaining to noncompliance of nonlicensing regulation.
7. Look into and be more attentive to the schools' responsibilities to the students, i.e., applications filed in a timely manner and record keeping.
8. Evaluate the statutes and regulations for the category of lapsed licenses.

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

Date: September 25, 1998

To: Beauty/Barber School Owners and Apprentices

From: Cindy Evans, Licensing Examiner
Board of Barbers and Hairdressers

Subject: 1999 State Board Practical and Written Examination Schedule

The Following is a list of TENTATIVELY scheduled 1999 dates for the Board of Barbers and Hairdressers. All examinations will be given in Anchorage, Fairbanks and Juneau. Please note that the Fairbanks and Juneau dates are marked with an asterisk (*). Please remember that all dates are TENTATIVE and subject to change.

Completed applications including fees and satisfactory proof of required hours must be received in this office by the application deadline.

Anchorage Dates

EXAMINATION DATE

January 24-25, 1999
March 7-8, 1999
April 18-19, 1999
June 6-7, 1999
July 18-19, 1999
August 29-30, 1999
October 10-11, 1999
November 21-22, 1999

APPLICATION DEADLINE

December 28, 1998
February 5, 1999
March 19, 1999
May 7, 1999
June 18, 1999
July 30, 1999
September 10, 1999
October 22, 1999

Fairbanks and Juneau Dates

* March 7-8, 1999
* June 6-7, 1999
* August 29-30, 1999
* November 21-22, 1999

February 5, 1999
May 7, 1999
July 30, 1999
October 22, 1999

The Fairbanks examinations are one day only. They will be administered on the first day listed, which is always a Sunday. Both the practical and the written examination will be given on this day in Fairbanks only.

If you have questions regarding examination dates, please contact this office.

cc: Board Members
Postsecondary Education

TONY KNOWLES, GOVERNOR

PO BOX 110806
JUNEAU, ALASKA 99811-0806
PHONE: (907) 465-2534
FAX: (907) 465-2974
TDD: (907) 465-5437

E-mail address:
License@commerce.state.ak.us

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

BOARD OF BARBERS AND HAIRDRESSERS

TONY KNOWLES, GOVERNOR

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PHONE: (907) 465-2534
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E-mail address: Occupational.Licensing@commerce.state.ak.us

RECEIVED

MAR 01 1999

DIVISION OF OCCUPATIONAL LICENSING
JUNEAU

MAIL VOTE ON SENATE BILL NUMBER 51 AND REGARDING THE PRACTICAL EXAMINATION

Attached is Senate (SB) 51 which adds manicuring as a licensed profession. The bill also adds the temporary license provision for students. Please thoroughly review this bill and its proposed changes and note your comments below.

Also, the division seeks your input regarding the administration of the practical exam (for all areas). What is your position if the schools (or instructors) apprenticing students were to be responsible for administering a practical examination as part of the requirement to successfully complete the training program to receive licensure. In other words, the board would no longer administer the practical exam, but rather the school (apprentice instructor) would test students upon completion of the required training. The board would continue to set examination standards in regulation, however, just not conduct the exam. The division would continue to proctor the written examination.

Individuals applying from another state who did not take a practical examination would also have to test in a local school.

Please complete and return this mail vote with your comments in the enclosed self-addressed envelope by March 5, 1999.

Are you in favor of SB 51?

Yes

[] no

Why? _____

*To:
Doug*

RECEIVED
MAR 01 1999
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Are you in favor of having the practical examination administered by the schools instead of the board? This would require the schools (apprentice instructor) to sign an affidavit stating that the individual completed the course and has passed a practical exam.

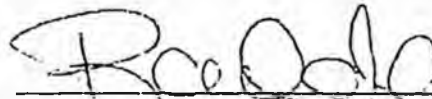
[] yes

no

Why? _____

2/23/99

Date



Board Member

IMPORTANT NOTICE: Board action on the matter noted above is being taken via a mail vote in accordance with AS 44.62.600. Due to open meeting requirements in this state, members are reminded not to discuss this matter with one another. If a member feels there are questions or concerns which warrant discussion by the board before voting, the licensing examiner should be contacted. Depending upon the time frame involved, action on this matter may be delayed until a regularly scheduled meeting of the board or a special teleconference may be convened, as applicable.

FEB 26 1999

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

BOARD OF BARBERS AND HAIRDRESSERS

DIVISION OF
TONY KNOWLES, GOVERNOR OCCUPATIONAL LICENSING

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Individuals applying from another state who did not take a practical examination would also have to test in a local school.

Please complete and return this mail vote with your comments in the enclosed self-addressed envelope by March 5, 1999.

Are you in favor of SB 51?

yes

no

Why? _____

RECEIVED
 FEB 26 1999
 DIVISION OF
 OCCUPATIONAL LICENSING
 JUNEAU

Are you in favor of having the practical examination administered by the schools instead of the board? This would require the schools (apprentice instructor) to sign an affidavit stating that the individual completed the course and has passed a practical exam.

yes

no

Why? Because I believe it is the best
interest of the State & Brantley to have professionals
of the industry who are working on the public judging these
school graduates on their abilities of work.

Feb 26, 99

Date

Kathy Kupa

Board Member

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STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

BOARD OF BARBERS AND HAIRDRESSERS

TONY KNOWLES, GOVERNOR

P.O. BOX 110806
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PHONE: (907) 465-2534
FAX: (907) 465-2974
TDD: (907) 465-5437

E-mail address:
License: @commerce.state.ak.us

MAIL VOTE ON SENATE BILL NUMBER 51 AND REGARDING THE PRACTICAL EXAMINATION

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Also, the division seeks your input regarding the administration of the practical exam (for all areas). What is your position if the schools (or instructors) apprenticing students were to be responsible for administering a practical examination as part of the requirement to successfully complete the training program to receive licensure. In other words, the board would no longer administer the practical exam, but rather the school (apprentice instructor) would test students upon completion of the required training. The board would continue to set examination standards in regulation, however, just not conduct the exam. The division would continue to proctor the written examination.

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Please complete and return this mail vote with your comments in the enclosed self-addressed envelope by March 5, 1999.

Are you in favor of SB 51?

yes

no

Why? to protect the Public. Sanitation
and safety should be our first concern

RECEIVED

FEB 26 1999

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

RECEIVED

FEB 26 1999

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Are you in favor of having the practical examination administered by the schools instead of the board? This would require the schools (apprentice instructor) to sign an affidavit stating that the individual completed the course and has passed a practical exam.

yes

no

Why? I could get a person off the street
with no prior experience and
teach them to pass the practical exam
in one month, in other words, how

2-23-99

Date

Shelby Bell

Board Member

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do I really know what kind of
Hairdresser they are; plus we do not do
any more wet sets, Pin curls or finger
waves nor do we do Shaves, how ever
it is a requirement in the Practical
Exam.

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

BOARD OF BARBERS AND HAIRDRESSERS RECEIVED

TONY KNOWLES, GOVERNOR

PO. BOX 110806
JUNEAU, ALASKA 99811-0806
PHONE: (907) 465-2534
FAX: (907) 465-2974
TDD: (907) 465-5437

E-mail address:
Licensa@commerce.state.ak.us

MAR 08 1999

MAIL VOTE ON SENATE BILL NUMBER 51 AND REGARDING THE PRACTICAL EXAMINATION

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Attached is Senate (SB) 51 which adds manicuring as a licensed profession. The bill also adds the temporary license provision for students. Please thoroughly review this bill and its proposed changes and note your comments below.

Also, the division seeks your input regarding the administration of the practical exam (for all areas). What is your position if the schools (or instructors) apprenticing students were to be responsible for administering a practical examination as part of the requirement to successfully complete the training program to receive licensure. In other words, the board would no longer administer the practical exam, but rather the school (apprentice instructor) would test students upon completion of the required training. The board would continue to set examination standards in regulation, however, just not conduct the exam. The division would continue to proctor the written examination.

Individuals applying from another state who did not take a practical examination would also have to test in a local school.

Please complete and return this mail vote with your comments in the enclosed self-addressed envelope by March 5, 1999.

Are you in favor of SB 51?

yes

no

Why? _____

RECEIVED
MAR 08 1999
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Are you in favor of having the practical examination administered by the schools instead of the board? This would require the schools (apprentice instructor) to sign an affidavit stating that the individual completed the course and has passed a practical exam.

yes

no

Why? _____

3/5/99

Date

[Signature]

Board Member

IMPORTANT NOTICE: Board action on the matter noted above is being taken via a mail vote in accordance with AS 44.62.600. Due to open meeting requirements in this state, members are reminded not to discuss this matter with one another. If a member feels there are questions or concerns which warrant discussion by the board before voting, the licensing examiner should be contacted. Depending upon the time frame involved, action on this matter may be delayed until a regularly scheduled meeting of the board or a special teleconference may be convened, as applicable.

25March1999

To the Senate and Legislators of Alaska,

I am Rosalyn C. Wyche Board member on the Alaska Board of Barbers, Hairdressers and cosmetology. At our last meeting we felt that the state of Alaska should be licensing the manicurist. The required amount of hours would be 300, hours and follow the Milady text book. The other fields also follow Milady. I have provided you with a sample of the training book, the pretest, and the work book. Manicurist deal with a lot of chemicals and safety issues, if the nail tech is not aware of the correct procedure it could cause a fungus infection on the nail bed and the customer would lose their nail without it growing back. There is also the fact that if we can regulate what materials they use they could not use the poisonous liquids that are available on the market. There is a simple and easy kit available to the state at a very nominal price. Our investigator could easily walk into any salon and test it right there it only takes 5 seconds. We should be protecting the public from harm and danger. The board agrees with SB 51 in detail except the amount of hours the manicurist should receive and they should be tested.

Rosalyn C. Wyche
Rosalyn C. Wyche
Board Member

Post-it* Fax Note	7671	Date	n of pages
To	San Kelly's	From	Anchorage
Co./Dept.	Dallas	Co.	
Phone #		Phone #	
Fax #		Fax #	

CIMARRON TECH
NAIL ARTIST SCHOOL

(907) 561-6245

TOTAL CLASSROOM HOURS - 180 (30 HOURS/WEEK - 6 WEEKS)

TUITION - \$3,350.00 (Includes Books & Nail Technician Kit)

TEACHING METHODS:

The curriculum is presented through a combination of lecture, demonstration, training films, and hands on experience using a variety of products and equipment. The Nail Technician/Artist Course prepares students for this needed specialty service career by giving them a detailed program of education and an opportunity to practice professional techniques in our on-campus salon.

CURRICULUM:

Anatomy

Nail Disorders

Products-Implements-Accessories

The Work Area

Basic Manicuring

Artificial Nails:

Liquid Wraps

Fiberglass Wraps

Linen Wraps

Silk Wraps

Paper Wraps

Tip & Tip Overlays

Re-Wraps & Removal

Sculptured Nails:

Floater & Fill-ins

Sculptured Nail Repair

Nail Tips & Tip Overlays

Sculptured Nail Removal

Fungus

Nail Art:

Dual Colors

Stripping

Decals

Rhinestone

Nuggeting

Business Aspects

The public's enthusiastic response to this new industry has created a large demand for qualified nail technicians. The desire for beautiful and professional looking nails bring more and more women into salons almost daily.

This course was designed for individuals who want to be employed in the Nail Technician/Artist industry or for the Beautician who needs skill upgrading for the purpose of increasing their income.

Alaska Student Loans Available.

For further information concerning this course, please feel free to call.

SB

71

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: May 14, 1999

FURTHER REFERRALS:

Date of Committee Action: May 14, 1999

The LABOR AND COMMERCE Committee considered:

CSSB 71(RLS) am

CS FOR SENATE BILL NO. 71(RLS) am

PHYSICIAN LICENSURE CHANGES

"An Act relating to licensure by the State Medical Board."

recommends it be replaced with the following committee substitute HCS CS SB 71(Hes) the same title a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) DCED

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Norm Rolsky</i>	✓			
<i>L. J. ...</i>			✓	
<i>Gov. ...</i>	✓			
<i>...</i>	✓			
<i>Tom ...</i>			✓	
<i>...</i>	✓			

CHAIR'S SIGNATURE

Norm Rolsky

5-14-99



**FAX
MESSENGER**

**Valley
Medical
Care, PC**

ATTENTION: Sharon Clarke

FROM: Sarah Ista

DATE: 5/13

PAGES: 3 **TO FAX #** 465-3883
(Including cover sheet)

Urgent For Your Review Reply ASAP Please Comment

REMARKS: _____

Here is a summary on SB 71

what the bill does

Section by Section list

I'm sorry I did not have time to do this sooner +

realize it may be arriving too late to be useful to you but

you are welcome to drop part of it.

FAX RETURN: 1-907-588-2446

VOICE TELE. # 1-907-588-2434

See you at 8am. tomorrow

Sarah

3220 HOSPITAL DRIVE, SUITE 100, JUNEAU, AK 99801

CSSB 71 (RLS) am

Background: Housekeeping bill for the Medical Board. Changes requested discussed by the board in meetings over the past year. Board has been in contact with Alaska State Medical Association, Alaska Osteopathic Association and Alaska Family Practice Residency and rural hospital administrators. Board newsletter requested and received feedback from licensees on postgraduate training issues.

What the bill does:

Accelerates license renewals by designating staff actions which can be taken in the interim between board meetings.

Allows the board to consider applicant's and licensee's felony convictions and several disciplinary actions by other medical boards which are not included in present statute.

Requires new applicants (medical doctors or osteopathic doctors) who are recent graduates (after 1994) of US and Canadian medical schools to have two years of post graduate training, conforming to present standards of medical education and national recommendations. *(Applicants who graduated prior to 1995 would continue to be required to have one year of post-graduate training; their applications would also contain information from other boards who had licensed them and hospitals they had worked at since completing post-graduate training.)*

Allows the board to renew permits for resident doctors-in-training in programs such as the Alaska Family Practice residency. Residency programs are typically three years; current statute limits permits to one year. *(Residents in training who are US graduates need a permit for 2 years; foreign graduates would need a permit for 3 years before applying for an active license.)*

CS For SB No. 71(RLS) am

Section 1. Requires new applicants who are recent graduates (after 1994) of US and Canadian medical school to have two years of post graduate training. *(This is the current standard for completion of osteopathic and Canadian family practice post-graduate training. All other programs require 3 or more years, so this is a minimum current standard expectation of medical school graduates.)*

Section 2. Makes the same requirements for osteopaths as for medical graduates in Section 1.

Section 3. Allows the board to renew permits for resident doctors-in-training in programs such as the Alaska Family Practice residency. Residency programs are typically three years; current statute limits permits to one year. *(New residents in training who are US or Canadian graduates will need a permit for at least 2 years before applying for an active license.)*

Section 4. Accelerates license renewals by allowing the board to designate a staff member to renew "locums" (replacement) physician licenses in the interim between board meetings. *(Currently only a quorum of the board can issue the 60-day renewals allowed by statute.)*

Section 5 and 6. Accelerates license renewals by allowing the board to designate a staff member in the interim between board meetings to set up agreements with licensees who are late in completing continuing education requirements. *(Current statute requires full board action on each renewal in which the licensee is late in presenting continuing education credits.)*

Section 7. Allows the board to consider applicants' and licensees' felony convictions when granting licenses and disciplining physicians. It also allows the board to consider several disciplinary actions taken by other state medical boards which are not included in present statute. *(Currently no felony conviction may be considered in evaluating a licensee or an applicant unless the felony was substantially related to the qualifications, functions or duties of the licensee. This bill allows Class A and unclassified felonies to be considered even if they were committed while the physician was not practicing medicine.) (Current statute allows the board to act if a medical board in another state suspended or revoked a license, but is silent on other common board actions which are added in this bill.)*

Section 8. Applicability statements.

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: May 7, 1999

FURTHER REFERRALS: Labor and Commerce

Date of Committee Action: _____

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

CSSB 71(RLS) am

CS FOR SENATE BILL NO. 71(RLS) am

PHYSICIAN LICENSURE CHANGES

"An Act relating to licensure by the State Medical Board."

recommends it be replaced
with the following committee substitute CS

the same title
 a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) CEID

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			

CHAIR'S SIGNATURE *[Signature]* *[Signature]*

CSSB 71 (RLS): Licensure by the State Medical Board

Section 1:

Increases from 1 to 2 years the length of the postgraduate residency program required of applicants who graduated from an accredited US or Canadian medical school after January 1, 1995.

(2-year, or longer, residencies are now standard. Residents dismissed after one year do not have full post-graduate training. Individuals who graduated before 1995 have a work history the board can judge)

Section 2.

Makes the change in section 1 (2-year residency) apply to osteopathic physicians.

Section 3

Increases the length of a residency permit from 1 year to 18 months and allows renewal of the permit.

(Residency permits are the licenses doctors use while in training. The increase in the length of residencies necessitates this change.)

Section 4

Allows the board to delegate to staff the extension of a temporary medical license, for efficiency.

Section 5 and Section 6

Allow the board to delegate to staff the processing of continuing education documents and the grant of exemptions or extensions of time to complete continuing education.

Section 7

Allows the board to consider disciplining existing doctors or denying licenses to applicants who have committed any Class A or unclassified felony, as well as Class B and C felonies connected to the practice of medicine. The section also allows denial or discipline of Alaska doctors who have their licenses disciplined in any manner in other states.

(Examples of problems this section will solve are:

- 1) The board was not able to take into account an applicant's murder conviction because the murder occurred at home.

- 2) The board can not easily act against doctors whose licenses are on probation or conditioned in other states.)

Section 8

Makes the longer residency requirements apply only to applications received on or after the effective date of the act, and makes the criminal and disciplinary history requirements apply only to new applicants and new crimes/discipline of existing Alaska doctors.

Alaska State Legislature

Senator Mike Miller, Chairman
Senator Pete Kelly, Vice Chairman
Senator Drue Pearce
Senator Gary Wilken
Senator Kim Elton



State Capitol, Rm 119
Juneau, Alaska 99801-1182
(907) 465-3762

Senate Committee on Health, Education and Social Services

SB 71

An Act relating to licensure by State Medical Board

SPONSOR STATEMENT

SB 71 was requested for introduction by the Hess committee from the State Medical Board who fully support the bill. This bill resolves licensure problems for the board, updates Alaska statutes in relation to other states and corrects unintended problems within the current law.

The members of the Alaska State Medical Board conveyed their appreciation to the House Labor & Commerce committee members for scheduling this bill.

DR. Sarah Isto, Chair, of ASMB, and Catherine Reardon, from the Division of Occupational Liscencing; are here to testify on behalf of this bill today.

We would ask your consideration and support of SB 71.

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

No. 1
Bill Version: CSSB 71 (HES)
(S) Publish Date: 4-28-99

Revision Date/Time (Note if correction) _____ Dept. Affected Commerce & Econ Dev.
Title An act relating to the licensure by the BRU Occupational Licensing
State Medical Board. Component Occupational Licensing
Sponsor Senate HESS
Requester Senate Labor and Commerce Component Serial No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
CHANGE IN REVENUES ()						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CSSB 71 (HES) increases the requirements for medical licensure. New funds are not required to implement this bill.

Prepared by Jennifer Strickler, Administrative Manager Phone 465-2144
Division Occupational Licensing Date/Time 4/26/99 4:52 PM
Approved by Commissioner Deborah B. Sedwick Date 4/26/99
Agency Commerce & Economic Development

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**THIS BILL IS CURRENTLY IN HOUSE HES
COMMITTEE. IT IS SCHEDULED TO BE CONSIDERED
AT HES TOMORROW AT 8:30 A.M.**

**SB 71 IS SCHEDULED BEFORE HOUSE L&C PENDING
REFERRAL.**

**THIS IS ALL THE INFORMATION I HAVE ON THIS BILL
AT THIS POINT.**

JANET

Alaska State Legislature

Senator Mike Miller, Chairman
Senator Pete Kelly, Vice Chairman
Senator Drue Pearce
Senator Gary Wilken
Senator Kim Elton



State Capitol, Rm 119
Juneau, Alaska 99801-1182
(907) 465-3762

Senate Committee on Health, Education and Social Services

SB 71

An Act relating to licensure by State Medical Board

SPONSOR STATEMENT

SB 71 was at the request of the State Medical Board. The purpose of this bill is for statute changes being sought by the state medical board to solve some housekeeping issues, and bring the Alaska standards up to those of other states. The medical board appreciates your introduction of SB 71 dealing with these issues.

Dr. Sarah Isto, will give the presentation on this bill in committee today.

CSSB 71 (RLS): Licensure by the State Medical Board

Section 1:

Increases from 1 to 2 years the length of the postgraduate residency program required of applicants who graduated from an accredited US or Canadian medical school after January 1, 1995.

(^{or more} 2-year residencies are now standard. Individuals who graduated before 1995 have a work history the board can judge)

Residents dismissed after one year do not have full post-graduate training

Section 2.

Makes the change in section 1 (2-year residency) apply to osteopathic physicians.

Section 3

Increases the length of a residency permit from 1 year to 18 months and allows renewal of the permit.

(Residency permits are the licenses doctors use while in ^{training} residency. The increase in the length of residencies necessitates this change.)

Section 4

Allows the board to delegate to staff the extension of a temporary medical license, for efficiency.

Section 5 and Section 6

Allow the board to delegate to staff the processing of continuing education documents and the grant of exemptions or extensions of time to complete continuing education.

Section 7

Allows the board to consider disciplining existing doctors or denying licenses to applicants who have committed ~~any~~ ^{any Class A or unclassified} felony, ~~rather than only~~ ^{and class C} felonies directly connected to the practice of medicine. The section also allows denial or discipline of Alaska doctors who have their licenses disciplined in any manner in other states.

(Examples of problems this section will solve are:

- 1) The board was not able to take into account an applicant's murder conviction because the murder occurred at home.

- 2) The board can not easily act against doctors whose licenses are on probation or conditioned in other states.)

Section 8

Makes the longer residency requirements apply only to applications received on or after the effective date of the act, and makes the criminal and disciplinary history requirements apply only to new applicants and new crimes/discipline of existing Alaska doctors.

SB

78

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: March 8, 2000

FURTHER REFERRALS:

Date of Committee Action: 3/31/00

The LABOR AND COMMERCE Committee considered:

SB 78

SENATE BILL NO. 78

USE OF DRUGS BY OPTOMETRISTS

"An Act relating to the use and prescription of pharmaceutical agents in the practice of optometry."

recommends it be replaced with the following committee substitute _____ the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____ (Dept/Date)

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) DEED 3/7/00

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>		KEEP	<input checked="" type="checkbox"/>	
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>			<input checked="" type="checkbox"/>	
<i>[Signature]</i>		<input checked="" type="checkbox"/>		
<i>[Signature]</i>			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE

[Signature]

3-31-2000

FISCAL NOTE

**STATE OF ALASKA
2000 LEGISLATIVE SESSION**

No. 2
Bill Version: SB 78
(S) Publish Date: 3-7-00

Revision Date/Time (Note if correction) _____	Dept. Affected <u>Community & Econ Dev.</u>
Title <u>An Act relating to the use and prescription of</u>	BRU <u>Occupational Licensing</u>
<u>pharmaceutical agents in the practice of optometry.</u>	Component <u>Occupational Licensing</u>
Sponsor <u>Senate Labor & Commerce</u>	
Requester <u>Senate Rules</u>	Component Serial No. <u>2360</u>

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: 0.0

POSITIONS

POSITIONS	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
New funds are not required to implement this bill.

Prepared by <u>Jennifer Strickler, Administrative Manager</u>	Phone <u>(907) 465-2144</u>
Division <u>Occupational Licensing</u>	Date/Time <u>1/14/2000 3:11 PM</u>
Approved by Commissioner <u>Deborah B. Sedwick</u>	Date <u>1/14/00</u>
Agency <u>Community & Economic Development</u>	

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STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-4925
(800) 821-4925 (TOLL FREE)
(907) 465-3517 (FAX)

SENATOR JERRY MACKIE
SENATE MAJORITY LEADER


March 16, 2000

RECEIVED

MEMORANDUM

MAR 16 2000

To: Representative Rokeberg, Chair
House Labor & Commerce Committee

From: Senator Mackie, Chair 
Senate Labor & Commerce Committee

Re: Schedule for SB 78, Use of Drugs by Optometrists.

I would appreciate a Labor and Commerce Committee hearing on SB 78 at your earliest convenience. Attached is a sponsor statement and some back up information.

Thank you for your consideration of this request.



Official Business

Alaska State Legislature

State Capitol
Juneau, AK 99801-1182

SPONSOR STATEMENT

SB 78, OPTOMETRY SCOPE OF PRACTICE

Optometry is a primary health care profession that examines, diagnoses, and treats disorders of the human eye and its appendages, utilizing diagnostic and therapeutic medications, methods, and procedures in accordance with professional training and competency.

Historically, medical doctors have enjoyed unlimited legislative trust in their scope of practice. However, the methods and procedures used by other limited license health care professions (optometrists, dentists, podiatrists, nurse practitioners, et. al.) are determined in regulations by their respective state boards.

In the past, Alaska's doctors of optometry have had their scope of practice unduly restricted by outdated state statutes. For every new advance in technology, optometry has had to return to the legislature to revise these statutes in order to practice at the highest standard of care.

In 1988, the statutes were updated to allow optometrists to use diagnostic drugs. Alaska's Legislature was the last out of 50 states to pass this law. In 1992, the prescribing of therapeutic drugs to treat eye diseases was authorized, and Alaska was the 32nd state to pass such legislation. However, due to a compromise in the original bill, only topical medications were included at that time.

Currently in the U.S., all 50 states authorize optometrists to prescribe drugs, with 34 states allowing oral or systemic drugs, while 16 states, including Alaska, further restricted to topical drugs only. One state authorizes the use of lasers by optometrists.

Last session, a bill was introduced and heard that would expand the scope of optometry to include all medications for the eye, as well as the use of lasers and limited surgical procedures for qualified optometrists. SB 78 only allows qualified optometrists to prescribe and use medications related to the eye (and for emergency anaphylaxis).

This change will allow Alaskan optometrists to practice at the currently accepted standard of care. It will provide Alaskan residents improved access to quality, cost-effective eye care.



Rick D. Swearingen, O.D.
Erik D. Christianson, O.D.

February 18, 2000
Senator Jerry Mackle
State Capitol
Juneau, AK 99801-1182

RE: Senate Bill 78 " An Act relating to the prescription of pharmaceutical agents in the practice of optometry."

Senator Mackle,

My name is Erik Christianson and I am an optometrist in Ketchikan. I currently practice in a partnership with Rick Swearingen, O.D. I wanted to bring your attention to a bill that is coming up for a vote in the senate in the near future. SB 78 is a bill that will allow optometrists with therapeutic credentials to add oral and injectible medications to our treatment options for diseases of the eyes and surrounding structures. As I am sure you are aware, optometrists in Alaska with a license endorsement are allowed to use topically applied medications to treat eye disease (see AS 08.72.272). Currently all 50 states have statutes that allow optometrists to use topical medications and 23 states allow oral and injectable medications. The push to allow optometrists to treat eye disease and expand their scope of practice has paralleled improvements in optometric education and eye care technology. Optometrists are considered physicians by major medical insurance carriers. This insurance includes Medicare and Medicaid. Since we are considered physicians we need to be allowed to use all of the tools we have been trained to use in the treatment of eye disease.

Optometric treatment of eye disease with topical medications in Alaskan patients has been successful. In the past medicine, particularly the medical eye sub-specialty ophthalmology, had been against changes in the scope of optometric practice. Since optometrists have been allowed to use topical medications our working relationship has improved with ophthalmology. By working together for the mutual benefit of our patients we have gained greater respect for the strengths each discipline brings to eye care. Alaskan optometrists have "talked the talk and walked the walk" with regard to topical treatment of eye disease. I was appointed to the Alaska Board of Optometry in June of 1998. In my time on the board we have not had a single incident regarding improper use of pharmaceuticals. In general, I believe that other members of the Alaska medical community see this as a good thing for Alaska patients.

Optometrists are the most widely distributed and accessible eye care providers in your district. Ophthalmology is only available on a full-time basis in Juneau. Ketchikan serves as a service hub for southern Southeast Alaska. Metlakatla, Hyder, Meyers Chuck, and the communities on Prince of Wales Island receive much of their medical care here. Ketchikan currently has 2-3 optometrists practicing full-time and ophthalmology 1 week per month. I travel on a frequent basis to provide full scope eye care in Metlakatla and Craig. DAILY our clinic receives referrals for treatment of all types of eye problems from Ketchikan General Hospital, Annette Island Service Unit in Metlakatla, Seaview Medical Clinic in your hometown of Craig, AK; Alicia Roberts clinic in Klawock, Ketchikan Indian Corporation Tribal Health Clinic; USCG Health Services, ALL of the local private medical clinics in Ketchikan, and Public Health nursing.

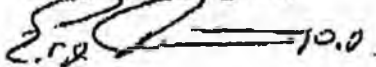
F:\APPS\MSOFFICE\KECC\DOCTOR\senator2.doc
02/18/00

1

551 Carlanna Lake Road
Ketchikan, Alaska 99901
907-225-2020
Fax: 907-247-2015

Patients throughout your senate district depend on optometrists to be their eye care providers. We have built their trust and have worked hard to keep it. Medical professionals increasingly turn to optometrists as one of their options for treatment of eye problems that they feel is beyond their scope. Allow us to have the additional tools necessary to treat our patients and your constituents more effectively. **Vote YES on SB 78.**

Professional Regards,



Erik D. Christianson, O.D.

P.S. As I am writing this letter I have been asked to see a patient referred from Scaview Medical Center in Craig, AK. This patient has been hospitalized at Ketchikan General with an acute infection of the tear drainage duct. Dr. Williams Anthes is her primary physician, but has asked me to use my expertise to help him with her care. Treatment for this will entail the use of topical, oral, and IV medications. Currently I am called on to make the diagnosis and start treatment for my eye care patients. When oral or other systemic medications are called for I must track down the referring doctor, tell them what is needed, and ask the referring doctor to call the prescription to a pharmacy. This is time consuming, inefficient, and frustrating for me and my patients. I need to have the full range of medications at my disposal to be able to treat eye disease. This will make me the best I can be at my job...for the benefit of Southern southeast patients

Optometric Physician

Medical Park Suite 202
2211 E. Northern Lights Blvd.
Anchorage, AK 99508
(907) 276-2080
(907) 276-2081 Fax



American Optometric Association

JEFFREY A. GONNASON, O.D.

SB 78: Prescription of Pharmaceutical Agents in the Practice of Optometry

Currently, Alaskan optometrists with a therapeutic drug endorsement issued by the State Board, may prescribe drugs to treat conditions of the eye, but are restricted to only "topical" drugs, such as eye drops.

While topical medications are often effective, there are conditions of the eye that require systemic medications for proper treatment under accepted standards of care.

The most common examples are:

1. Antibiotics for infection, such as certain eyelid conditions.
2. Pain medication, as eye pain can be very severe.
3. Oral drugs that treat dangerously high eye pressure.

This bill restricts the prescribing to only those optometrists who have obtained a therapeutic endorsement to their license by the Board.

This bill allows all approved medication for ONLY treating the eyes and their appendages. No other conditions outside of the scope of practice of optometry may be treated, with the exception of emergency anaphylaxis.

Some medications are classified "controlled substances" by state and federal law, which puts them into schedules according to danger potentials, with Schedule I the greatest, followed by Schedule II and so on. This bill does NOT ALLOW licensees to prescribe Schedule I or II, even though the professional training would warrant it. There are very few conditions that might require Schedule I or II, and restricting them may provide a comfort level without unduly limiting the tools of our profession. Most other states restrict Schedule I & II, as does this bill.

This Legislature trusted optometry in 1988 and again in 1992, and we have shown ourselves to be reasonable, competent, and trustworthy of our expanded privileges. As of now, there have been no complaints of harm to the Division of Occupational Licensing with regards to use of medications. Malpractice insurance rates have stayed the same in states with or without prescribing privileges.

The reason for this legislation is to provide much better access to high quality, affordable, and cost effective eye care for Alaskans.



EDUCATION OF THE DOCTOR OF OPTOMETRY

To establish perspective, there is value in comparing the general characteristics of the education of selected health professionals: optometry, medicine, podiatry, nursing and pharmacy.

Perhaps the most current review is reported by Robert F. Rushmer, M.D.¹ noted author and Director, Center for Advanced Studies in Biomedical Sciences, School of Medicine, University of Washington. He observed that each has state board requirements; all but pharmacy have national boards. All these educational institutions require accreditation at regular intervals. The admission requirements for medicine are less specific or demanding than in some other categories.

Each of these educational processes involves some years of basic sciences, preclinical education and clinical experience. Rushmer concludes, "In general, the basic educational experience of these five professions are remarkably similar and cannot account for consistent under utilization of 'non-medical' health professionals."

Addressing the concern for the provision of primary care, Dr. Rushmer makes the observation that the numbers of general practitioners and family physicians are grossly inadequate to afford the luxury of initial contact with physicians as the standard procedure; this is compounded in remote areas and central cities.

He points to the need for utilization of other health professions. Dr. Rushmer states, "Pharmacists undoubtedly have a sounder education in the details of dosage and distinctions among pharmaceutical agents than do physicians. Similarly, optometrists have a more extensive exposure to the basic principles of physiological optics than do physicians."

"From earliest times, the training of physicians has been based in large measure on apprenticeship, and vestiges of this orientation are clearly visible today in the clinics and the wards of teaching hospitals." "The residents, training to be specialists, usually serve as surrogate faculty for both interns and medical students." In contrast the training of optometrists can be described as a combined didactic, laboratory and clinical curriculum, the design of which has many parallels to dentistry.

By being exempt from the provisions of the statutes governing the practice of optometry, physicians in general are legally entitled to test eyes and prescribe glasses. Ophthalmologists complete a three year apprenticeship-style residency program concerning diseases of the eye; ophthalmology being a subspecialty of surgery. Beyond that of general medicine no licensing is required to practice ophthalmology.

In comparing the specialties Dr. Rushmer states, "...the upgraded curricula of optometry schools generally provide more extensive basic knowledge, training and experience in correcting refractive errors that most ophthalmologists receive. Training and clinic experience in detection of eye pathology now renders recent graduates of optometry school capable of filling an extremely important role in this specialized area of health care. The persistent opposition of the medical profession has retarded but only partially impeded optometrists from providing ever expanding service in the care of the eye."

1. Rushmer, R.F.: National Priorities for Health: New York, Wiley, 1980.



American Optometric
Association



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March 17, 1997

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Ben Wong, OD
Lori Youngman, OD

I wish to express strong support for House Bill 195. If enacted, this bill will allow the Alaska Board of Optometry to regulate the procedures and methods that qualified doctors of optometry may use to provide eye care, within established limitations.

Over the past decade, I have had the privilege of co-managing thousands of surgery patients with hundreds of optometrists. I have become familiar with their formal education and I have had the opportunity to observe their clinical skills on many occasions. In my view there is no reason to discriminate or restrict optometrists from utilizing the full extent of their training and competency.

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. Relations between ophthalmology and optometry in general are frequently dominated by competition and turf issues.

As I have observed the expansion of optometry's freedom to use diagnostic drugs and later with the use of therapeutic drugs, I have not seen patients harmed. In fact, the access and availability of eye care has improved. I believe the benefit to the public is maximized when the optometric profession is utilized to the fullest extent of its training and competency.

As a licensed ophthalmologist in Alaska, I strongly support House Bill 195.

Specializing In:

Cataract Surgery

*Surgery to Correct
Nearsightedness,
Farsightedness and
Astigmatism*

*Glaucoma
Consultation
and Surgery*

*Corneal Transplants
and Disorders of the
Eye's Surface*

Eyelid Surgery

*Retinal Care
and Surgery*

Sincerely

Robert O. Ford, M.D.

Family Vision Center at Wal-Mart**Dr. Charles A. LeKites**

P.O. Box 242771 - Anchorage - AK - 99524-2771 - (907) 563-8803

April 12, 1997

Health, Ed, & Social Services Committee (HESS)
State Capitol
Juneau, AK 99801

To Whom It May Concern:

As a member of the United States Public Health Service I have worked in a rural setting - 500 miles from the nearest Ophthalmologist. My responsibilities for providing health care were very broad in that setting. As a member of the Hospital Staff in Bethel, I had the privilege to prescribe oral medications, and to order diagnostic imaging and lab testing. As the expert in eye care for the Yukon-Kuskokwim Delta Region, all visual and ocular cases, as well as systemic problems related to the eye, were seen through the Optometry Clinic. Co-management of patients with Medical Doctors on staff and Ophthalmologists in Anchorage enabled me to safely, efficiently, and cost-effectively handle a wide variety of health problems.

Presently in 33 other states, Optometrists have authority to prescribe oral pharmaceutical agents.

Optometrists possess an education similar to dentists, podiatrists, and medical doctors. None of these practitioners, including general medicine, have the extensive training and education specific to eye disease and ocular pharmacology. Yet of these practitioners, only Optometrists are limited in the use of advanced technology relating to their area of expertise. We have far more extensive education and training in the use of highly specialized instrumentation for the eye than do general medical doctors, nurses, and health aides that are currently allowed to treat eye disease in Alaska.

The reason for HB195 is to provide much better access to quality, affordable, and cost-effective eye care for Alaskans. This is especially true for our small towns and villages.

Thank you for your time in considering the merits of HB195. Please support HB195. I believe that it is in the better interest of Alaskans as a whole.

Cordially,



Dr. C.A. LeKites
Optometric Physician

cc Rep. Con Bunde
Rep. Joe Green
Rep. Brian Porter
Rep. Fred Dyson
Rep. J. Allen Kemplen

ALASKA STATE LEGISLATURE
LEGISLATIVE BUDGET AND AUDIT COMMITTEE
Division of Legislative Audit



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October 4, 1995

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 of the Alaska Statutes, the attached report is submitted for your review.

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
BOARD OF EXAMINERS IN OPTOMETRY

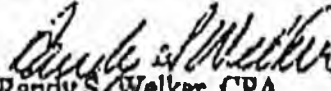
October 4, 1995

Audit Control Number
08-1436-96

This audit was conducted under the requirements of AS 44.66.050 and the authority of AS 24.20.271(1). In the report we assess the operations and performance of the Board of Examiners in Optometry utilizing the criteria set out in AS 44.66.050(c). This criteria relates to assessing the demonstrated public need for a given board, commission, agency, or program subject to the sunset review process. Currently under AS 08.03.010(c)(19), the Board of Examiners in Optometry is scheduled for termination on June 30, 1996. The board would be allowed one year in which to conclude its affairs.

In our opinion, the Board of Examiners in Optometry should be reestablished. The regulation and licensing of qualified professionals is necessary to protect the public's health, safety, and welfare. We recommend that the legislature extend the Board of Examiners in Optometry until June 30, 2002.

The audit was conducted in accordance with generally accepted government auditing standards and the criteria set out in AS 44.66.050(c). Fieldwork procedures utilized in developing this report are discussed further in the Objectives, Scope, and Methodology section on page one.


Randy S. Welker, CPA
Legislative Auditor

ANALYSIS OF PUBLIC NEED

Limited Analysis

The following analyses of board activities relate to the public need factors defined in the "sunser" law, AS 44.66.050. These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

~~The board to which the board, commission, or program has operated in the public interest.~~

The Board of Examiners in Optometry has operated in the public interest. The board has spent considerable time in developing regulations for basic education, training, and establishing licensure and licensure endorsement requirements. Further, the board pursued passage of legislation furthering the public interest, health, and welfare.

The board developed, and the legislature passed, two amendments to the optometry statutes during the 1992 legislative session — AS 08.72.175(a) dealing with license endorsements, and AS 08.72.272, which related to the use of pharmaceutical agents. Further, the board developed and the legislature passed, legislation to enact AS 08.72.273. The statute allowed optometrists to remove foreign objects from the eyes of patients. The board, in conjunction with the Department of Law, developed companion regulations related to these statutory changes.

The amendments and enacted legislation furthered the public's interest, health, and welfare by allowing optometrists to perform non-invasive, non-surgical practices only licensed ophthalmologists or physicians were previously allowed to perform. Before amendment and enactment of these laws patient care choices were more restricted, potentially more costly, and the potential for misdiagnosis and mistreatment of eye conditions and diseases was higher.

As an example, in the past when optometrists visited remote areas of the State to perform optometry examinations they were not allowed to prescribe and use topical pharmaceutical agents or remove foreign objects. Instead, optometrists would have to refer the patient to a physician, that in many cases may have less experience or knowledge of the diagnosis and treatment of eye conditions and diseases than the optometrist.³ If a physician was not available, the patient would either have to wait for an ophthalmologist or physician to arrive, or would have to fly out to receive proper treatment from an ophthalmologist.

³The term "physician" is used in context to refer to a medical doctor practicing general medicine.

The extent to which the operations of the board has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted and any other matter, including budgetary, financial and personnel matters.

The board's operations have been impeded by the following:

1. Administrative bottlenecks caused by the relatively short period that is set out in statute between the time an applicant can apply for licensure and examination (See Recommendation No. 1). These inefficiencies have been exacerbated by OccLic requiring applicants to submit documentation not required by either statute or regulation (See recommendation No. 2).
2. The board operated for extended periods of time without a public member because ex-Governor Hickel and current Governor Knowles did not make appointments in compliance with state board statutes (See Recommendation No. 3).

The extent to which the board, commission, or agency has recommended statutory changes that are generally in the public interest.

The board made several statutory recommendations that were adopted by the 1992 legislature. As discussed earlier in this section, the board supported passage of legislation that allowed properly credentialed optometrists to utilize topical therapeutical agents and to non-invasively remove superficial foreign bodies from the eye. This bill benefited the public by increasing the number and types of services optometrists are able to provide patients without having to refer them to either general practitioners (physicians) or ophthalmologists. Often referrals of this nature required patients to travel from rural areas of the State to metropolitan centers to receive these services. Requiring these individuals to travel potentially increased the risk of damage to their eyes and the costs of their treatment.

In addition, the board also recommended amending AS 08.72.159 related to the application for examination to extend the filing date for submission of verification documentation by applicants for examination and licensure from 15 to 60 days before examination. This measure was not adopted into law (See Recommendation No. 1 for further discussion).

Results of our review determined the board's second recommendation was in the public interest. The amendment would have allowed the licensing examiner more time to ensure applicants submitted all required documentation supporting their applications before the board's review of their application files for approval to sit for examination and be licensed.

During FY 95 the board also recommended new legislation to allow nonresident optometrists to assist or substitute for a licensed Alaskan optometrist. This recommended legislation, House Bill (HB) 168, "An Act relating to temporary permits for certain optometrists" would create

Optometry Responds to the Opposition

Should Alaska Authorize Optometrists to Prescribe Oral Medication?

1. *"Optometrists are not physicians, they lack education & training thereof."*

The training in the use of pharmaceuticals is essentially the same in the 4 years of optometry school as it is in the 4 years of medical or dental school. This has been the case since 1972. (see attachments A & B).

2. *"It's not a turf issue, it's a quality of care issue. If the legislature wants to second guess what historically has been considered the "practice of medicine" by doctors, then so be it." Dr. Gordon List, MD, President, Alaska State Medical Association*

The legislatures in 37 states have already authorized optometrists to prescribe oral medications. (See attachment C). Educational & other qualifications were thoroughly scrutinized in order to make that assessment. Finally, indications are that professional liability claims in states allowing prescription privileges are *lower* than states that have severely restricted the practice of optometry. (See attachment D).

3. *Will Alaskans benefit from passage of SB 78?*

Yes, by updating statutes to what has become the national norm, availability, accessibility & cost effectiveness of eye care for Alaskans will increase. Just as it has in other states.

Optometrists are the optimal primary providers for ocular health.

- ◆ Education of optometrists is rigorous, extensive & more than adequate for the safe & effective prescription of medication for the treatment of eye disease;
- ◆ Optometrists are the primary source of eye care for patients & they are widely distributed & available.
- ◆ The access & availability of eye care is improved when the optometry profession is utilized to the fullest extent of its training & competency.
- ◆ It is a waste of healthcare dollars when a patient must consult with the ophthalmologist ~ a medical specialist for medication when an optometrist is trained & capable of functioning in that capacity.
- ◆ Protecting the ophthalmologist's turf & market share costs employers & patients alike.

Attachment A

**Comparison of Education
Of
General Practitioner & Optometrist**

COMPARISON OF EDUCATION OF GENERAL PRACTITIONER & OPTOMETRIST

GENERAL PRACTITIONER*	OPTOMETRIST**
Undergraduate School	Undergraduate School
Medical School (4 Years)	Optometry School (4 Years)
Systemic Disease 9 hrs. ^{***}	Systemic Disease6.5 hrs. ^{***}
Pathophysiology (Does NOT include ocular disease) 9	Pathophysiology (Includes ocular disease)12.0
TOTAL <u>18</u>	TOTAL <u>18.5</u>
Pharmacology..... 8	Pharmacology..... 9.5
Human Anatomy & Physiology.....29	Human Anatomy & Physiology.....17.0
Neurophysiology..... 6	Neurophysiology..... 4.5
TOTAL <u>35</u>	TOTAL <u>21.5</u>
Clinical experience in ocular conditions and disease..... 4	Clinical experience in ocular conditions and disease..... 47

General Practitioners have a 1-year internship after medical school, but the internship is in a hospital and the General Practitioner would not be likely to see routine ocular problems.

- * Hours reported in CU Health Sciences School of Medicine Schedule of Courses 1987-88.
- ** Hours reported in The Southern California College of Optometry 1987-89 catalog.
- *** Hours reported in quarter hours, not classroom hours.

Attachment B

An Analysis of Pharmacology Training

In Schools of

Optometry, Medicine & Dentistry

An Analysis of Pharmacology Training in Schools of Optometry, Medicine and Dentistry

Marti Waigandt, B.S.
Alex Waigandt, Ph.D.

Introduction

In recent years, a great deal of controversy has existed over the issue of drug licensure for optometrists. Members of the medical community have come out on both sides of the issue, some stating that optometrists are neither qualified to use nor require pharmaceuticals in practice and others stating that pharmaceuticals are both necessary and important in optometric practice.^{1,2,3}

The role of the optometrist has changed markedly from the mid-19th century entrepreneur who merely corrected refractive errors to the highly skilled professional licensed to examine, diagnose and treat conditions of the visual system.^{4,5} In addition to correcting refractive errors, the optometrist can often recognize early stages of pathological conditions such as diabetes, hypertension, arteriosclerosis, cataracts and glaucoma.⁶ Since many of these conditions are asymptomatic at the onset, it is of vital importance that optometrists serve as portals of entry and make referral to the appropriate health care provider.⁷ Optometrists refer 5.6 percent of their patients each week.⁸ Improved and more complete ocular and visual care would undoubtedly be accomplished with the use of pharmaceutical agents. This would

result in increased benefits and service to the patient. With the use of these agents, the training and skills of the optometrist would be maximized.

Not only has the role of the optometrist expanded, but so has the public need for his services. In the United States, approximately two out of every five persons require eye care, most of which is provided by optometrists.⁹ Approximately 19,300 optometrists currently provide eye and vision service to 69 percent of the counties in the United States. About 9,500 active ophthalmologists provide service in only 33 percent of the counties in the U.S. and they are concentrated primarily in metropolitan areas.¹⁰ Therefore, where a large proportion of the population has no access to an ophthalmologist they may have access to an optometrist.¹¹ It is important that every adjunct to diagnosis, including pharmaceutical agents, be made available to the optometrist in order to serve the public.

With regard to the diagnostic agents utilized by optometrists, the risks of adverse drug reactions are minimal. The safety and efficacy of these drugs has been established and substantiated in the professional literature.^{12,13,14} One study showed that, for an 85 year period, "possibly ten deaths were reported associated with the topical application of these drugs, but only when misused."¹⁵ Additionally, use of diagnostic pharmaceutical agents by optometrists in England, the United States Armed Services and in over thirty states in which use of these drugs is allowed

has not resulted in any incidence harmful to the welfare of the public.¹⁶

The public need for optometrists to use drugs has been stated and the safety of these drugs has been demonstrated. Therefore, the question is: Are optometrists qualified to use pharmaceuticals? It is the intent of this study to analyze optometrists in terms of academic qualifications as compared to clinicians currently licensed to use pharmaceuticals.

Methods

Fourteen states contain colleges of optometry: Alabama, California, Illinois, Indiana, Massachusetts, Michigan, Missouri, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee and Texas. These states were designated as study states and collectively contain 111 colleges of medicine, dentistry and optometry. Of these school types, 37 colleges of medicine, 31 colleges of dentistry and 15 colleges of optometry were selected for participation in the study. The department chairperson or director of pharmacology in each school was identified as the study respondent.

Data were generated from the subjects' responses to an instrument whose purpose was to query the amount of hours devoted to the study of pharmacology. The investigation, being descriptive in nature¹⁷ viewed hours spent in each of 13 major pharmacology study categories and total class hours in the study of pharmacology as separate dependent variables. These categories included: (1) basic principles in pharmacology, (2) drug effects on the nervous

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system, (3) psychopharmacology, (4) central nervous system stimulants and depressants, (5) anesthetics, (6) cardiovascular agents, (7) ocular pharmacology, (8) respiratory and gastrointestinal tract agents, (9) endocrine pharmacology, (10) chemotherapy, (11) poisons and antidotes, (12) drug interactions and (13) prescription writing. A 14th variable involved the total hours each school type spends on the study of pharmacology. This instrument was designed through a review of the literature¹⁸ and with the consultation of experts in the field; and, indicative of a pharmacology education sequence for health practitioners.

Results from the instrument were analyzed using the statistical package for the social sciences (SPSS) and calculated on an AS 9000 computer system at a major university. Treatment of the data was performed implementing: (1) descriptive tables utilized to analyze the demographic data, (2) means, standard deviations and analysis of variance (ANOVA) to analyze the major pharmacology study categories and (3) comparative analyses on the major pharmacology study categories whose F-ratio indicated significant differences. The .01 level was selected for statistical significance.

Results

Of the 83 schools surveyed, 41 schools responded (49.4 percent response rate overall). (Note: Several schools responded after the study deadline of May 1, 1984, but those data are not reflected in these results.) Eight were schools of optometry (53.3 percent response rate), 19 were schools of medicine (51.3 percent response rate) and 14 were schools of dentistry (45.2 percent response rate). Table 1 presents the states surveyed and the schools whose responses are reflected in the research data. With only one exception (Massachusetts), every state is represented by at least one school type and five states are represented by all school types studied.

The results of the pharmacology study questionnaire in terms of mean responses and statistical comparisons between the study groups in each of the 14 categories are presented in Tables 2, 3 and Figure 1. Table 2 presents means, standard deviations and analysis of variance of classroom hours spent on major pharmacological study categories for

TABLE 1
States surveyed and schools reflected in the research data

State	School Type	Number of Schools Responding
Alabama	Optometry	1
	Medical	2
	Dental	1
California	Optometry	2
	Medical	3
	Dental	1
Illinois	Optometry	1
	Medical	2
	Dental	1
Indiana	Optometry	1
	Medical	1
	Dental	0
Massachusetts	Optometry	0
	Medical	0
	Dental	0
Michigan	Optometry	0
	Medical	1
	Dental	1
Missouri	Optometry	1
	Medical	0
	Dental	0
New York	Optometry	0
	Medical	2
	Dental	1
Ohio	Optometry	1
	Medical	2
	Dental	2
Oklahoma	Optometry	0
	Medical	1
	Dental	1
Oregon	Optometry	0
	Medical	0
	Dental	1
Pennsylvania	Optometry	0
	Medical	2
	Dental	3
Tennessee	Optometry	0
	Medical	2
	Dental	0
Texas	Optometry	1
	Medical	1
	Dental	2
TOTAL		41

the school types. Table 3 shows the comparisons between school type for major pharmacology study category whose F-ratio indicates significant differ-

ences. Figure 1 illustrates the total class hours in pharmacology training for schools of optometry, medicine and dentistry.

Basic Principles in Pharmacology

The range of hours in category 1 of the instrument is 15. Four schools spend only three hours and two spend 18 hours on this category. The overall mean for the entire sample is 8.71 hours. An F-ratio of 5.48 shows that there are significant differences among the three school types in hours spent in this study category.

Schools of optometry are not significantly different than either schools of medicine ($t=2.51$, $df=16.2$, $p=.02$) or schools of dentistry ($t=0.04$, $df=14.3$, $p=.97$). Medical schools do, however, spend more hours on this category than schools of dentistry ($t=3.01$, $df=30.8$, $p=.005$).

Drug Effects on the Nervous System

The second category for comparison within the pharmacology study instrument involves class hours spent studying drug effects on the nervous system. The range of hours was found to be 23 with two schools spending only five hours and one school spending 28 hours on this category.

The mean is 13.24 overall and an F-ratio of 8.61 showed that there are significant differences among the three school types on this category of the instrument. Comparatively, optometrists and dentists do not differ on this category ($t=0.99$, $df=13.1$, $p=.922$), whereas medical schools devote more hours than either optometry ($t=2.97$, $df=14.8$, $p=.009$) or dental schools ($t=3.83$, $df=30.9$, $p=.001$).

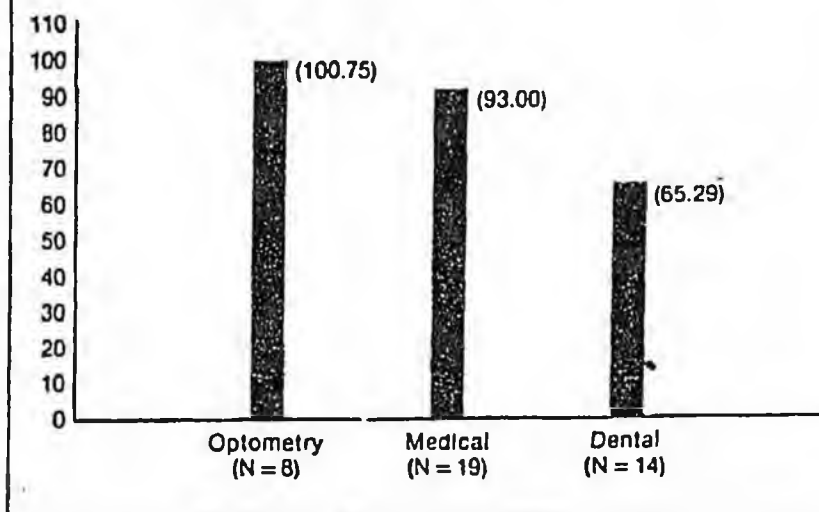
Psychopharmacology

The range for hours spent teaching psychopharmacology is 10. The grand mean for this category is 4.75 with the three school types averaging between four and six class hours. According to the calculations, there are no significant differences ($F=1.74$, $p=.189/n.s.$) among optometry schools ($\bar{X}=4.37$, $SD=3.25$), schools of medicine ($\bar{X}=5.47$, $SD=2.24$) and schools of dentistry ($\bar{X}=4.00$, $SD=1.80$).

Central Nervous System Depressants and Stimulants

The fourth category within the questionnaire involves classroom hours spent on the CNS depressants and stim-

FIGURE 1
Total Class Hours in Pharmacology Training for Schools of Optometry, Medicine and Dentistry



ulants. No significant differences are present among schools of optometry, medicine and dentistry for hours spent in this content area ($F=1.02$, $p=.368/n.s.$). The three school types average between seven and ten class hours on the CNS depressants and stimulants.

Anesthetics

The hourly range on the instrument category identified as anesthetics is 10. The overall mean for the entire sample is 4.63. Although schools of optometry and medicine are not significantly different in this category ($t=1.56$, $df=21.0$, $p=.133$), an F-ratio of 6.91 indicates that significant differences do exist among the three groups. The comparisons between schools on hours spent teaching anesthetics show that schools of optometry require significantly less hours than schools of dentistry ($t=3.80$, $df=18.9$, $p=.001$).

Cardiovascular Agents

Category six within the pharmacology study questionnaire deals with cardiovascular agents. An F-ratio of 14.31 shows that significant differences exist among the school types on this category. According to the analysis, optometry schools and schools of dentistry do not differ on this category ($t=1.24$, $df=19.8$, $p=.229$). The

mean hours for schools of medicine ($\bar{X}=12.26$) fall above the grand mean of 9.49 and indicate that medical schools spend more time on cardiovascular agents than dental schools and schools of optometry (Med vs Den, $t=3.74$, $df=23.8$, $p=.001$; Med vs Opt, $t=6.41$, $df=20.7$, $p=.000$).

Ocular Pharmacology

The seventh category within the instrument asks for classroom hours spent on ocular pharmacology. The overall mean hours spent by the sample schools is 7.12. According to the data, schools of optometry average ($\bar{X}=34.00$) more than the grand mean whereas medical and dental schools spend less time than the overall average ($\bar{X}=0.63$ and 0.57 respectively). All three groups had relatively large standard deviations that indicate extensive variability.

The results of the analysis of variance (ANOVA) show that there are statistically significant differences among the groups on this category of the pharmacology study questionnaire. The comparative analyses show that optometry schools spend more hours than schools of medicine ($t=8.97$, $df=7.0$, $p=.000$) and schools of dentistry ($t=8.94$, $df=7.0$, $p=.000$) teaching ocular pharmacology to their students.

TABLE 2
Means, Standard Deviations and Analysis of Variance of Class Lecture Hours Spent on Major Pharmacological Study Categories by Optometry, Medical and Dental Schools

Category	Optometry N = 8 \bar{X} (SD)	Medical N = 19 \bar{X} (SD)	Dental N = 14 \bar{X} (SD)	Grand Mean (SD)	F-ratio	F
Basic Principles In Pharmacology	7.12 (3.04)	10.58 (3.75)	7.07 (2.95)	8.71 (3.36)	5.48	*
Drug Effects on Nervous System	10.75 (4.23)	16.26 (4.76)	10.57 (3.71)	13.24 (4.33)	8.61	**
Psycho- pharmacology	4.37 (3.25)	5.47 (2.24)	4.00 (1.80)	4.75 (2.37)	1.74	n.s.
CNS Stimulants and Depressants	7.75 (3.72)	9.89 (4.21)	8.57 (3.20)	9.02 (3.84)	1.02	n.s.
Anesthetics	3.12 (1.13)	4.05 (1.93)	6.29 (2.73)	4.63 (2.13)	6.91	*
Cardiovascular Agents	6.12 (1.88)	12.26 (2.99)	7.64 (3.83)	9.49 (3.15)	14.31	***
Ocular Pharmacology	34.00 (10.57)	0.63 (0.89)	0.57 (0.65)	7.12 (4.59)	170.14	***
Respiratory and GI Tract Agents	2.00 (1.77)	3.26 (1.66)	2.29 (2.02)	2.68 (1.85)	1.88	n.s.
Endocrine Pharmacology	5.50 (2.83)	7.11 (3.40)	4.14 (2.51)	5.78 (3.23)	3.93	n.s.
Chemotherapy	8.37 (4.75)	14.05 (5.50)	8.64 (4.24)	11.10 (4.96)	6.28	*
Poisons and Antidotes	1.00 (1.07)	3.31 (2.56)	1.35 (1.22)	2.19 (1.96)	5.90	*
Drug Interactions	1.50 (0.93)	1.47 (0.70)	1.71 (0.99)	1.56 (0.84)	0.35	n.s.
Prescription Writing	1.12 (0.64)	1.11 (0.87)	1.64 (1.15)	1.29 (0.95)	1.46	n.s.
Total Hours in Pharmacology	100.75 (14.24)	93.00 (15.47)	65.29 (19.40)	85.05 (16.71)	15.46	***

*p < .01 **p < .001 ***p < .0001

Respiratory and Gastrointestinal Tract Agents

An analysis of variance (ANOVA) conducted on responses to category eight of the instrument indicate that optometry, medical and dental schools are not significantly different ($F = 1.88$, $p = .166/n.s.$) in terms of hours spent teaching respiratory and GI tract agents.

The overall mean, in terms of hours, is 2.68 and the schools devote an average of two to four hours on this category.

Endocrine Pharmacology

The ninth category within the pharmacology study questionnaire deals with hours spent teaching endocrine pharmacology. An F-ratio of 3.93 ($p = .028/n.s.$) indicates that no signifi-

cant differences exist among the school types in terms of hours devoted to this category. All three school types are close to the grand mean of 5.78 class hours.

Chemotherapy

The range of hours the school types spend teaching chemotherapy is 30. Over 40 percent of the schools studied

TABLE 3
Comparisons Between School Type for Significant Differences ($p < .01$)
on Major Pharmacology Study Category

		t-ratio	df	t Probability
Basic Principles In Pharmacology	Optometry and Medical	2.51	16.2	.023
	Optometry and Dental	0.04	14.3	.969
	Medical and Dental	3.01	30.8	.005*
Drug Effects on the Nervous System	Optometry and Medical	2.97	14.8	.009*
	Optometry and Dental	0.10	13.1	.922
	Medical and Dental	3.86	30.9	.001*
Anesthetics	Optometry and Medical	1.56	21.9	.133
	Optometry and Dental	3.80	18.9	.001*
	Medical and Dental	2.62	22.2	.016
Cardiovascular Agents	Optometry and Medical	6.41	20.7	.000*
	Optometry and Dental	1.24	19.8	.229
	Medical and Dental	3.74	23.8	.001*
Ocular Agents	Optometry and Medical	8.97	7.0	.000*
	Optometry and Dental	8.94	7.0	.000*
	Medical and Dental	0.22	31.0	.820
Chemotherapy	Optometry and Medical	2.70	15.3	.020
	Optometry and Dental	0.13	15.3	.890
	Medical and Dental	3.19	30.9	.003*
Poisons and Antidotes	Optometry and Medical	3.31	25.0	.003*
	Optometry and Dental	0.77	16.4	.480
	Medical and Dental	2.92	27.2	.007*
Total Lecture Hours In Pharmacology	Optometry and Medical	1.26	14.3	.230
	Optometry and Dental	4.90	18.5	.000*
	Medical and Dental	4.41	24.2	.000*

* $p < .01$

spend 10 hours or less on this category while only five percent spend more than 20 hours. The grand mean for this category is 11.10 hours. The ANOVA indicates that significant differences ($F = 6.28$) exist among the school type in terms of hours spent teaching chemotherapy.

Optometry schools are not significantly different than medical schools ($t = 2.70$, $df = 15.3$, $p = .02$) or schools of dentistry ($t = 0.13$, $df = 15.3$, $p = .89$). Dental and medical schools are significantly different ($t = 3.19$, $df = 30.9$, $p = .003$), however, with medical schools spending more time on chemotherapy than dental schools.

Poisons and Antidotes

Category eleven within the pharmacology study questionnaire asks for the number of hours the school types spend

on poisons and antidotes. An F-ratio of 5.90 indicates that there are significant differences among the school types on this category. A comparative analysis between school type shows that medical schools spend more time than schools of optometry and dentistry (Med vs Opt, $t = 3.31$, $df = 25.0$, $p = .003$; Med vs Den, $t = 2.92$, $df = 27.2$, $p = .007$) but that optometry and dental schools do not differ on hours spent teaching poisons and antidotes ($t = .88$, $df = 16.4$, $p = .48$).

Drug Interactions

The overall mean within school types for this category of the instrument is 1.56 hours. All three school types average approximately one and a half hours teaching drug interactions. An analysis of variance ($F = 0.35$, $p = .71/n.s.$) conducted on this category indicates

that schools of optometry, dentistry and medicine are not significantly different in terms of hours spent on category twelve.

Prescription Writing

The thirteenth category within the pharmacology study questionnaire involves responses relating to hours spent on prescription writing. No significant differences are found among the school types ($F = 1.46$, $p = .24/n.s.$) with all three school types devoting approximately one hour on this category.

Total Hours in Pharmacology

The last category for comparison within the pharmacology study questionnaire deals with the total classroom hours the school types spend studying pharmacology. The range of hours is 88. Of the schools surveyed, one school

spends only 39 hours teaching pharmacology whereas another spends 127. The overall average within the school types is 85.05 hours. Figure 1 shows a graphic comparison for total class hours in pharmacology training for schools of optometry ($\bar{X} = 100.75$), medicine ($\bar{X} = 93.00$) and dentistry ($\bar{X} = 65.29$).

An analysis of variance indicates that significant differences exist among the groups for total hours spent teaching pharmacology. Comparisons between schools show that no significant differences exist between optometry and medical schools ($t = 1.26$, $df = 14.3$, $p = .23$). This is consistent with what Hegeman found when she compared the pharmacology content for optometry and medical students at Indiana University, Bloomington.¹⁸ Both schools of optometry and medicine devote more total class hours than

schools of dentistry to the study of pharmacology (Opt vs Den, $t = 4.90$, $df = 18.5$, $p = .000$; Med vs Den, $t = 4.41$, $df = 24.2$, $p = .000$).

Conclusions

The safety of the pharmaceuticals in question and the need for optometrists to use such agents has been established. In the opinion of some members of the medical community, optometrists are not properly educated in the area of pharmacology, thus unqualified to utilize pharmaceuticals. However, there is no justification for this belief on the basis of the data presented. Some ophthalmologists are presumptuous enough to believe that they are the only persons qualified to conduct comprehensive eye examinations.²⁰ This may be due to their lack of knowledge regarding academic training for optometrists.

Based upon the results of this study, optometrists receive sufficient training in the area of pharmacology. In no category were optometrists significantly lower than both medicine and dentistry. This indicates that optometry offers at least as much training in any study area as one of the other two health professions.

The significant differences present among the groups can be attributed to the professional requirements. Ocular pharmacology is emphasized for optometry while dentistry spends more time studying anesthetics and medicine, concentrates on cardiovascular agents, drug effects on the nervous system and poisons and antidotes. Therefore, all optometrists should be permitted to utilize ocular pharmaceutical agents in order to provide the maximum benefit and service to the public. □

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16. Transcript of the testimony by Dr. James F. Koetting "Urging support of HB 104 permitting optometrists to use topically applied pharmaceutical agents in the examination of the eye and the evaluation of vision" before the Subcommittee on Health, Committee on Pension, Social Welfare and Public Health, Mississippi House of Representatives, January 26, 1981.
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19. Hegeman S: Comparison of pharmacology courses for optometry and medical students. *J Optom Educ*, 1983; 9(1): 22-23.
20. Antony ML: "Letter to the Louisiana Ophthalmology Association" in Ophthalmic Physicians Education Network, 1976, pp 29-30.

The institutional affiliation of Dr. Rogers Reading was incorrectly identified on page 23 of the Summer 1984 (Volume 10, Number 1) issue of JOE. Dr. Reading is a long-time and respected faculty member at Indiana University School of Optometry. JOE regrets the error.

THE NEW ENGLAND COLLEGE OF OPTOMETRY FACULTY POSITION

Applications are now being accepted for full time clinical faculty positions beginning in the fall of 1985. Applicants must hold an OD degree and be eligible for licensure in Massachusetts. Rank and salary will be awarded commensurate with qualifications and experience. Advanced degrees (e.g., MPH, PhD) or residency training in an area of concentration are desirable. Preference will be given to individuals with advanced education or experience in one or more of the following areas: Contact Lenses, Binocular Vision, Rehabilitative Vision.

Interested persons should send curriculum vitae by March 1, 1985, to:

Dr. Lester E. Janoff
Chairman, Faculty Search Committee
The New England
College of Optometry
424 Beacon Street, Boston MA 02115

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EDUCATION OF THE DOCTOR OF OPTOMETRY

To establish perspective, there is value in comparing the general characteristics of the education of selected health professionals: optometry, medicine, podiatry, nursing and pharmacy.

Perhaps the most current review is reported by Robert F. Rushmer, M.D.¹ noted author and Director, Center for Advanced Studies in Biomedical Sciences, School of Medicine, University of Washington. He observed that each has state board requirements; all but pharmacy have national boards. All these educational institutions require accreditation at regular intervals. The admission requirements for medicine are less specific or demanding than in some other categories.

Each of these educational processes involves some years of basic sciences, preclinical education and clinical experience. Rushmer concludes, "In general, the basic educational experience of these five professions are remarkably similar and cannot account for consistent under utilization of 'non-medical' health professionals."

Addressing the concern for the provision of primary care, Dr. Rushmer makes the observation that the numbers of general practitioners and family physicians are grossly inadequate to afford the luxury of initial contact with physicians as the standard procedure; this is compounded in remote areas and central cities.

He points to the need for utilization of other health professions. Dr. Rushmer states, "Pharmacists undoubtedly have a sounder education in the details of dosage and distinctions among pharmaceutical agents than do physicians. Similarly, optometrists have a more extensive exposure to the basic principles of physiological optics than do physicians."

"From earliest times, the training of physicians has been based in large measure on apprenticeship, and vestiges of this orientation are clearly visible today in the clinics and the wards of teaching hospitals." "The residents, training to be specialists, usually serve as surrogate faculty for both interns and medical students." In contrast the training of optometrists can be described as a combined didactic, laboratory and clinical curriculum, the design of which has many parallels to dentistry.

By being exempt from the provisions of the statutes governing the practice of optometry, physicians in general are legally entitled to test eyes and prescribe glasses. Ophthalmologists complete a three year apprenticeship-style residency program concerning diseases of the eye; ophthalmology being a subspecialty of surgery. Beyond that of general medicine no licensing is required to practice ophthalmology.

In comparing the specialties Dr. Rushmer states, "...the upgraded curricula of optometry schools generally provide more extensive basic knowledge, training and experience in correcting refractive errors that most ophthalmologists receive. Training and clinic experience in detection of eye pathology now renders recent graduates of optometry school capable of filling an extremely important role in this specialized area of health care. The persistent opposition of the medical profession has retarded but only partially impeded optometrists from providing ever expanding service in the care of the eye."

1. Rushmer, R.F.: National Priorities for Health: New York, Wiley, 1980.



American Optometric Association

Attachment C

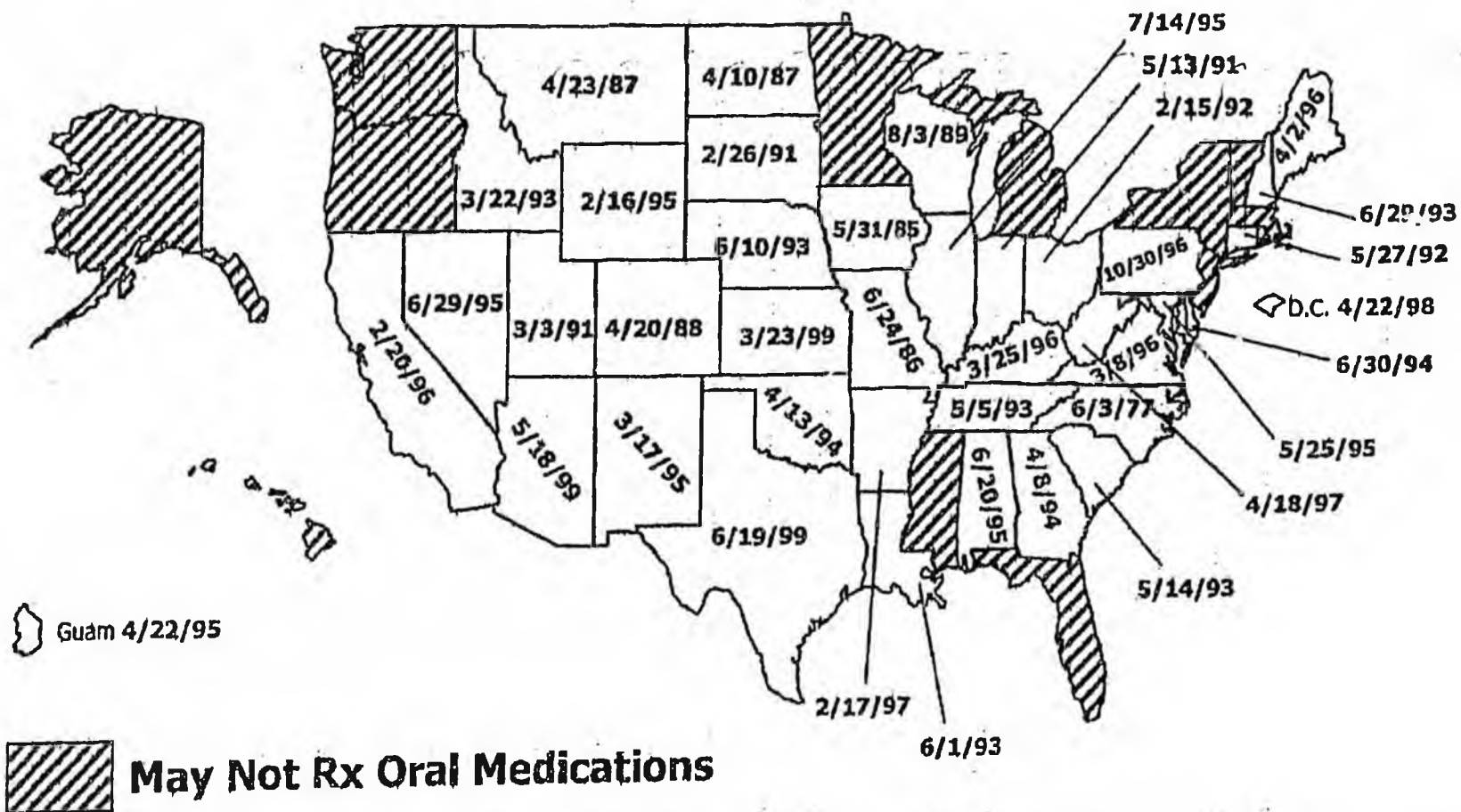
Oral Medication Prescriptive Authority

For

Optometrists

Oral Medication Prescriptive Authority for Optometrists

Original¹ Enactment Dates



 **May Not Rx Oral Medications**

¹ The dates listed on this map represent the first time ANY oral agent(s) prescriptive authority was enacted. In some states additional oral agent prescriptive authority has been gained through amplification legislation at a later date. Please note that in some states oral prescriptive authority may be limited.

July 1999

ORALS¹ PHARMACEUTICAL LEGISLATION BY DATE OF ENACTMENT

1.	NORTH CAROLINA	June 3, 1977
2.	IOWA	May 31, 1985
3.	INDIANA	²
4.	MISSOURI	June 24, 1986
5.	NORTH DAKOTA	April 10, 1987
6.	MONTANA	April 23, 1987
7.	COLORADO	April 20, 1988
8.	WISCONSIN	August 3, 1989
9.	SOUTH DAKOTA	February 26, 1991
10.	UTAH	March 3, 1991
11.	OHIO	February 15, 1992
12.	CONNECTICUT	May 27, 1992
13.	IDAHO	March 22, 1993
14.	TENNESSEE	May 5, 1993
15.	SOUTH CAROLINA	May 14, 1993
16.	LOUISIANA	June 1, 1993
17.	NEBRASKA	June 10, 1993
18.	NEW HAMPSHIRE	June 29, 1993
19.	GEORGIA	April 8, 1994
20.	OKLAHOMA	April 13, 1994
21.	DELAWARE	June 30, 1994
22.	WYOMING	February 16, 1995
23.	NEW MEXICO	March 17, 1995
	GUAM	April 22, 1995
24.	MARYLAND	May 25, 1995
25.	ALABAMA	June 20, 1995
26.	NEVADA	June 29, 1995
27.	ILLINOIS	July 14, 1995
28.	CALIFORNIA	February 20, 1996
29.	VIRGINIA	March 8, 1996
30.	KENTUCKY	March 25, 1996
31.	MAINE	April 2, 1996
32.	PENNSYLVANIA	October 30, 1996
33.	ARKANSAS	February 17, 1997
34.	WEST VIRGINIA	April 18, 1997
	DISTRICT OF COLUMBIA	April 22, 1998
35.	KANSAS	March 23, 1999
36.	ARIZONA	May 18, 1999
37.	TEXAS	June 19, 1999

FOOTNOTE KEY:

- ¹ The dates listed in this chronology represent the first time ANY oral agent(s) prescriptive authority was enacted. In some states additional oral agent prescriptive authority has been gained through amplification legislation at a later date. Please note that in some states oral prescriptive authority may be limited.
- ² 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.

Attachment D

**Maginnis & Associates
Correspondence**



MAGINNIS AND ASSOCIATES

PROFESSIONAL LIABILITY INSURANCE ADMINISTRATORS

February 17, 1999

Honorable Larry Emerton
15 Medford Farms
Goffstown, NH 03045

Dear Mr. Emerton:

Maginnis & Associates has been writing Professional Liability Insurance coverage for Optometrists nationwide for over ten years. Maginnis and the major insurance carriers underwriting this coverage are aware of the increasing use of topical and oral pharmaceutical drugs by Optometrists on a state by state basis. Similarly, we are aware of the corresponding expansion of scope of practice to the treatment of Glaucoma on a state by state basis.

During this time, we have seen no direct correlation between topical or oral pharmaceutical drug usage and the frequency or severity of Professional Liability claims against Optometrists, nor any premium differential between topical/non-topical, oral or non-oral pharmaceutical drug states. Neither have we seen any direct correlation between the extent of such authority and the frequency or severity of Professional Liability claims against Optometrists, nor any premium differential based upon the extent of such authority in various states.

Our current insurance company of record is Chicago Insurance Company, a member of The Fireman's Fund Insurance Group. Chicago Insurance Company and our major competitors do not charge a premium differential for topical/non-topical, or oral/non-oral pharmaceutical usage by Optometrists, nor do they charge any premium differential for differing levels of authority or treatment by Optometrists. As these companies review their rate structure on a regular and frequent basis, and because claims and premiums are so closely related to incidents of harm or injury to patients, we take this as a strong indication that neither the use of therapeutic drugs, nor the extent of prescriptive drug/treatment authority by Optometrists has had any material affect on the Professional Liability exposure.

However, factors which do appear to impact the frequency and severity of professional liability insurance claims and settlements against Optometrists appear related more to socio-economic factors which differ geographically by location of professional practice. Areas of higher population density appear to produce more significant litigation and higher settlements than other areas. For this reason, industry leaders in Optometrists' Professional Liability Insurance, including ourselves, have found it necessary to utilize geographically based territorial distinctions in rate which are not based upon scope of practice variations.

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Honorable Larry Emerton
February 17, 1999

Page Two

Consequently, certain geographic areas command a higher rate than the remainder of the country. Specifically, these higher rated territories include: Los Angeles County, California; Cook County (Chicago), Illinois; Wayne County (Detroit), Michigan; Dallas & Harris counties, Texas; Dade & Broward counties, Florida; and the New York City metropolitan area stretching from Philadelphia County, Pennsylvania, through New Jersey and New York, to and including Connecticut; and the Boston, Massachusetts area.

Interestingly enough, many states having both topical and oral pharmaceutical and glaucoma treatment authority have rates lower than states that do not have such broad authority.

Should you have further questions, please feel free to call or write.

Sincerely,

A handwritten signature in cursive script that reads "William K. Lee". The signature is written in dark ink and is positioned above the typed name and title.

William K. Lee, CPCU
Vice President

Subject: Senate Bill 78

Date: Tue, 14 Mar 2000 09:03:28 -0900

From: Hart Hodges <harth@norecon.com>

To: "Representative_Sharon_Cissna@legis.state.ak.us" <Representative_Sharon_Cissna@legis.state.ak.us>
"Representative_Tom_Brice@legis.state.ak.us" <Representative_Tom_Brice@legis.state.ak.us>
"Representative_Norman_Rokeberg@legis.state.ak.us" <Representative_Norman_Rokeberg@legis.state.ak.us>
"Representative_Jerry_Sanders@legis.state.ak.us" <Representative_Jerry_Sanders@legis.state.ak.us>
"Representative_John_Harris@legis.state.ak.us" <Representative_John_Harris@legis.state.ak.us>
"Representative_Lisa_Murkowski@legis.state.ak.us" <Representative_Lisa_Murkowski@legis.state.ak.us>
"Representative_Andrew_Halcro@legis.state.ak.us" <Representative_Andrew_Halcro@legis.state.ak.us>

Members of Labor and Commerce Committee,

I understand the Senate Bill 78 was recently referred to your committee. I am quite concerned about the implications of SB78 and do not know how to get involved. Attached is a one and one-half page letter/article that I wrote expressing my concerns. Please note that I am an economist by training and have no vested interest in the success or failure of the bill. I am concerned about the bill because I think it sets a very bad precedent and does not make economic sense. (The views in my letter are my own and I have not been asked by anyone to write this letter.)

I would be happy to respond to any questions that you might have if you have the opportunity to read the attached letter.

Best of luck with all of the issues you must address this session.


Sincerely,

Hart Hodges, PhD
Senior Economist
Northern Economics, Inc.
880 H Street, Suite 210
Anchorage, AK 99501

Phone: 907.274.5600
Fax: 907.274.5601
E-mail: harth@norecon.com

RECEIVED
MAR 15 2000

<<SB78.doc>>

 SB78.doc	<p>Name: SB78.doc Type: Winword File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
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To: Members of Labor and Commerce Committee
From: Hart Hodges, Ph.D.
Re: Senate Bill 78
Date: March 13, 2000

RECEIVED
MAR 15 2000

I recently learned that Senate Bill 78 passed the Senate and has been referred to the House Labor and Commerce Committee. Based on my understanding of health economics, I strongly urge you to reject the bill and to request that the bill be revised before it is resubmitted. The bill will not result in lower costs for patients seeking medical treatment for problems related to their eyes (as claimed in the supporting material) and would put many unsuspecting people at risk.

The summary of Senate Bill 78 states that giving optometrists the right to prescribe controlled medications and perform limited refractive surgery would reduce the cost of health care. In most cases, the price for services provided by optometrists and ophthalmologists are based on insurance reimbursements. Reimbursements are often the same, regardless of who the patient sees. For example, there is no difference in the cost of an eye exam conducted by an optometrist or an ophthalmologist. Many people believe that a visit to an ophthalmologist is more expensive than a visit to an optometrist. In fact, the visits typically cost the same.

Many people also believe that ophthalmologist and optometrists have similar training. People are often surprised to learn that optometrists have NO medical training. Optometrists may have good training in refractive techniques and understand the mechanics of the eye, but they do not have medical training and should not be allowed to prescribe controlled medications. Aside from mechanics, the eye is very complex in terms of its relation to the nervous system and the rest of the body. Early manifestations of diseases such as diabetes and AIDS often appear first in the eyes. In turn, medications used to lower eye pressure or control other problems can have a profound effect on the rest of the body. Ophthalmologists are medical doctors. Optometrists are not. Ophthalmologists have been trained in medical school and residency programs to understand the relationship of diseases of the eye and the rest of the body. Optometrists have not had this training and are not in a position to know what certain drugs may do to the heart or other organs, the risks that certain patients may present, and other critical issues. Allowing optometrists to prescribe controlled medications will result in optometrists "getting in over their heads" and patients will need to see a medical doctor for complications that have either lasted longer than necessary or perhaps been made worse by the inappropriate use of medication. In short, Senate Bill 78 will likely result in an increase in the cost of medical services.

Anecdotally, I know of an individual in Anchorage who suffered a mild heart attack after taking medication provided by an optometrist (the medication was intended to control the pressure in the patient's eye and had been supplied to the optometrist by an ophthalmologist who does not reside in the state). The patient ended up in the emergency room and was placed in the care of a local ophthalmologist. The ophthalmologist noted that the drug provided by the optometrist was not appropriate given the other medication used by the patient and the patient's medical history. This story underscores two critical issues. First, the optometrist did not have the medical training to provide proper care for the patient or to prescribe the drug. Second, the cost of health care for this patient was significantly higher than it would have been if the optometrist had not given the medication. This story will repeat itself if SB78 becomes law.

The anecdotal story also invites questions about why the ophthalmologist did not report the optometrist to someone. In fact, the ophthalmologist did not report the optometrist because there is no authority that could take action against the optometrist (optometrists are controlled only by their own board - they do not face the same licensing boards as do ophthalmologists) and out of fear of alienation in a referral business. Please be aware that ophthalmologists - the people who could argue effectively against Senate Bill 78 - are not organized to speak to you and are under some pressure to remain quiet. If any single ophthalmologist speaks out against the bill, then that person runs the risk of losing referral business from optometrists and others who would

benefit from Senate Bill 78. The entire community of ophthalmologists could speak and not have such worries, but the community is not organized in that manner and is not used to participating in the political process. To permit balanced discussions regarding this bill, you need to hear from people with medical training (in particular, MDs). You will not hear from those people unless you seek their input.

Finally, the supporting information I read with Senate Bill 78 was weak and misleading.

- One support letter was from an individual at the University of Washington Medical School – the letter was dated 1980. Like many things, health care has changed enough in the last 20 years to make such input virtually meaningless. If you want to debate/pass a bill in 2000, get input from respected people in the field in 2000.
- Another support letter was from an ophthalmologist with the Pacific Cataract and Laser Institute. This ophthalmologist flies to Anchorage to perform surgery and then leaves the state. The follow-up care of the patient is left to local optometrists (a form of comanaged care). From his perspective, having optometrists in Alaska that can prescribe drugs is a good thing – it makes it that much easier for him to perform the surgeries he wants and to ignore the follow-up care. When considering SB78, you should balance his input with the perspective of medical doctors who live in Alaska and who end up seeing the patients who suffer complications after surgery performed by an out-of-state physician.
- The summary of the bill provides a very misleading picture of what optometrists are allowed to do in other states. Alaska's rules regarding optometrists are not nearly so restrictive as the summary indicates.

The provisions of SB78 would obviously reduce the cost of health care for some individuals who see optometrists and ophthalmologists. However, it would increase the cost for some and place many others at risk. The economic benefits of the bill have been dramatically overstated and many costs ignored. SB78 invites unintentional abuse (optometrists practicing medicine beyond their training) and would almost certainly lower the standard of care and increase costs in many subtle ways. Please do not support the bill in its current form.

Dr. Bill Faulkner, Optometrist

400 L. Street, Suite 104 Anchorage, Alaska 99501
(907) 276-1984 Fax (907) 276-1981

RECEIVED
MAR 24 2000

The Honorable Representatives Rokeberg and Halcro

March 23, 2000

Alaska House of Representatives

Juneau, Alaska

Rep.'s Rokeberg and Halcro:

Our Optometric practice bill (SB 78) is to be scheduled before your Labor and Commerce Committee on March 31. In that I will be out of town then (Spring break) I'd like to ask for your favorable consideration of this bill. I've attached the resolution that our State Board of Examiners passed last summer relative to this issue....it is fairly self explanatory.

This will be, I believe, good for the delivery of eye health services in Alaska. This bill will provide practical tools that will be used in our practices on a daily basis. It is good legislation and will bring the Alaskan practioners in line with our counterparts in the Lower 48.

I'll be back the first week of April, so if you have any questions for me I'll be at 276- 1984.

Thanks,



Bill Faulkner, O.D.

FEB-17-00 THU 03:24 PM

FAX NO.

RECEIVED

P. 01

MAR 24 2000

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND
ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
PHONE: (907) 465-2531
FAX: (907) 465-2974
TDD: (907) 465-5437E-mail address:
Licensa@commerce.state.ak.usAlaska State Board of Examiners in Optometry
Official Position Statement

On June 4, 1999 The Board of Examiners in Optometry discussed Senate Bill 78, which if passed, would authorize qualified optometrists to prescribe systemic pharmaceutical agents. On a motion passed unanimously it was resolved that the Board is in total support of SB 78.

The Board's support of SB 78 is based on the following points:

- 1) The use of pharmaceutical agents must be related to conditions of the eye or adnexa;
- 2) Practicing optometrists, with the appropriate license endorsements, are sufficiently trained in the use of therapeutic pharmaceutical agents;
- 3) The majority of states allow optometrists to utilize these new categories of pharmaceutical agents with no ill effects;
- 4) This usage is particularly appropriate in rural states. This would be of great benefit to the citizens of Alaska because of the geographical distribution of our optometrists;
- 5) With the utilization of peer review mechanisms and Board of Optometry oversight, there are adequate safeguards in place for the general public; and
- 6) This legislation will be beneficial in lowering health care costs for the citizens of the State of Alaska.

William D. Faulkner, O.D.
 William D. Faulkner, OD, Chair
 Alaska State Board of Examiners
 in Optometry

Date

July 1, 1999

Subject: SB 78

Date: Wed, 29 Mar 2000 07:59:33 -0900

From: James Taylor <jtaylor@tanachiefs.org>

To: Representative_Norman_Rokeberg@legis.state.ak.us

Please support this bill. Its the right thing to do.

RECEIVED
MAR 29 2000

Subject: SB78

Date: Wed, 29 Mar 2000 09:39:22 -0800

From: "Erny, Colleen CPT BACH-Ft Wainwright" <Colleen.Erny@nw.arnedd.army.mil>

To: "Representative_Norman_Rokeberg@legis.state.ak.us" <Representative_Norman_Rokeberg@le

I am writing in regards to Senate Bill 78. I am a military optometrist at Ft. Wainwright, in Fairbanks. I am also an Alaska board certified optometrist. As a military optometrist, I am able to prescribe for any medicati~~or~~ that is needed to treat the patient's ocular condition, including orals. The Army realizes that as an optometrist, I have been fully trained to prescribe in this manor. I am totally comfortable practicing at this scope, and I certainly know that there are times when it is in the patient's best interest to be referred out, but I believe the current laws create many unnecessary referrals. The point is that if the patient, for example, needs to be on an oral antibiotic instead of a topical on, they should not need to go through the hassle and expense of an additional appointment for another doctor to tell them the same conclusion. It also does not make sense to me that I should have to change the way I practice if I step off base. Army optometrists have been prescribing orals when needed for years-if problems had arisen, the Army would certainly have changed the system. Since things have been functioning smoothly, there has been no need for change.

Sincerely,
Colleen Erny O.D.

[RECEIVED]
MAR 29 2000



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March 24, 2000

Chairman Norman Rokeberg
House of Representatives
Labor & Commerce Committee
State Capitol
Juneau, AK 99801-1182

Re: Senate Bill 78

Dear Chairman Rokeberg:

As a licensed ophthalmologist in Alaska, I am writing to express my strong support of ~~Senate Bill 78~~. If enacted, this bill will allow optometrists (*optometric physicians* in some states) to incorporate the use and prescription of any eye-related pharmaceutical agent in their treatment of ocular disease. Alaska optometrists have been prescribing drugs since 1992 and need a wider range of options for certain eye diseases to better treat their patients.

For more than a decade, ophthalmologists within our organization have had the privilege of comanaging tens of thousands of surgery patients with over 800 optometrists throughout Alaska and the Pacific Northwest. We have also worked hand-in-hand with these eye care professionals to assist in the care of all types of acute and chronic eye diseases.

The education of optometrists is rigorous, extensive and more than adequate for them to safely and effectively prescribe any needed medication for treating eye diseases. Claims of deficient education are simply untrue. I have become familiar with their formal education and have had the opportunity to observe their clinical skills on many, many occasions.

Some of my colleagues in ophthalmology are protective of their "turf" and would like to limit optometry's use of medications. However, in my view, there is no valid reason to restrict optometry from full prescriptive authority.

As a health care practitioner, I believe our overall benefit to society is maximized when each health professional is utilized to the fullest extent of his or her training and competency. I support this bill and am willing to testify in person on its behalf.

Please contact me if I can clarify things or answer questions you may have.

With warm regards,

Robert O. Ford, MD
President and CEO

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MAR 27 2000



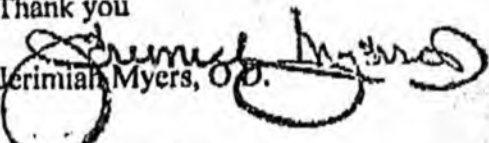
KODIAK VISION CLINIC
Jerimiah L. Myers, O.D.
Doctor of Optometry

214 W. Rezanof Dr., Ste. 1
Kodiak, AK 99615
(907) 486-6117

Re: Senate Bill 78

Please assist us Alaskan eye doctors in being able to treat problems like the majority of the other states. It's the benefit to people and we are certified for it.

Thank you


Jerimiah Myers, O.D.

RECEIVED
MAR 29 2000

Subject: Senate Bill 78

Date: Wed, 29 Mar 2000 14:37:48 AKST

From: "Kenai Vision Center Kenai Vision Center" <keeneye61@hotmail.com>

To: Representative_Norman_Rokeberg@legis.state.ak.us

Please support Senate Bill #78. Kenai has an Ophthalmologist only 1 day a week. My other offices in Seward and Seldovia never have an Ophthalmologist. Alaskans deserve better treatment. Support Alaskans by supporting Senate Bill #78.

Sincerely,
Robert O'Connell, O.D.

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RECEIVED
MAR 30 2000

Subject: Senate Bill 78

Date: Wed, 29 Mar 2000 15:27:00 -0900

From: "Dr. Robert Fleckenstein" <ervc@gci.net>

To: <Representative_Norman_Rokeberg@legis.state.ak.us>

Please allow me to introduce myself. My name is Rob Fleckenstein and I am an Optometric Physician practicing in Eagle River. I am writing to state my support for Senate Bill 78. This is good legislation for my patients and myself as an Optometric Physician. The bill allows me to practice to the full extent of my professional training and capabilities. It also allows my patients to save time and money for their eyecare needs. I fully support this bill.

RECEIVED
MAR 30 2000

Subject: SB78

Date: Wed, 29 Mar 2000 15:28:00 -0900

From: Kathleen Wooten <wooten@nshcorp.org>

To: Representative_Norman_Rokeberg@legis.state.ak.us

Representative Norman Rokeberg:

I am one of two optometrists practicing in Nome. I would like to express how vital the passing of SB 78 is to our rural health facility. We are at Iditarod length away from the nearest specialist in Anchorage. In primary care cases requiring systemic medication, we have had to go to the P.A. (physician assistant) for the prescription. This is not right. We optometrists are the doctors on call for any eye emergencies, and have the most comprehensive training of any practitioners between here and Anchorage. SB 78 would remove unnecessary barriers to our treatment modalities, and enhance eye care for rural Alaskans. Please support SB 78 for better patient care.

Sincerely,

Kathleen Wooten, O.D.
Nome, Alaska

RECEIVED
MAR 30 2000

Subject: SB 78 relating to Optometry

Date: Wed, 29 Mar 2000 16:02:52 -0900

From: "Maynard Falconer"@ptialaska.net

Maynard Fa;cpmer" <maynardf@ptialaska.net>
To: Representative_Norman_Rokeberg@legis.state.ak.us
Mime-version: 1.0
X-Priority: 3
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SB 78, which recently passed the Senate on a 18 to 2 vote is now in your committee (HLC). Would you give this bill a good appraisal. The Bill is simple and removes the "topical only" restrictions on optometrists (ODs) when prescribing any drugs RELATED to the eye. 37 other states have such legislation. In Alaska our 70 optometrists are diversified through out the STATE and come in contact with eye injury patients much more often than any other profession.

This slight change in the statute will allow the optometrist to use pain medications for many painful eye events, some additional drugs for diagnostic purposes and give the Optometrist a better complement of choices in eye emergency situations.

The Optometrists is well trained in using all eye related medication at the Universities in Optometry School and through continued education required yearly.

PLEASE VOTE POSITIVELY ON THIS BILL #78

Maynard C Falconer O.D.

1833 W 15th
Anch 99501

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