Elaine Stoneburner, the adoption coordinator at Catholic Social Services in Anchorage, has a list of two dozen couples waiting to adopt babies. They are likely to wait anywhere from 10 months to three and a half years for a child, she said. For those would-be parents, news of a newborn being left in a bathroom stings, she said.

ohnson said that abandonad children are usually laft in public places where the mothers hope they'll be found and cared for. But not always. On New Year's Eve, police found a newborn girl outside a used-clothing store in Peters Creek. She was rushed to Providence Hospital and treated for hypothermia. She was eventually adopted.

If the mother of the hospital baby is found, she could face criminal charges for abandoning har child, police said. Assistant District Attorney Steve Branchflower said the mother's intentions would be weighed in any decision to prosecute.

"Is the baby in a Dumpster or in a hospital?" Branchflower asked. "That says something about a person's intent."

Joan Teal, a private adoption consultant and former state social worker, said that's an important detail.

"There should be no judgment passed," she said. "Let's applaud (the mother) for putting the baby somewhere safe and warm."

Author: PETER S. GOODMANDaily News reporterStaff
Section: Nation
Page: A1

**From:** infoweb@newsbank.com
**Sent:** Wednesday, October 19, 2005 2:00 PM

**Subject:** Requested NewsBank Article

Paper: Anchorage Daily News (AK)
Title: ABANDONED BABY GETS A NEW YEAR'S EVE CHANCE DAY-OLD GIRL LEFT OUTSIDE
Author: S.J. KOMARNITSKYDaily News reporterStaff
Date: January 1, 1994
Section: Nation
Page: A1

It was a shocking discovery: a baby girl wrapped only in a blanket outside a used clothing store in Peters Creek in the freezing cold, her umbilical cord still attached and tied off with a piece of twine. The pudgy newborn would have faced a night outdoors in freezing temperatures if not for a woman's anonymous call to police and a quick search by two nurses from a nearby senior center.Instead, she was rushed to Providence Hospital, where she was listed in serioue condition with hypothermia late New Year's Eve. A police investigator estimated she was about a day old.

Officers first heard about the baby just before 3 p.m. when a woman called from a pay phone at the Peters Creek Trading Post with an anonymous tip. The woman said there was a cold baby in a container at The Garret, a used-clothing store about a mile from the convenience store. The woman didn't make herself clear and hung up before dispatchers could get her name or ask her any questions.

But they made out enough to know there might be a baby somewhere around the clothing store. Dispatchers were still deciphering the message when they called the Chugiak Senior Center, where Sharon Cloud, 44, and Charlene Beckwith, 50, work as nurse's assistants. The center is just downhill from the store.

Beckwith said they were told a child had been dropped off in a container and were asked to take a look around.

So, she and Cloud started working their way up the hill toward the store, looking in Dumpsters along the way. Nothing. Then they started searching around the store, which was closed. Still nothing.

In the meantime, Officer Robert Dutton headed to The Garret to check things out. Dispatchers still weren't sure exactly what the woman had told them and sent Dutton without lights or sirens, he said. But another officer, hearing there might be a baby involved, told Dutton to speed up.

It was just after Dutton arrived that Cloud found the girl.

Beckwith said she and Cloud had already made one search around the building when Dutton showed up. They were about to go back, thinking it was a prank call. That's when Cloud started looking through a pile of donated clothes in plastic bags left on a walkway not in a container in front of the store and found the girl under a lampshade.

"I had just been going through the clothes and I had just seen a doll," Cloud said. "I thought it was another doll. But then she moved."

Dutton told the two women to get the baby into his car, where it was warm. He later said the temperature outside was about 21 degrees.

Beckwith said the girl never cried and it was hard to tell if she was suffering from hypothermia.

"She had that newborn baby look, kind of bluish-purple," she said.

But, once the two women got in the patrol car, Beckwith could see that the girl's toes and

fingers were "really blue." The baby acted like one of her feet was numb, Beckwith said.

Dutton drove Beckwith back to the senior center and headed for Providence Hospital with Cloud cradling the child in her arms in the back seat.

rriving at Providence just before 4 p.m., the girl was rushed to an intensive care unit nd immediately put under heat lamps.

Beckwith said she's glad they found the baby in time. The clothing store was closed for the day.

"She probably would not have made it through the night," she said.

Temperatures in Anchorage were forecast to be about 20 degrees Friday night.

So far, there are few clues to the mother's identity.

Dianne Hagerty, who works at the Trading Post, said nobody noticed a woman making a call from the store's pay phone around 3 p.m. The phone is around the corner, and the store gets a lot of traffic, she said.

"Usually you don't pay attention to who is on the phone anyway," she said.

Beckwith said a woman was dropping off clothes at The Garret when she and Cloud first came up the hill. But the woman looked to be in her 50s and she said she had just arrived, Beckwith said.

The woman was putting her donation right next to where the baby was. She said she never heard a peep, Beckwith said.

Police investigators are asking for the public's help in locating a woman who was in late pregnancy and now isn't, and who doesn't have a baby to show for it.

Lt. Bill Gaither said the woman could face a number of charges for abandoning the girl, cluding child abuse, child neglect, reckless endangerment and endangering the welfare of minor.

That is if the child survives, he said. If she dies, the mother could face murder charges, he said.

Beckwith said that there's already a waiting list of staffers at the center and even one elderly resident who say they'd be happy to adopt the baby.

"She's a very cute little female, kind of pudgy infant," Beckwith said.

Beckwith said the image that stayed in her mind was what Cloud told her later, that, on the ride to the hospital, the girl clung to her finger the whole time.

"We couldn't believe anyone would do such an atrocity," Beckwith said. "It was just such a pathetic thing to see. The fact that she was so naked and outside was kind of devastating."

Author: S.J. KOMARNITSKYDaily News reporterStaff
Section: Nation
Page: A1

Paper: Anchorage Daily News (AK)
Title: INFANT FOUND IN BIN
Author: DON HUNTERDaily News reporterStaff
Date: September 6, 1986
Section: Metro
Page: 1

A newborn baby boy abandoned in a box in a Muldoon alley Thursday night was in good condition Friday at Humana Hospital.The infant was wrapped in a towel and hidden in a cardboard box left on the ground beside a Salvation Army collection bin. He was found by two teen-age boys who heard him crying as they rode by on their bicycles.

"It was crying, real loud," 15-year-old Christian Chain said. Chain was interviewed Friday while walking his dog, Duke, in the neighorhood.

"The box was closed," he said. "There was no lid, but the sides were folded up on top of the baby. We opened it up and, you know, there was a baby . . .

"It was wrapped in a towel, a tan towel," he said.

"It was real young, not that old at all."

Only minutes before Chain and Lamont Williams, 14, found the baby, an anonymous caller told an Anchorage Police dispatcher a baby had been left at the bin.

the time officers arrived, the boys had picked up the box, climbed back on their bikes, and taken the baby to the Chain home, where they called police.

The boys discovered the baby shortly after 9 p.m., according to police. Officers took him to Humana Hospital about 9:30 p.m. Police Spokesman Joe Young said the infant was "a few hours old, at most."

Salvation Army dispatcher Alice Phillips said donations left at the bin are picked up about 11 a.m. every day. The bin is directly behind a Salvation Army thrift shop at 101 Muldoon Road.

Lynn Whitley, a hospital spokeswoman, said the baby weighed seven pounds, one ounce and was in satisfactory condition in the Humana nursery late Friday afternoon. He was stable, with vital signs within normal limits, she said.

The infant is now in the custody of the state division of family and youth services. Dolly Coke, a social worker supervisor, said in cases where the state assumes custody of children, they are placed in a foster home until a permanent placement is arranged.

Authorities have named the baby John Doe.

Storekeepers and residents of a trailer park across the street from the thrift shop said they had seen no unusual activity Thursday night. But a delivery man for a sandwich shop directly across Muldoon Road said he saw a young couple acting a little strangely.

"I was fixing to go out and make some deliveries, and I was sitting in my car adjusting packages and something caught my eye just across the street at the Goodwill box," said Chuck Argo.

.ere was a couple in a late model, foreign pickup, sort of rummaging around in the boxes there. I thought it was unusual to see people with a truck like that looking in the bin . . .

"Then they had a bundle, looked like a bundle of clothes, and just kind of laid it over there in the boxes and took off. I didn't think anything of it until I got back (from making deliveries) and my supervisor said" police had been there.

"It didn't dawn on me it could have been a child," he said.

Young, the police spokesman, said another person called police late Thursday night after seeing reports of the abandonment on television. The caller said he had seen "a very pregnant woman in the area of the bin an hour or two before," Young said.

"That's not very much to go on," he said.

Coke, the social worker, said state law prevents her from discussing Baby Doe's specific case. She did describe procedures used in similar cases, however.

"It's very rare" for a newborn infant to be abandoned, she said. "I've been here five years, and I don't know of another infant I can remember who was abandoned . . .

"Whenever a child is abandoned you can usually assume the mother was under a great deal of stress, and may have assumed she could not provide for the child," she said.

"In these cases, it's my experience the parent will eventually surface," Coke said. "Sometimes, someone who has been pregnant suddenly isn't, and there's no baby, and someone who knows her will call. Or sometimes they have a second thought and the parent will come forth."

If the parent or parents do appear, social workers will counsel them and try to decide the best solution for the child, Coke said.

Author: DON HUNTERDaily News reporterStaff
Section: Metro
Page: 1

HB

50

# ALASKA STATE HOUSE OF REPRESENTATIVES

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**State Capitol**
**Room 204**

## REPRESENTATIVE JOHN COGHILL

*MEMORANDUM*

Date: March 31, 2008

To: Senator Bettye Davis, Chairwoman
Senate HESS Committee

From: Representative John Coghill

Re: HB 50

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I am requesting a hearing for HB 50, "An Act relating to the Interstate Compact for the Placement of Children; establishing an interstate commission for the placement of children; amending Rules 4 and 24, Alaska Rules of Civil Procedure; and providing for an effective date." Attached is the legislation and backup for committee members.

Thank you for your consideration.

# ALASKA STATE HOUSE OF REPRESENTATIVES

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**State Capitol**
**Room 204**

## REPRESENTATIVE JOHN COGHILL

SPONSOR STATEMENT

HB 50 Interstate Compact for the Placement of Children

In an effort to control the language of a new interstate compact for child placement, I agreed to introduce HB 50. Throughout the last year my office has been a participant in bringing out our concerns about the original language and working on amending the language to preserve state sovereignty. The HESS committee substitute is the latest version of the compact supported by the American Public Human Services Association and the American Academy of Adoption Attorneys.

The current ICPC was drafted in 1959 to assure that children placed across state lines were placed with the same protections and services as children placed intrastate.. Through the years, however, it has become evident that the ICPC has resulted in unnecessary delays in moving children across state lines, lack of accountability, and an outdated administrative process. Additionally, the current ICPC applies to all interstate placements such as placement with relative and residential treatment centers, not just those placements involving children in state custody.

The new compact holds member states to a higher standard of duty, eliminates regulation of children not in state custody, makes provisions for private child placement agencies, and brings the administrative process into the 21st century with home study incentives, definitions for new terminology, requiring consideration of interstate placements, requires cooperation between member states in sharing information, and gives foster parents more participation in the process.

HB 50 gives state child placement agencies and courts the tools to make faster interstate placements and hold all parties accountable for providing a safe, reliable home for children in out-of-state placement.

**HB 50 Interstate Compact for the Placement of Children**

Sectional Analysis for Version "K"
Judiciary Committee Substitute

**Section 1.** Amendment language for title change of Compact.

**Sec. 2.** Repeals and reenacts Interstate Compact for the Placement of Children

Article I. PURPOSE. Provide uniform data collection; administrative rules implementing and regulating child placement in member states; provide coordination with other compacts affecting the placement of children; providing continuing jurisdiction and responsibility as if intrastate placement; promulgation of guidelines of Indian tribes; provide procedures to insure safe and suitable placement for children.

Article II. DEFINITIONS. New definitions for approved placement, assessment, child, certification, default, home study, Indian tribe, Interstate Commission for the Placement of Children, Jurisdiction, legal risk, member state, non-custodial parent, non-member state, notice of residential placement, placement, private child-placing agency, private child-placing agency, provisional placement, public child-placing agency, receiving state, relative, residential facility, rule, sending state, service member's permanent duty station, service member's state of legal residence, state, state court, and supervision.

Article III. APPLICABILITY. Interstate placement of a child in state custody as a child in need of aid or a child adjudicated delinquent or unmanageable based on the sending state; interstate placement of a child by a public child placement agency or private child placing agency as a preliminary step to a possible adoption.

Does not apply to a child in a custody proceeding in which a public child placing agency is not a party; interstate placement by one relative to another relative; placement of a non-state custody child in a residential facility by a parent; placement of a child with non-custodial parent under certain circumstances.

Article IV. JURISDICTION. The sending state retains jurisdiction over child, including power to order return of child; receiving state court shall confer with sending state court to determine forum for adjudication; sending state can terminate its jurisdiction under certain circumstances and is required to notify receiving state of that action; allows receiving state jurisdiction sufficient to deal with truancy, delinquency, crime or behavior involving a child violating receiving state laws; permits receiving state to take emergency jurisdiction for the protection of a child.

Article V. PLACEMENT EVALUATION. Sets out in the compact a process for the sending state requesting an assessment from the receiving state on placement,

provide evidence the placement is legal, certification that consent or relinquishment is in compliance, and obtain approval of public child placement agency in the receiving state. Allows the Commission to develop uniform standards for the assessment of the safety and suitability of interstates placements. A final decree of adoption cannot happen until the placement is authorized as an "approved placement" by the public child placing agency in the receiving state.

Article VI. PLACEMENT AUTHORITY. Placement cannot be made until approval is obtained from receiving state or until administrative reversal of a denial of placement.

Article VII. PLACING AGENCY RESPONSIBILITY.

A. Sending state has financial responsibility for ongoing support and maintenance of child, including those services beyond the public services available in the receiving state. Receiving state's financial responsibility is for any assessment conducted and supervision conducted by the receiving state at the level necessary to support placement.

B. Private child placement agencies shall be legally and financially responsible for the child as provided by law in the sending state until adoption is final and legally financial absent a contractual agreement to the contrary.

C. Receiving state assessment shall be done in a timely manner.

D. Public child placement agency will provide supervision and services for the child including timely reports to the sending state.

E. Receiving state agency provides supervision and services for the child, including timely reports during the period placement.

F. Compact does not limit receiving state from contracting for assessments, supervision or services for the child.

G. Member states shall provide coordination among its branches of government by forming an advisory council or use of existing board.

H. Requires each member state to have a central state compact office.

I. Public child placement agency will oversee ICWA compliance.

J. With consent of Interstate Commission, states may enter into limited agreements that facilitate the timely assessment and provision of services and supervision of placements under this compact. (Does this conflict with E?)

Article VIII. INTERSTATE COMMISSION FOR THE PLACEMENT OF CHILDREN.

Establishes the commission to be a joint commission of member states that shall have responsibilities, powers and duties set forth in HB 50 and additional powers as conferred by concurrent action of respective legislatures of the member states. Each member state will have a commissioner appointed by the HSS Commissioner and this member shall have legal authority to vote on policy related matters by the compact which binds the state. A majority constitutes a quorum and a member can delegate to another person from his or her state but cannot proxy their vote to another member of the commission.

The commission can appoint ex officio members who are from interested organizations and an executive committee shall be established to administer the day-to-day activities of the commission, which do not include rulemaking.

Article IX. POWERS AND DUTIES OF THE INTERSTATE COMMISSION.

(A) Promulgate rules and take all necessary actions to effect the goals, purposes, and obligations enumerated in the compact.

(B) Provide dispute resolution to member states.

(C) Issue advisory opinions concerning interpretation of compact, bylaws, rules or actions.

(D) Enforce compliance with compact.

(E) Determine needs for collection of data and collect that data.

(F) Establish and maintain offices.

(G) Purchase and maintain insurance and bonds,

(H) Hire or contract for services of personnel or contracts.

(I) Establish and appoint committees and officers, including the executive committee.

(J) Accept funds.

(K) Lease, purchase, accept contributions or donations of real, personal, or mixed properties.

(L) Sell, convey, mortgage, pledge, lease, exchange, abandon or dispose of real or personal property.

(M) Establish budget and make expenditures.

(N) Adopt a seal and bylaws.

(O) Establishes annual reporting requirements tot legislatures, governors, judiciary and state advisory councils.

(P) Coordinate public awareness of the commission and its purpose.

(Q) Maintenance of books and records.

(R) Perform functions necessary to achieve purposes of this compact.

Article X. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION.

Requirement to set up by laws within one year of first commission meeting and make all records public unless records would adversely affect the personal privacy rights or proprietary interests.

The Commission must meet at lest once a year and have proper public notice. A public meeting could be closed by a two-thirds vote if discussion would include personnel issues; information privileged, proprietary or confidential in nature; accusation or a crime or censuring a person; investigative records; matters exempted by federal law; civil or legal proceedings; Meetings may be held by telecommunications or other electronic communication.

The Commission may appoint, through its executive committee, a non-voting staff director as secretary to the commission. It may also elect a chairperson and vice chairperson from among the commission members.

The commission's staff director and employees are immune from suit and liability unless the liability was caused by a criminal act or intentional or willful and wanton misconduct of such person.

Article XI. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION.

Commission shall promulgate and publish rule that substantially conform to the principles of "Model State Administrative Procedures Act", 1981, Uniform Laws Annotated, Vol. 15, p.1 (2000) or other acts commission deems appropriate. Rules promulgated by the Interstate Commission shall have the force and effect of administrative rules.

Allows for an interested person to challenge a rule in the U.S District Court for the District of Columbia within 60 days of the rule being enacted. A majority of members may reject a rule. The new rules shall be enacted and the existing rules voided. Emergency rules can be adopted by a majority vote of the commission.

Article XII. OVERSIGHT, DISPUTE RESOLUTION, ENFORCEMENT.

The commission shall oversee the administration and operation of the compact and make sure the three branches of state government enforce the compact. The compact and its rules will be binding on compact states as administrative rules.

Requires state courts to take judicial notice of the compact and rules in any judicial or administrative proceedings. If there is a judicial challenge of a rule as provided for in Article XI, the Commission is entitled to receive service of process.

The commission shall adopt rules providing for mediation and binding dispute resolution and the cost the cost of such actions will be the responsibility of the parties to the dispute. This would apply to disputing member states and member non-member disputes.

If the Commission determines a member has defaulted it may provide remedial training and specific TA or provide written notice of default and the means of curing the default. By a majority vote, the Commission can initiate legal action against the member state in the U.S. District Court for the District of Columbia or a federal district court where the Commission has its principal office. The relief sought may be both injunctive relief and damages.

Rule 24, Alaska Rules of Civil Procedure is amended by entitling the Commission to have standing to intervene in a judicial proceeding in a state pertains to the Compact and in which the validity of a compact provision or rule is an issue for which judicial determination has been sought.

Article XIII. FINANCING OF THE COMMISSION.

The Commission can levy on and collect an annual assessment from each member state to cover cost of operations. The Commission shall determine what formula to use and shall promulgate a rule binding upon all member states.

The Commission cannot incur any obligations prior to securing funding and shall not pledge credit of any member state without prior to being given authority to do so by that member state.

The Commission shall keep accurate books and have an annual aidt by a certified or licensed public accountant.

Article XIV. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT.

Any state is eligible to become a member of the Commission and Compact will become effective upon legislative enactment by thirty-five (35) states. Non-member states can participate on a non-voting basis.

No proposed amendments to the Compact may be enacted without unanimous consent of the member states.

Article XV. WITHDRAWAL AND DISSOLUTION.

Member states may withdraw from the compact by repealing the statute that adopted the compact and the effective date of the repeal will be the effective date of withdrawal. The withdrawing state shall be responsible for all assessments, obligations, and liabilities incurred through the effective date of the withdrawal. Reinstatement is accomplished by readopting the compact.

Dissolution of the compact occurs when only one state remains in the compact.

Article XVI. SEVERABILITY AND CONSTRUCTION.

The provision of the Compact are severable. If one or more provisions in the compact are found to be unenforceable, the remaining provisions are enforceable

Article XVII. BINDING EFFECT OF COMPACT AND OTHER LAWS.

A. Other Laws

Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with this compact.

(B) Binding Effect of the Compact

All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Interstate Commission, are binding upon the member states.

If any provision of the compact exceeds constitutional limits of a member state, that provision will be ineffective to the extent of the constitutional conflict.

Article XVIII. INDIAN TRIBES.

The Commission may promulgate guidelines to permit Indian Tribes to utilize the compact and make reasonable effort to consult with Indian tribes in promulgating guidelines.

**Sec. 3.** Conforming language for financial responsibility section of the Compact.

**Sec. 4.** Conforming language for entering into agreements with appropriate officers or agencies.

**Sec. 5.** Conforming language for delegation by agreement for visitation, inspection, or supervision of children, homes , institutions, or other agencies in another party state.

**Sec. 6.** Redefines executive head from the governor to the commissioner of health and social services and provides for establishing a central compact office.

**Sec. 7.** Language conformance on short title of Compact.

**Sec. 8.** The following statutes are repealed:

**AS 47.70.030. Designation of authority.** The term appropriate public authority is no longer used in this title as the compact is now administered by the member states' member of the commission.

**AS 47.70.070. Violations of the compact.** The Commission will now determine the violations and the enforcement of the compact, so this section is no longer needed.

**Sec. 9.** Court Rule change to provide the Commission with notice when a judicial proceeding has been filed relating to the validity of a compact rule or provision is an amendment to Rule 4, Alaska Rules of Civil Procedure.

Rule 24(b), Alaska Rules of Civil Procedure is amended by entitling the Commission to have permissive intervention in a judicial proceeding in a state pertains to the Compact and in which the validity of a compact provision or rule is an issue for which judicial determination has been sought.

**Sec. 10.** Those sections of Art. XII(4) become effective only if Section 9 amending court rules is approved by a two-thirds majority vote of each house.

**Sec. 11.** Effect of Act occurs when 34 other states have ratified the Compact. The Department shall notify the lieutenant governor and the revisor of statutes when whis occurs.

**Sec. 12.** The effective date of sections 1 through 10 is one day after the Health and Social Services notifies the revisor of statutes that 34 other states have ratified the Compact.

# FISCAL NOTE

**STATE OF ALASKA**
**2008 LEGISLATIVE SESSION**

Fiscal Note Number: 1
Bill Version: CSHB 50(HES)
(H) Publish Date: 2/29/08

Identifier (file name): HB050-DOA-OPA-2-20-08
Dept. Affected: Administration
Title "An Act relating to the Interstate Compact for the Placement of Children . . ."
RDU Legal and Advocacy Services
Component Office of Public Advocacy
Sponsor Reps Coghill, Neuman, Wilson, Hawker, Lynn
Requester
Component Number 43

**Expenditures/Revenues** (Thousands of Dollars)

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

| | Appropriation Required | Information | | | | | |
|---|---|---|---|---|---|---|---|
| **OPERATING EXPENDITURES** | **FY 2009** | **FY 2009** | **FY 2010** | **FY 2011** | **FY 2012** | **FY 2013** | **FY 2014** |
| Personal Services | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Travel | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Contractual | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Supplies | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Equipment | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Land & Structures | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Grants & Claims | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Miscellaneous | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **TOTAL OPERATING** | **0.0** | **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 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1003 GF Match | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1004 GF | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1005 GF/Program Receipts | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1037 GF/Mental Health | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other Interagency Receipts | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **TOTAL** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Estimate of any current year (FY2008) cost:** 0.0

**POSITIONS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

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

This bill would include Alaska among the states agreeing to set up a commission to establish rules regarding the out of state placement of children. It is not expected to have a fiscal impact on OPA.

Prepared by: Joshua P. Fink, Director — Phone 907-269-3501
Division Office of Public Advocacy — Date/Time 2/20/08, 10:30 a.m.
Approved by: Rachael Petro, Deputy Commissioner — Date 2/20/2008
Department of Administration

(Revised 11/19/2007 OMB)

# FISCAL NOTE

**STATE OF ALASKA**
**2008 LEGISLATIVE SESSION**

Fiscal Note Number: 2
Bill Version: CSHB 50(HES)
(H) Publish Date: 2/29/08

ID(File name) HB50-DHSS-CSM-02-21-08
Title CHILD PLACEMENT COMPACT
Dept. Affected: Health & Social Services
RDU Children's Services
Component Children's Services Management

Sponsor COGHILL
Requester HOUSE (HES)
Component No. 2666

**Expenditures/Revenues** (Thousands of Dollars)

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

| | Appropriation Required | Information | | | | | |
|---|---|---|---|---|---|---|---|
| **OPERATING EXPENDITURES** | **FY 2009** | **FY 2009** | **FY 2010** | **FY 2011** | **FY 2012** | **FY 2013** | **FY 2014** |
| Personal Services | | | | 81.8 | 361.0 | 361.0 | 361.0 |
| Travel | | | | 10.2 | 244.5 | 244.5 | 244.5 |
| Contractual | | | | 28.2 | 62.1 | 62.1 | 62.1 |
| Supplies | | | | 1.5 | 5.0 | 5.0 | 5.0 |
| Equipment | | | | 2.0 | 5.0 | 5.0 | 5.0 |
| Land & Structures | | | | | | | |
| Grants & Claims | | | | | | | |
| Miscellaneous | | | | | | | |
| **TOTAL OPERATING** | **0.0** | **0.0** | **0.0** | **123.7** | **677.6** | **677.6** | **677.6** |
| **CAPITAL EXPENDITURES** | | | | | | | |
| **CHANGE IN REVENUES (0)** | | | | | | | |

**FUND SOURCE** (Thousands of Dollars)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1002 Federal Receipts | | | | 18.5 | 98.3 | 98.3 | 98.3 |
| 1003 GF Match | | | | 105.2 | 579.3 | 579.3 | 579.3 |
| 1004 GF | | | | | | | |
| 1037 GF/Mental Health | | | | | | | |
| Other(Specify Type-do not abbreviate) | | | | | | | |
| Other(Specify Type-do not abbreviate) | | | | | | | |
| **TOTAL** | **0.0** | **0.0** | **0.0** | **123.7** | **677.6** | **677.6** | **677.6** |

**Estimate of any current year (FY2008) cost:** _____

**POSITIONS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full-time | | | | 1 | 5 | 5 | 5 |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

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

The purpose of this Interstate Compact for the Placement of Children is: to provide a process through which children subject to this compact are placed in safe and suitable homes in a timely manner; to facilitate ongoing supervision of a placement, the delivery of services, and communication between the states; to provide operating procedures that will ensure that children are placed in safe and suitable homes in a timely manner; and to provide for the promulgation and enforcement of administrative rules implementing the provisions of this compact and regulating the covered activities of the member states.

Con't on page 2

Prepared by: Tammy Sandoval, Director
Phone 907-465-3191
Division Office of Children's Services
Date/Time 02/17/2008
Approved by: Karleen Jackson, Commissioner
Date 02/21/2008
Agency Department of Health and Social Services

**STATE OF ALASKA**
**2008 LEGISLATIVE SESSION**

**BILL NO:** CSHB 50(HES)

**ANALYSIS CONTINUATION**

The Office of Children's Services does not anticipate additional need for funding in FY 2009 or FY 2010 for the following reasons:

(1) Alaska is one of the first states to take up legislation to adopt the new language and 34 other states must also adopt the compact before it can be ratified. Ratification could take up to two years.

(2) Administrative rules and procedures will take an additional year to develop and implement.

The OCS will need to return to the Legislature for funding in 2011 and 2012 once the compact has been ratified by the states and the start date for implementation of new rules and proceeures has been determined.

Once implemented, the Office of Children's Services anticipates that the establishment of an interstate commission for the placement of children, the incorporation of federal home study timelines, development and implementation of home study assessment standards, increased data collection and reporting, more interaction and support with the new commission, expanded training to include other agencies and stakeholders, and increased expenses related to membership participation will require $677.6 annually.

Personal services: Current staffing for this program is a program coordinator (range 20) and a clerk (range 8). There are approximately 550 interstate cases, both private and custody cases. In addition, the coordinator facilitates and maintains records for private residential placements, which total about 400 cases. The program coordinator facilitates the request process, monitors supervision reports and correspondence between states; provides case management and supervision of cases; and provides liaison activities with other states, state attorneys, private attorneys, court appointed special advocates, and families. The program coordinator also provides training and technical assistance to all interested parties to ensure compliance with compact and OCS policy.

With the new requirements in HB 50, current staff levels will not be able to comply with new data and reporting requirements, higher levels of training, support of the commission, and higher levels of administrative case management and supervision in the field and in the Central, administrative office in Juneau. The OCS will need an additional case worker in Juneau to meet case management, data collection, and reporting requirements to allow the program coordinator to expand case managment and supervision of cases. In addition, the program coordinator will be required to expand training to other agencies involved in the new process, including the Division of Juvenile Justice, the courts, guardians ad litem and tribes, while continuing to coordinate, act as liaison and facilitate meetings and activities of the commission. These costs will begin in 2011 as indicated in this note. In 2012, there will also be a need for four additional workers in the field in order to meet the compact's homestudy and supervision deadlines and requirements. (Continued on Page 3)

**STATE OF ALASKA**
**2008 LEGISLATIVE SESSION**

**BILL NO:** CSHB 50(HES)

**ANALYSIS CONTINUATION**

The OCS anticipates the need for a Social Worker III in the Central, administrative office in Juneau in 2011 (range 18 - $81.8); plus an additional $279.2 in 2012 for 4 additional Social Worker I's – Anchorage, Mat Su, Kenai and Fairbanks (3 range 15's -$69.7 each; 1 range 15 (Fairbanks) $70.1).

The OCS anticipates additional expenses in support of the interstate commission for the placement of children to include training, administrative support, travel, meeting and teleconference costs. In 2011, OCS estimates a need for $10.2 to support travel for the coordinator and commission; $28.2 contractual for interstate commission membership dues, increased overhead costs (human resources, IT, Dept. of Law services) and other related service costs; and $3.5 for supplies and equipment. The department estimates an additional need in 2012 of $234.3 to support travel for homestudy and supervision; $33.9 contractual for increased overhead costs (human resources, IT, Dept. of Law services) and other related service costs; and $6.5 for supplies and equipment.

Of the total $677.6, the federal share will be $98.3.

Representative
JOHN COGHILL
House Rules
Committee Chairman

During Interim: (June-Dec.)
3340 Badger Road
Suite 290
North Pole, Alaska 99705
(907) 488-5725
Fax (907) 488-4271

# Alaska State Legislature

## House of Representatives

District 11

During Session: (Jan.-May)
State Capitol, Room 214
Juneau, Alaska 99801-1182
(907) 465-3719
Fax (907) 465-3258
1-877-465-3719

March 6, 2007

Steve Dale, Commissioner
Department for Child and Family Services
103 S Main Street
Waterbury VT 05671-9800

Dear Mr. Dale:

I introduced HB 50 in the Alaska Legislature after hearing the need at a CSG meeting for a new Interstate Compact. However, we have not scheduled the bill for committee at this time due concerns we have with the current revised ICPC.

We have met with our local ICPC administrator as well as other groups concerned with the revised ICPC and have come to the conclusion that specific items need to be addressed before we can proceed with the bill. These problems include:

- Art. XII (A)(2); Art. XII (C)(c): Enforcement issues
- Art. XIII (B): Program cost
- Art. VI. (B); Art. XI (D): Potential conflicts with state sovereignty
- Art. IX. (A) (C) (D); Art. XI (A) (D) (H): Formulation of regulations

We are strongly supportive of working with the ICPC and other states to improve the process of adopting and placing foster children in order to ensure a safe and timely procedure. This requires a process that is open and responsive. To this end we would like to have the opportunity to view the feedback that the drafters received from the various states about the concerns they had with the draft as well as suggestions for improvement.

We would like to work with the commission and compact coordinators of CSG to come up with proposals to current problems that we have with the new ICPC and we look

E-Mail: Representative_John_Coghill@legis.state.ak.us

forward to the opportunity to do this. We want an ICPC that we can fully support and will work for passage in our state legislature. However, we are just as strongly committed to block the passage of the ICPC in its current form.

The need for fixing problems that exist with the current ICPC is real and urgent and we support this effort. We look forward to hearing from you and would appreciate your comments and recommendations regarding the issues aforementioned.

Thank you for your work on the new ICPC.

Sincerely,

Representative John Coghill
Rules Chairman

cc:
Leslie McGee
Dr.Bruce Goldberg
Howard Hendrick
Carmen Hooker Odom
Chris Peterson
Lewis H. Spence
Brenda Harvey
Kevin Concannon
Jim Robertson
John Mountjoy

AMERICAN ACADEMY OF
Adoption Attorneys

P.O. Box 33053
WASHINGTON, D.C. 20033-0053
www.adoptionattorneys.org



January 14, 2008

## VIA EMAIL ATTACHMENT

Carla Fults, Project Manager
American Public Human Services Association (APHSA)
810 First Street, N.E., Suite 500
Washington, DC 20002

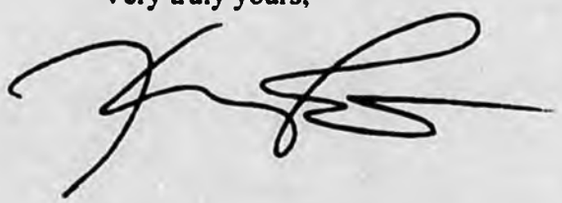
Dear Ms. Fults:

On behalf of the American Academy of Adoption Attorneys (AAAA), it is my pleasure to inform you that the January 7, 2008, draft of the new Interstate Compact for the Placement of Children (ICPC) that you provided to us has been approved by AAAA Board of Trustees.

In a message to all the Fellows of the Academy sent today, I announced the official position of the Academy to recommend passage of this version by the states.

Please let me know if you need anything further at this time regarding AAAA's support of The New Compact.

Very truly yours,



Herbert A. Brail, President

HAB/cr

American Public Human Services Association

TO: Commissioners, Child Welfare Directors, Compact Administrators, Deputy Compact Administrators and ICPC Staff

FROM: Carla Fults,
Project Manager

DATE: January 25, 2008

SUBJECT: Endorsement and Revisions of the New ICPC of the New Interstate Compact *for* Placement of Children. (ICPC)

It is with great pleasure that I inform you that the **American Academy of Adoption Attorneys (AAAA or Quad A) has agreed to full approval and support of the attached version of the New Interstate Compact *for* the Placement of Children (ICPC or New ICPC).** After careful negotiation with the American Academy of Adoption Attorneys, we have successfully negotiated new provisions which address the concerns raised by various private and independent adoption groups throughout the country. The attached document is a result of contributions from state compact administrators, state legal counsels, stakeholders and child and family welfare judges. **The Executive Committee of the National Council of State Human Services (APHSA Policy Council) has endorsed the attached revised version of the New Interstate Compact *for* the Placement of Children (ICPC) for introduction to state legislatures.** In addition, **the executive committees of the National Association of Public Child Welfare Administrators (NAPCWA) and the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) have endorsed the attached version of the New ICPC.**

You may recall, between June, 2006 and July, 2007, approximately fifteen (15) states introduced the Proposed New Compact. However, only Ohio, Missouri and Maine were successful in passing the legislation. Private and independent adoption agencies launched an effective campaign to oppose the Proposed New ICPC, asserting that the draft did not adequately address many of the problems and barriers existing under the current ICPC. Such barriers included excessive wait times for ICPC processing before prospective adoptive parents could travel or return to their home state with a child; arbitrary requests and requirements which were not an important or necessary part of the ICPC process; and conflict of laws and unclear processes where two or more states were involved in an interstate adoption. In addition, the group argued that the Proposed New Compact needed to clarify the definition and application of an assessment compared to a home study and whether these terms would represent and require a separate and

additional review when placing a child; to include language that would provide for a choice of law in the state where an adoption is finalized; and lastly, to amend language which indicated that the rules promulgated by the interstate commission would "supersede state law". State legislatures also expressed opposition to language which stipulated that the rules would "supersede state law".

The New Compact now provides for a choice of law (**Article IV**) in the state where the adoption will be finalized; clarifies the definition of assessment and home study and the application of each term (**Article II**); provides for provisional travel for prospective adoptive parents, contingent upon submission, receipt and review of required documents to verify and ensure safety (**Article V**); and clarifies that rules promulgated by the interstate commission shall have the force and effect of administrative rules (**Article XI**). A list of the revised articles is included below. In addition, please find attached the New Compact with revisions in red, the endorsement letter from the American Academy of Adoption Attorneys, a clean copy of the New Compact which does not highlight changes and may be used as enabling legislation when introducing the New ICPC in your state legislature, and the email cover memo in Word format (document).

**APHSA will hold an all-state call for questions and answers (Q&A) on Thursday, January 31, 2008 at 3 p.m. E.T.** For those states that are planning to introduce the New ICPC before the all-state call and have questions and (or) need assistance, please feel free to contact Carla Fults at (202) 682-0100, ext. 242. APHSA will continue to provide the states with the following services to support enactment of the New ICPC.

- Develop boiler-plate legislative testimony to be used during legislative committee hearings and/or other public events where the primary goal is education on the ICPC. The model testimony will be developed in such a manner as to be customizable for a variety of uses and for a variety of champions and staff.

- Respond to specific questions from the states.

- Convene meetings via teleconference with your attorney general or other state/agency officials to provide clarification of provisions contained within the Compact.

- If necessary, convene an on site briefing with key legislators, legislative staff, executive branch and agency officials and relevant stakeholder groups.

- Provide tailored assistance to individual states at your request.

- Provide expert(s) to testify with you.

- Work with your attorney general or your ICPC staff to include necessary state legislative language which does not alter or change the intent or foundation of the Compact.

On behalf of APHSA, I would like to extend a special thank you to the AAICPC, NAPCWA, and to the many state legal counsels, judicial and interstate administrators and staff who participated in producing this revised version of the New ICPC. If you have questions, please feel free to contact me by email at cfults@aphsa.org or at (202) 682-0100, ext. 242. Thank you in advance for your continued support of the New ICPC.

**List of Articles Amended**

- Article II. Definitions (Assessment, Home Study; other definitions were added to support overall changes)
- Article IV. Jurisdiction (Choice of Law)
- Article V. Placement Evaluation (Provisional Travel/Placement)
- Article XI. Rulemaking Functions of the Interstate Commission (Interstate Commission)

Attachments:

- The revised copy of the New ICPC with changes in red – Entitled " The New Compact with revisions shown 010708"
- Endorsement letter from the American Academy of Adoption Attorneys
- Clean version of the New ICPC to be used for state introduction/enactment - Entitled "The New ICPC 2008"
- Word version of the email cover memo – Cover memo for Endorsement of the New ICPC

HB

113

**Explanation of changes:**
**SCS CSHB 113(HES)**

107_

The changes in Section 3 essentially allow optometrists (after receiving the required training and endorsement) to prescribe and use oral and topical pharmaceuticals under the limitations set forth in this section upon the effective date of the Bill.

Section 3 would also allow for the use (after receiving the required training and endorsement) of *emergency* injections for anaphylactic shock upon the effective date of the Bill.

Section 4 would allow optometrists (after receiving the required training and endorsement) to prescribe and use oral, topical and to inject pharmaceuticals under the limitations set forth in this section.

Section 8 delays the effective date of Section 4 until January 1, 2009

4 yrs + 4 yrs

**Don Burrell**

**From:** Eric Coulter [Eric@AlaskaLasikCenter.com]
**Sent:** Wednesday, May 02, 2007 12:53 PM
**To:** Sen. Bettye Davis
**Subject:** Coulter, M.D. and HB113

Eric W. Coulter, M.D.
Alaska Lasik Center
3601 C St., Suite 1134
Anchorage, AK 99503
eric@alaskalasikcenter.com
907-317-1455

Senator Bettye Davis
Alaska State Legislature
Chair, Health, Education and Social Services Committee

Dear Senator Davis,

Today you will be considering HB 113, a piece of legislation introduced to expand the scope of practice for non-medically licensed practitioners of optometry. You are likely to hear many arguments for and against this bill from two sides of the fence; the optometrists' side and everyone else in the state who is a medically licensed professional. The Alaska State Medical Board is against this, the Alaska State Medical Association is against this, the Alaska Ophthalmology Society is against this and the American Academy of Ophthalmology is against this as well as every ophthalmologist in the State of Alaska.

Current law allows optometrists to utilize topical medications, antibiotics, steroids, glaucoma medications and to treat and follow all ocular conditions without requiring medical licenses. There is not a cry for help from communities in Alaska for lack of available eye care and 40 ophthalmologists serve throughout the State to maintain a high standard of care. To argue that a lack of care in Alaska warrants expanded pharmacologic privileges or that their current level of pharmacologic privilege compromises patient care, is simply erroneous and misleading. This is not "just a little bit more" to "help out" as Representative Samuels has stated; this is a paradigm shift in medical practice and standards. Essentially, optometrists would like to legislate medical competency, which is not only impossible, but dangerous to the public.

Optometrists are not medical doctors or surgeons and are not trained as such. They are not allowed surgical privileges at any facility in Alaska or the United States. Attempts at this in Kansas were met with overwhelming opposition and laws briefly allowing optometrists such privileges throughout the VA hospital system came to a crashing halt just a few years ago. No hospital in Alaska or the United States recognizes their training as sufficient to practice medicine at their facilities and no insurance companies insure them for such. No optometrist in Alaska or the United States is allowed to help in the emergency rooms or to take call for the community. They are not medical doctors, they do not have medical licenses and they are not allowed to perform procedures around the eye any more than a chiropractor is allowed to perform back surgery.

To vote for this bill is to go against the very body (the Alaska State Medical Board) you rely on to make appropriate medical decisions for the citizens of Alaska. You and they are tasked with maintaining the highest level of medical standards and responsibility for our State. This bill would allow paramedical individuals to write prescriptions and perform injections for drugs they do not have cause or need for including Botox, retro bulbar anesthetics (injections behind the eye and near the brain) and dermatologic plastic injections. They would be allowed to police themselves, make determinations about required training, and determine injection proficiency without a single one of them possessing a medical license. Does this sound "better for the State" to you?

We need to draw the line that paraprofessionals can not cross and place our States population at risk for their own gain. This bill is much broader and more loosely written than all but 5 other states in the union according to the American Academy of Ophthalmology research department. If this passes, other groups will follow in the name of 'patient access' and the next bill on the table will be for medical procedures etc. There is an agenda

here, but it is not for the well managed, competent care of our people. The optometric lobbyists have pushed for this for years without success. There are reasons these individuals are not medically licensed which will be presented to you ad nauseum.

Please respect the historic validity of our medical system and do not rewrite what constitutes competent medical care in our communities. If their interest is truly for improved patient care, then let them come forward through these existing pathways of required training and education. To date, none of them have approached the Alaska State Medical Board, the Alaska State Medical Association, the American Academy of Ophthalmology, the Alaska Ophthalmology Society or any hospital administration etc. to approach this in a unified way. This does not represent an effort at community improvement but reveals its special interest and effective reduction of medical standards. Do not succumb to this modicum.

I am glad you are in the position you hold to ensure the best for our State and our populace. Thank you for you attention.

Sincerely,

Eric W. Coulter, M.D.
Diplomat, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology
Active Staff member, Providence Alaska Medical Center, Alaska Regional Hospital

1.

4 yrs + 4 yrs

7 hr [redacted] r

PA

Nurse P

Class 3 4 5 drugs

# SENATE COMMITTEE REPORT

DATE: 4/23/07

FURTHER: (Labor and Commerce) / Finance

DATE TURNED IN TO OFFICE: 5/7/07

**Health, Education and Social Services Committee** considered CS FOR HOUSE BILL NO. 113(HES)

HB 113 OPTOMETRISTS' USE OF PHARMACEUTICALS

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists."

and recommends:

[✓] be **replaced** with [✓] **SCS** or [ ] **CS** CS HB 113 (HES)

[ ] adopt **previous** [ ] **SCS** or [ ] **CS** _____ (_____)

[ ] attached amendment(s)

[ ] adopt _____ Letter of Intent

[ ] further referral to _____ Committee

**SENATE BILL:**
[ ] Same Title
[ ] New Title

**HOUSE BILL:**
[ ] Same Title
[ ] Technical Title Change
[✓] New Title w/ SCR # TECH

**NEW FISCAL NOTE(S):**

| Department | Date | Fiscal | Indet. | Zero | FN# |
|---|---|---|---|---|---|
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**PREVIOUS FISCAL NOTE(S):**

| Department | Date | Fiscal | Indet. | Zero | FN# |
|---|---|---|---|---|---|
| CED | 3/16 | | | ✓ | |
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[ ] **APPROPRIATION - no fiscal note**

| SIGNATURES AND RECOMMENDATIONS: | PRINTED LAST NAME | DO PASS | DO NOT PASS | NO REC | AMEND |
|---|---|---|---|---|---|
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| | | | | | |
| | | | | | |
| CHAIR: | | | | | |

25-LS0411\O
Bullard
5/2/07

**SENATE CS FOR CS FOR HOUSE BILL NO. 113( )**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - FIRST SESSION

**BY**

**Offered:**
**Referred:**

**Sponsor(s): REPRESENTATIVES SAMUELS, Thomas, Kawasaki, Gruenberg, LeDoux, Lynn**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists; and providing for an effective date."**

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

*** Section 1.** AS 08.72.175(a) is amended to read:

(a) The board may issue a license endorsement authorizing a licensee to prescribe and use the pharmaceutical agents described in AS 08.72.272(a), if the licensee or applicant for a license **has successfully completed**

**(1)** [PASSES] the written and practical portions of an examination on ocular pharmacology, approved by the board, that tests the licensee's or the applicant's knowledge of the characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the prescription and use of pharmaceutical agents;

**(2) a nontopical therapeutic pharmaceutical agent course of at least 23 hours approved by the board or an examination approved by the board**

**on the treatment and management of ocular disease; and**

**(3) an optometry and nontopical therapeutic pharmaceutical agent injection course of at least seven hours approved by the board or equivalent training acceptable to the board** [. THE ENDORSEMENT EXPIRES AT THE SAME TIME AS THE LICENSE TO WHICH IT ATTACHES. THE ENDORSEMENT MAY BE RENEWED UPON SATISFACTORY COMPLETION OF CONTINUING EDUCATION REQUIREMENTS ESTABLISHED BY THE BOARD BY REGULATION].

*** Sec. 2.** AS 08.72.175 is amended by adding a new subsection to read:

(d) A license endorsement issued under (a) of this section expires at the same time as the license to which it attaches. Renewal of the endorsement may not be granted unless, in the four years preceding the application for renewal, the licensee has successfully

(1) completed eight hours of continuing education approved by the board concerning the use and prescription of pharmaceutical agents;

(2) completed seven hours of continuing education approved by the board concerning the injection of nontopical therapeutic pharmaceutical agents; and

(3) met other requirements the board considers necessary to ensure the continued protection of the public.

*** Sec. 3.** AS 08.72.272(a) is amended to read:

(a) A licensee **with an endorsement issued under AS 08.72.175(a)** may prescribe and use a pharmaceutical agent**, including a controlled substance,** in the practice of optometry if

(1) the pharmaceutical agent

**(A) is prescribed and used for the treatment of ocular disease or conditions, ocular adnexal disease or conditions, or emergency anaphylaxis;**

**(B) is not a schedule IA, IIA, or VIA controlled substance;**

**(C) is prescribed in a quantity that does not exceed four days of prescribed use if it is a controlled substance; and**

**(D) is not injected, unless the injection is for emergency**

**anaphylaxis and is not injected into the ocular globe of the eye** [IS A DRUG TOPICALLY APPLIED TO THE HUMAN EYE AND ITS APPENDAGES]; and

(2) the **licensee**

**(A) has a physician-patient relationship, as defined by the board in regulations adopted under this chapter, with the person to whom the pharmaceutical agent is prescribed; and**

**(B) has on file with the department the licensee's current federal Drug Enforcement Administration registration number that is valid for the controlled substance prescribed or used** [PERSON HOLDS A LICENSE ENDORSEMENT ISSUED BY THE BOARD AUTHORIZING THE PRESCRIPTION AND USE OF PHARMACEUTICAL AGENTS].

*** Sec. 4.** AS 08.72.272(a), as amended by sec. 3 of this Act, is amended to read:

(a) A licensee with an endorsement issued under AS 08.72.175(a) may prescribe and use a pharmaceutical agent, including a controlled substance, in the practice of optometry if

(1) the pharmaceutical agent

(A) is prescribed and used for the treatment of ocular disease or conditions, ocular adnexal disease or conditions, or emergency anaphylaxis;

(B) is not a schedule IA, IIA, or VIA controlled substance;

(C) is prescribed in a quantity that does not exceed four days of prescribed use if it is a controlled substance; and

(D) is not injected [, UNLESS THE INJECTION IS FOR EMERGENCY ANAPHYLAXIS AND IS NOT INJECTED] into the ocular globe of the eye; and

(2) the licensee

(A) has a physician-patient relationship, as defined by the board in regulations adopted under this chapter, with the person to whom the pharmaceutical agent is prescribed; and

(B) has on file with the department the licensee's current federal Drug Enforcement Administration registration number that is valid for

the controlled substance prescribed or used.

*** Sec. 5.** AS 08.72.272(c) is amended to read:

(c) A licensee may use a pharmaceutical agent in the practice of optometry if

(1) the pharmaceutical agent is a drug topically applied to the human eye and its appendages; and

(2) the person holds a license endorsement issued by the board **under AS 08.72.175(c)** authorizing the use of the pharmaceutical agent **under this subsection**.

*** Sec. 6.** AS 08.72.272 is amended by adding a new subsection to read:

(d) In this section, "controlled substance" has the meaning given in AS 11.71.900.

*** Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION. (a) A license endorsement issued under AS 08.72.175(a) before the effective date of this section continues in effect for the term issued unless revoked or suspended by the Board of Examiners in Optometry.

(b) The changes made by this Act to AS 08.72.175 and 08.72.272(a) by secs. 1 - 3, 5, and 6 of this Act do not affect the scope of practice allowed under a license endorsement issued under AS 08.72.175(a) before the effective date of this section.

(c) A license endorsement issued under AS 08.72.175(a) before the effective date of this section may not be renewed on or after the effective date of this section.

*** Sec. 8.** Section 4 of this Act takes effect January 1, 2009.

**Don Burrell**

**From:** Eric Coulter [Eric@AlaskaLasikCenter.com]
**Sent:** Wednesday, May 02, 2007 12:53 PM
**To:** Sen. Bettye Davis
**Subject:** Coulter, M.D. and HB113

Eric W. Coulter, M.D.
Alaska Lasik Center
3601 C St., Suite 1134
Anchorage, AK 99503
eric@alaskalasikcenter.com
907-317-1455

Senator Bettye Davis
Alaska State Legislature
Chair, Health, Education and Social Services Committee

Dear Senator Davis,

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Current law allows optometrists to utilize topical medications, antibiotics, steroids, glaucoma medications and to treat and follow all ocular conditions without requiring medical licenses. There is not a cry for help from communities in Alaska for lack of available eye care and 40 ophthalmologists serve throughout the State to maintain a high standard of care. To argue that a lack of care in Alaska warrants expanded pharmacologic privileges or that their current level of pharmacologic privilege compromises patient care, is simply erroneous and misleading. This is not "just a little bit more" to "help out" as Representative Samuels has stated; this is a paradigm shift in medical practice and standards. Essentially, optometrists would like to legislate medical competency, which is not only impossible, but dangerous to the public.

Optometrists are not medical doctors or surgeons and are not trained as such. They are not allowed surgical privileges at any facility in Alaska or the United States. Attempts at this in Kansas were met with overwhelming opposition and laws briefly allowing optometrists such privileges throughout the VA hospital system came to a crashing halt just a few years ago. No hospital in Alaska or the United States recognizes their training as sufficient to practice medicine at their facilities and no insurance companies insure them for such. No optometrist in Alaska or the United States is allowed to help in the emergency rooms or to take call for the community. They are not medical doctors, they do not have medical licenses and they are not allowed to perform procedures around the eye any more than a chiropractor is allowed to perform back surgery.

To vote for this bill is to go against the very body (the Alaska State Medical Board) you rely on to make appropriate medical decisions for the citizens of Alaska. You and they are tasked with maintaining the highest level of medical standards and responsibility for our State. This bill would allow paramedical individuals to write prescriptions and perform injections for drugs they do not have cause or need for including Botox, retro bulbar anesthetics (injections behind the eye and near the brain) and dermatologic plastic injections. They would be allowed to police themselves, make determinations about required training, and determine injection proficiency without a single one of them possessing a medical license. Does this sound "better for the State" to you?

We need to draw the line that paraprofessionals can not cross and place our States population at risk for their own gain. This bill is much broader and more loosely written than all but 5 other states in the union according to the American Academy of Ophthalmology research department. If this passes, other groups will follow in the name of 'patient access' and the next bill on the table will be for medical procedures etc. There is an agenda

here, but it is not for the well managed, competent care of our people. The optometric lobbyists have pushed for this for years without success. There are reasons these individuals are not medically licensed which will be presented to you ad nauseum.

Please respect the historic validity of our medical system and do not rewrite what constitutes competent medical care in our communities. If their interest is truly for improved patient care, then let them come forward through these existing pathways of required training and education. To date, none of them have approached the Alaska State Medical Board, the Alaska State Medical Association, the American Academy of Ophthalmology, the Alaska Ophthalmology Society or any hospital administration etc. to approach this in a unified way. This does not represent an effort at community improvement but reveals its special interest and effective reduction of medical standards. Do not succumb to this modicum.

I am glad you are in the position you hold to ensure the best for our State and our populace. Thank you for you attention.

Sincerely,

Eric W. Coulter, M.D.
Diplomat, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology
Active Staff member, Providence Alaska Medical Center, Alaska Regional Hospital

**To:** **Alaska Legislature**
**From:** **Carl Rosen, MD, President, American Academy of Ophthalmology, Alaska Chapter**
**542 West Second Ave, Anchorage, Alaska 99501**
**907-276-1617, message: 907-563-8526**
**Re:** **Analysis of HB 113, Optometric Scope of Practice Legislation**
**Date:** **2/1/07**

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**What is Wrong with HB 113 – the Optometric Scope of Practice Legislation?**

If this bill were enacted, optometrists in Alaska would have one of the most expansive scopes of practice in the country. Simply put, optometrists do not have sufficient education, training, or experience to use systemic drugs.

**What would this bill do?**

HB 113 would allow optometrists to:

- Administer pharmaceuticals by injection and infusion.
- Prescribe Controlled Substances, including narcotics and analgesics.
- Prescribe whole classes of oral drugs, including but not limited to steroids, antibiotics, and antivirals.

**What are some of the problems associated with prescribing systemic drugs?**

Here are just a few examples of the many side-effects that systemic drugs can cause:
- Extended use of steroids can lead to permanent damage of the joints and other parts of the body.
- The over-prescribing of antibiotics has already contributed to the significant problem of resistant micro-organisms, resulting in infectious diseases that are more difficult to treat.
- Controlled substances are not only subject to abuse but are rarely prescribed by ophthalmologists. When ophthalmologists do prescribe them, it is usually related to major eye surgery. A basic rule of thumb in ophthalmic care is that if you need a controlled substance, you missed the diagnosis.

A high percentage of the persons treated by ophthalmologists are seniors. Since seniors often have serious eye medical conditions as well as chronic illnesses for which they may be taking other drugs and less tolerance to drug side-effects, careful evaluation and close coordination by an ophthalmologist with other medical treatment is essential.

**How does the education and training of an optometrist and ophthalmologist differ?**

Optometrists go to four years of optometry school. This is not the same as the eight years of ophthalmology training and education. Not only do optometrists not possess a medical degree, they are not required to complete clinical rounds, internships and residencies that

focus on patients with serious eye disease. The typical training and experience of an ophthalmologist begins with four years of medical school. Afterwards, the medical school graduate must also complete an intensive one-year hospital residency, consolidating and honing knowledge and skills in the art of medicine. Only then does the physician begin a three-year ophthalmology residency in order to concentrate on the treatment of eye disease. As a result of this training, ophthalmologists graduate confident prescribing systemic drugs to patients who seek their help. Just as importantly, because of this education and training, their patients trust them to prescribe drugs safely and effectively.

# Representative Ralph Samuels

## House District 29

Date: April 23, 2007

To: Senator Bettye Davis, Chair
Senate Health, Education and Social Services Committee

From: Representative Ralph Samuels

RE: Hearing Request for CSHB113(HESS)

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Please schedule a hearing for CSHB113 at your earliest convenience.

Attached please find:

1. CSHB113(HESS)
2. HB113
3. Sponsor Statement
4. Fiscal Note (Zero)
5. Back-up information and letters of support

Please contact Sydney Morgan of my office with any questions at x 6791.

Thank you.

Session: Alaska State Capital, Juneau, AK 99801, (907) 465-2095
Interim: 716 W. 4th Ave, Suite 630, Anchorage, AK 99801 (907) 269-0240

Representative Ralph Samuels

# Sponsor Statement
# House Bill 113

"An Act relating to the prescription and use of pharmaceutical agents, including controlled substances, by optometrists."

House Bill 113 would allow optometrists to prescribe systemic (oral) medications to treat a patient's eyes or for an allergic shock reaction. Currently Alaskan optometrists are limited to prescribing only topical medications, while optometrists in 45 states, the District of Columbia and Guam are able to prescribe systemic (oral) medications.

The course of study that optometrists undergo is comparable or exceeds that required of their peers in the health care professions who are already granted the ability to prescribe medications. Optometry programs include several semesters of pharmacology, in addition to studies in human anatomy, physiology and biochemistry. Optometrists, like dentists and podiatrists, attend four years of graduate school after receiving their undergraduate degree. Yet of these professions, only optometrists are limited to prescribing topical agents.

Regulations are already in place to ensure that only qualified optometrists may prescribe systemic medications. Optometrists must pass an exam, such as the "Treatment and Management of Ocular Disease" from the National Board of Examiners in Optometry, and must show that they have completed the necessary continuing education in pharmacology each year in order to prescribe any medications authorized under statute.

Increasing optometrists' prescribing authority will be of benefit to Alaskan patients, preventing those who require oral or injectible prescriptions from having to visit a general practitioner in addition to their regular optometrist. This will save patients time and money, and allow optometrists greater participation in their patients' care.

# FISCAL NOTE

**STATE OF ALASKA**
**2007 LEGISLATIVE SESSION**

Fiscal Note Number: 1
Bill Version: CSHB 113(HES)
(H) Publish Date: 4/2/07

Revision Date/Time (Note if correction):
Dept. Affected: Commerce
Title: Optometrists Use of Pharmaceuticals
RDU: Corp, Bus & Prof Licensing (117)
Component: Corp, Bus & Prof Licensing
Sponsor: Samuels et al
Requester: House HES
Component No.: 2360

**Expenditures/Revenues** (Thousands of Dollars)

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

| OPERATING EXPENDITURES | FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2012 | FY 2013 |
|---|---|---|---|---|---|---|
| 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--Do not abbreviate) | | | | | | |
| **TOTAL** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Estimate of any current year (FY2007) cost:** 0.0
**Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:**

**POSITIONS**

| | | | | | | |
|---|---|---|---|---|---|---|
| Full-time | | | | | | |
| Part-time | | | | | | |
| Temporary | | | | | | |

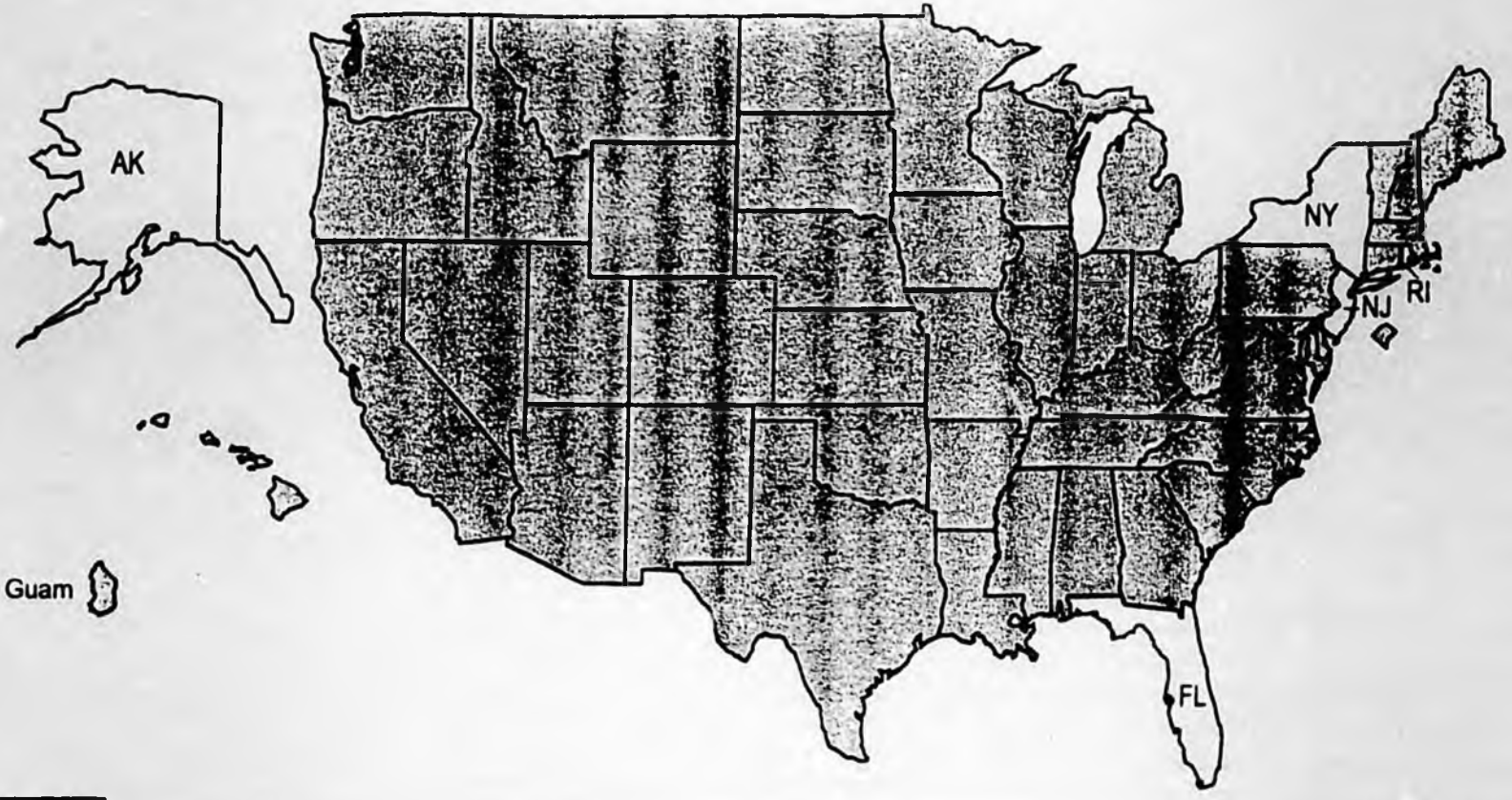
**ANALYSIS:** *(Attach a separate page if necessary)*

This legislation amends various provisions of AS 08.72 Optometrists and Use of Pharmaceutical Agents, including adding specifications for controlled substances. This is not expected to result in the need for additional funds to implement the provisions.

Prepared by: Chris Wyatt, Administrative Manager — Phone (907) 465-2572
Division: Corporations, Business, and Professional Licensing — Date/Time 3/16/07 2:09 PM
Approved by: Emil Notti, Commissioner — Date 3/16/2007
Agency: Commerce, Community, and Economic Development

1. First Diagnostic Drug Authority, 1971 – Rhode Island (pg 1)
2. First Oral Drug Authority, 1977 – North Carolina (pg 1)
3. Laws establishing or expanding prescriptive authority for ODs have been enacted 164 times in the 50 states, D.C., Guam & Puerto Rico (pg 2)
4. Laws repealing or diminishing prescriptive authority for ODs have never been enacted. (pg 2)
5. 45 States, D.C. & Guam have oral prescriptive authority. (pg 3)
6. 19 states have no restrictions on oral drugs. (pg 3)
7. 29 states have injectable drug authority. (pg 13)
8. 18 states are limited to anaphylaxis only. (pg 13)
9. 36 states did not require additional CE for increased scope of practice. (pg 5)
10. The Alaska Medical Board surveyed Medical Boards throughout the nation in 2001. There were no reported problems. (pg 14)

# The Prescription of Systemic Medications By Optometrists To Treat Eye Disease




Some/All Systemic Medications

September, 2006

Alaska Optometric Association

1689 C Street, Suite 222
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# Frequently Asked Questions

## Do optometrists have sufficient education, training, and experience to use systemic drugs?

Yes. Courses in pharmacology, physiology, and pathology are an integral component of the core curriculum in optometry school, using the same medical model as taught in dental and medical schools. Optometry schools are fully accredited by nationally-recognized agencies. Circa 1970, all optometry schools elevated their education level to a 4 year professional program identical to the medical and dental model. Optometrists have been safely prescribing systemic drugs in other states since 1977, and currently 45 states allow all or some systemic treatment of eye diseases. Licensed optometrists are required to take continuing education courses in this area to stay current in their knowledge and training. This is not new ground, Alaska is far behind the curve in eye care access and delivery.

## Does HB 113 allow optometrists to administer pharmaceuticals by injection and infusion?

Yes. The route of administration of a drug is not the primary factor. In fact, injectable drugs are generally not a class of separate drugs. Optometrists are fully educated and competent to use any drug regardless of its route of administration. Optometrists currently use needles every day routinely for removing corneal foreign bodies, and needle-type cannulas for irrigating tear ducts, so that is not a factor.

## Are there potential risks associated with prescribing systemic drugs?

Absolutely. The prescribing of any drug is very serious, that is why doctors of optometry, dentistry, and medicine educate a minimum of 8 years and are state licensed. In Alaska, advanced nurse practitioners safely prescribe all the systemic drugs unrestricted with currently less education. Optometrists go through rigorous training on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. HB 113 restricts optometrists to treating ONLY the eye and surrounding tissues. When systemic medications are indicated for certain and emergent conditions they are absolutely necessary. Optometrists use their professional judgment to decide whether to treat or to refer a patient to a more specialized provider.

## Do ophthalmologists have more education and training then optometrists?

Yes. Optometry school consists of four years of post-graduate, doctoral-level study concentrating on the eye, vision and associated systemic disease with an optional one-year residency. This education is the same medical model as medicine, dentistry & podiatry. Ophthalmology is a 3 year residency above and beyond medical school. This additional three-year residency prepares the ophthalmologist to be an eye surgeon and tertiary-level specialist. This is the same as cardiology, orthopedics, or ear, nose, throat specialists. Patients see a primary care provider for their general health needs and are referred to a specialist when necessary. This system increases access to care and holds costs lower. Optometrists routinely refer patients to ophthalmologists for advanced eye care or surgery, the same as family doctors refer to needed specialty consultation. The critical factor is that there are optometrists in a vast number of Alaskan communities, while the specialty ophthalmologists are only in a few large cities

## Who benefits from HB 113?

Patients. This bill will allow patients to receive prescriptive treatment in-office or go straight to a pharmacy with a prescription written by the patient's primary eye doctor, instead of having to schedule another doctor's visit simply to get the prescription for the medicine the optometrist has already determined they need. Optometrists gain no additional income by expanding their drug authority, as the patient is charged for the office visit, not which drug is prescribed.

## Will HB 113 put Alaskans at risk?

No. Often times, legislators must make difficult decisions based on assumptions. Fortunately, with HB 113, there are no assumptions necessary because we can look at facts. Similar legislation has passed in 45 other states throughout the last 30 years with none ever repealed and no reported problems. In fact, the Alaska Medical Board surveyed medical boards throughout the Nation to find out if their were any problems in states where similar legislation had passed. Not one medical board reported any problems.

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# Statement for Optometric Practice Under this Legislation

As optometric physicians, our intent for expanding our statutes to include oral pharmaceuticals is to provide better and more complete eye care to Alaskans.

Currently, we are limited in the treatment of eye diseases we see on a routine basis. Diseases such as acute allergic reactions, ocular Herpes and ocular Herpes Zoster, chronic lid diseases, and infectious conjunctivitis and lid diseases, would benefit from the help of oral medications.

**109 optometric physicians 85 different locations** currently serve the Alaskan population spanning from Barrow to Juneau.

Optometric physicians are often the only eye care physicians available in rural areas throughout Alaska. **Our specialty is in primary and preventative eye care. We are educated and trained in the use of oral therapeutics.** This legislation is not adding to the profession but enabling optometric physicians to practice at the level they are trained and needed.

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# Current and Proposed Therapeutic Pharmaceuticals Legislation for Optometric Physicians

**Current legislation** for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent in the practice of optometry if

1. a pharmaceutical agent is a drug **topically applied** to the human eye and its appendages; and
2. the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

A licensee may not purchase, possess, prescribe, or use a pharmaceutical agent unless the licensee has obtained a license endorsement under AS 08.72.175.

**Proposed change to legislation** for optometry and the use for pharmaceutical agents:

A licensee may prescribe and use a pharmaceutical agent, including a controlled substances, in the practice of optometry if

1. the pharmaceutical agent is not included on schedule 1A* under AS11.71
2. the pharmaceutical agent is prescribed and **used for the treatment of ocular disease and ocular adnexal disease or conditions or for emergency anaphylaxis** [a drug topically applied to the human eye and it appendages]; and
3. [(2)] the person holds a license endorsement issued by the board authorizing the prescription and use of pharmaceutical agents.

**Schedule 1A are those that have no accepted medical use in the United States and that have high abuse potential, including LSD, heroin, marijuana, and may include investigational controlled substances.*

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# Scope of Optometry Practice

The practice of optometry includes:

*(The following is a sample of what is included in the scope of optometry and does not list every disease or disorder that is treated in the practice of the profession.)*

**A complete analysis** of the following components of the eye and visual system:

The health of the ocular tissue including the eyelids, lashes and the surrounding tissues, conjunctiva, cornea, anterior chamber, iris, lens, vitreous, retina and optic nerve.

The ocular vascular systems including the eyelids and surrounding tissues, cornea, conjunctiva, optic nerve and retina.

The intraocular pressures and blood pressure.

Pupil responses, extraocular muscles and eye lid muscle responses.

The ability for the eye to see with and without correction.

**Diagnosis, treatment and management of ocular diseases:**

Conjunctivitis including viral, bacterial and allergic corneal inflammation, ulcers, degeneration and dystrophy, keratoconus, abrasions, foreign body removals, uveitis, glaucoma, macular degeneration, retinitis pigmentosa, macular edema, retinitis, vitreal disorders, cataracts, retinal melanomas and masses, and other ocular tissues including eye lids.

Pre and post surgical care for variety of ocular surgeries.

**Diagnosis of ocular disease and related systemic diseases*:**

Hypertensive retinopathy and hypertension, arteriosclerotic plaques and arteriosclerosis, vascular incidences including central retinal and branch vein occlusions, central retinal artery occlusions, ischemic optic neuropathy and diabetic retinopathy and diabetes.

**Neurological evaluation** involving the visual system related systemic conditions:

Optic neuritis and multiple sclerosis, psuedo-tumor cerebri secondary to increased intracranial pressure, retrobular optic neuritis, brain tumors involving the visual pathway, pupillary response defects which can be secondary to a lesion or mass along the neuropathway.

**An optometric physician manages the ocular manifestations of the disease and the patient is referred to the appropriate physician to treat the systemic portion of the disease.*

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# Doctorate Degree Education and Training for Optometric Physicians

There are between **200 to 300 classroom hours** assigned to the specific area of pharmacology and **two years of clinical applications** of systemic and ocular agents in the treatment of ocular disease.

**General pharmacology 1 & 2** cover **systemic pharmacology** of agents in each drug class, pharmacokinetics, and the quantitative and qualitative aspects of pharmacodynamics and the drug and patient relationship variables. This includes the topics of autonomic nervous system agents, cardiovascular drugs, renal pharmacology, gastrointestinal drugs, respiratory pharmacology, anti-inflammatory agents, chemotherapeutic agents, neuropharmacologic agents, anesthetics, hormones and hormone antagonists, pain pharmacology, toxicology and the toxicology of poisons.

**Ocular pharmacology and ocular pharmacalogical therapies** includes ocular and systemic pharmacological agents related to the treatment and management of ocular disease the pharmacokinectics and pharmacodynamic. This includes the **use of topical, oral and injectable medications in the treatment of eye and the associated structures.**

Related required classes and labs:

| | | |
|---|---|---|
| Human anatomy | Neuroanatomy | Histology |
| Human physiology | Neurophysiology | Embryology |
| Human pathology | Neurobiology | Biochemistry |
| Ocular anatomy | Ocular physiology | Ocular pathology |
| Ocular disease | Ocular emergencies | Immunology |
| Clinical medicine | Clinical emergencies | Patient Care |

## Clinical Education

There are **at least 2,000 patient contact hours** in a variety of optometric clinical settings examining diverse patient populations. This includes clinical, hospital and emergency experience.

***Please see the attached examples of the course work required by optometry schools.***

# PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

## Doctor of Optometry Degree
## 2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005-2006

| OPT # | Fall Semester: | Credits | OPT # | Spring Semester: | Cred |
|---|---|---|---|---|---|
| 501 | Geometric Optics with Lab | 4.0 | 502 | Physical Optics with Lab | 3.0 |
| 516 | Clinical Experience I | 0.5 | 503 | Visual Optics and Ocular Motility with Lab | 4.0 |
| 531 | Ocular Anatomy, Physiology and Biochemistry with Lab | 4.5 | 517 | Clinical Experience II | 0.5 |
| 535 | Functional Neuroanatomy and Neurobiology | 3.0 | 532 | Anatomy of the Visual System with Lab | 3.0 |
| 538 | Pharmacological Principles and Autonomic Agents | 3.0 | 533 | Microbiology, Genetics and Immunology; Pharmacology of Anti-Infective Drugs; Diseases of the Lid and Lacrimal System | 3.0 |
| 548 | Clinical Procedures: Non-refractive Diagnostic Tests with Lab | 3.0<br>4.0 | | | |
| 562 | Behavioral Optometric Science with Lab | | 534 | Laboratory Procedures for Assessment of Ocular Disease | 1.0 |
| | | | 537 | Etiology, Diagnosis and Management of Systemic Diseases; Pharmacology of Systemic Medications I | 4.0 |
| | | | 547 | Clinical Procedures: Binocular Testing and Optics with Lab | 2.0 |
| | Total Semester Credits | 22.0 | | Total Semester Credits | 20.5 |
| | | | | Total First Year Credits | 42.5 |

SECOND PROFESSIONAL YEAR: 2005 - 2006

| OPT # | Fall Semester: | Credits | OPT # | Spring Semester: | Credit |
|---|---|---|---|---|---|
| 601 | Ophthalmic Optics | 3.0 | 617 | Optometric Case Analysis | 4.0 |
| 602 | Sensory-Motor Interactions in Vision with Lab | 4.0 | 618 | Theory and Practice of Spherical Rigid and Soft Contact Lenses with Lab | 3.0 |
| 616 | Theory and Methods of Refraction | 3.0 | | | |
| 620 | Clinical Experience III | 0.5 | 621 | Clinical Experience IV | 0.5 |
| 631 | Diagnosis and Treatment of Anterior Segment Diseases | 2.0 | 633 | Diagnosis and Treatment of Posterior Segment Diseases | 3.0 |
| 632 | Detection, Assessment and Treatment of Anterior Segment Diseases | 1.0 | 634 | Detection, Assessment and Treatment of Posterior Segment Diseases | 1.0 |
| 637 | Etiology, Diagnosis and Management of Systemic Diseases; Pharmacology of Systemic Medications II | 2.0 | 638 | Etiology, Diagnosis and Management of Systemic Diseases with Lab; Pharmacology of Systemic Medications III | 2.0 |
| 46 | Clinical Procedures: Refractive Error Measurement with Lab | 2.0 | 648 | Clinical Procedures: Phorometry and Ocular Health with Lab | 4.0 |
| 47 | Ophthalmic Dispensing Procedures with Lab | 2.0 | 662 | Visual Information Processing and Perception with Seminar | 4.0 |
| 71 | Physiological, Psychological and Cognitive Changes During the Lifespan | 2.0 | | | |
| | Total Semester Credits | 21.5 | | Total Semester Credits | 21.5 |
| | | | | Total Second Year Credits | 43.0 |

THIRD PROFESSIONAL YEAR: 2005 - 2006

| OPT# | Summer Semester: | Credits | OPT# | Fall Semester: | Credits | OPT# | Spring Semester: | Credits |
|---|---|---|---|---|---|---|---|---|
| 715 | Patient Care: First Session | 1.0 | 718 | Advanced Optometric Case Analysis with Lab | 4.0 | 723 | Patient Care: Third Session | 2.0 |
| 716 | Theory and Practice of Specialty Contact Lenses with Lab | 4.0 | 720 | Vision Therapy for Binocular and Oculomotor Dysfunction with Lab | 4.0 | 725 | Assessment and Mgt of Strabismus and Amblyopia with Lab | 4.0 |
| 721 | Clinical Experience V | 0.5 | | | | | | |
| 726 | Normal and Abnormal Visual Perception | 2.0 | 722 | Patient Care: Second Session | 2.0 | 727 | Evaluation and Mgt of Patients with Perceptual Problems with Lab | 3.0 |
| | | | 724 | Pediatric and Developmental Optometry | 2.0 | | | |
| 761 | Public Health Optometry | 2.0 | | | | | | |
| 763 | Environmental, Occupational and Recreational Vision | 2.0 | 728 | Assessment and Mgt of the Partially Sighted Patient | 2.0 | 735 | Applied Ocular Therapeutics | 1.0 |
| | | | | | | 762 | Communication in Optometric Practice with Lab | 2.0 |
| 731 | Optometric Thesis: Orientation and Planning | 1.0 | 733 | Assessment and Mgt of Ocular Disease Patients | 2.0 | | | |
| | Electives* | | | Electives* | | 764 | Optometric Economics and Practice | 4.0 |
| | | | | | | | Electives* | |
| | Total Semester Credits | 12.5 | | Total Semester Credits | 16.0 | | Total Semester Credits | 16.0 |
| | *=Students are required to complete at least 4 credit hours of electives during third year. | | | | | | Total Third Year Credits (Including Electives) | 48.5 |

FOURTH PROFESSIONAL YEAR: 2005 - 2006

| OPT # | Fall Semester: | Credits | OPT # | Spring Semester: | Credits |
|---|---|---|---|---|---|
| | Preceptorships: | | | Internal Clinic Rotation: | |
| | | | 817 | Patient Care XI: Internal Clinic Rotation | 5.0 |
| | | | 818 | Vision Therapy Patient Care | 2.0 |
| | Patient Care VIII: Preceptorship Session 1 | 11.0 | 819 | Low Vision Patient Care | 1.0 |
| | Patient Care IX: Preceptorship Session 2 | 11.0 | 820 | Contact Lens Patient Care | 1.0 |
| | Patient Care X: Preceptorship Session 3 | 11.0 | 821 | Clinical Rounds | 1.0 |
| 892 | Optometric Thesis: Completion | 1.0 | 822 | Pediatric Patient Care | 1.0 |
| | | | 832 | Ocular Disease and Special Testing Patient Care | 1.0 |

# ILLINOIS COLLEGE OF OPTOMETRY

## Doctor of Optometry Degree
### 2005 - 2006 Curriculum

**FIRST PROFESSIONAL YEAR: 2005 - 2006**

| OPT # | Fall Quarter 1.1 | Credits | OPT # | Winter Quarter 1.2 | Credits | OPT # | Spring Quarter 1.3 | Credit |
|---|---|---|---|---|---|---|---|---|
| 114 | Human Anatomy | 5.0 | 106 | Histology and Embryology | 4.0 | 111 | Neuroanatomy and | 4.0 |
| 116.1 | Human Physiology and Pathology I | 4.0 | 107 | Applied Ocular Anatomy | 6.0 | | Neurophysiology | |
| 120.1 | Geometric and Theoretical Optics I | 4.0 | 116.2 | Physiology and Pathology II | 2.0 | 116.3 | Physiology and Pathology III | 4.0 |
| 140.1 | Sensory Aspects of Vision I | 4.0 | 120.2 | Geometric and Theoretical | 4.0 | 140.2 | Sensory Aspects of Vision II | 5.0 |
| 150.1 | Biochemistry I | 4.0 | | Optics II | | 162.3 | Optometry 1.2 | 3.0 |
| 162.1 | Introduction to Optometric | 1.0 | 150.2 | Biochemistry II | 4.0 | 170 | Physiological Optics I | 3.0 |
| | Procedures | | 162.2 | Optometry 1.1 | 3.0 | 194 | Health Promotions | 1.0 |
| | Total Quarter Credits | 22.0 | | Total Quarter Credits | 22.0 | | Total Quarter Credits | 20 |
| | | | | | | | Total First Year Credits | 64.0 |

**SECOND PROFESSIONAL YEAR: 2005 - 2006**

| OPT # | Fall Quarter 2.1 | Credit | OPT # | Winter Quarter 2.2 | Credit | OPT # | Spring Quarter 2.3 | Credit |
|---|---|---|---|---|---|---|---|---|
| 212 | Ocular Physiology | 4.0 | 245 | Color Vision and Developmental | 4.5 | 222 | Theoretical and Physical Optic | 2.0 |
| 244 | Binocular Vision and Ocular | 5.0 | | Neurobiology | | | Immunology | |
| | Motility | | 246 | Visual Perception | 2.0 | 256 | Ocular Pharmacology and | 4.0 |
| 254.1 | General Pharmacology I | 4.0 | 248 | Perspectives on Behavioral | 1.5 | | Therapeutics | |
| 262.1 | Optometry 2.1 | 4.0 | | Disorders | | 261 | Physical Diagnosis | 2.0 |
| 270.1 | Ophthalmic Optics I | 4.0 | 254.2 | General and Ocular | 4.0 | 263.2 | Ocular Disease II | 3.0 |
| | | | | Pharmacology | | 262.3 | Optometry Seminar | 3.5 |
| | | | 262.2 | Optometry 2.2 | 3.5 | | Introduction to Binocular Vision | 1.0 |
| | | | 263.1 | Ocular Disease I | 2.0 | 262.4 | Disorders | |
| | | | 270.2 | Ophthalmic Optics III | 3.0 | 266 | Microbiology | 1.0 |
| | Total Quarter Credits | 21.0 | | Total Quarter Credits | 20.5 | | Total Quarter Credits | 16.5 |
| | | | | | | | Total Second Year Credits | 58.0 |

**THIRD PROFESSIONAL YEAR: 2005 - 2006**

| OPT # | Summer 3.1 & Fall 3.2 Quarters | Credit | OPT # | Winter 3.3 & Spring 3.4 Quarters | Credit |
|---|---|---|---|---|---|
| 363.1 | Ocular Disease III | 4.0 | 360.2 | Clinical Medicine II | 2.0 |
| 365.1 | Contact Lenses I | 6.0 | 363.3 | General & Ocular Emergencies | 1.0 |
| 380.1 | Patient Care | 6.0 | 367 | Low Vision Rehabilitation | 3.0 |
| 390 | Evidenced Based Health Care | 1.0 | 376.1 | Strabismus and Amblyopia I | 4.0 |
| 360.1 | Clinical Medicine | 2.0 | 380.3 | Patient Care | 6.0 |
| 363.2 | Ocular Disease IV | 3.0 | 384 | Neuro-Ophthalmic Disorders | 4.0 |
| 365.2 | Contact Lenses II | 3.0 | 376.2 | Strabismus and Amblyopia II | 3.0 |
| 375 | Binocular Vision Disorders | 3.5 | 379 | Infant & Child Development and Management | 3.0 |
| 380.2 | Patient Care | 6.0 | 380.4 | Patient Care | 6.0 |
| 390 | Evidenced Based Health Care | 1.0 | 391 | The Business of Optometry | 2.0 |
| | Total Semester Credits | 35.5 | | Total Semester Credits | 34.0 |
| | | | | Total Third Year Credits | 69.5 |

**FOURTH PROFESSIONAL YEAR: 2005 - 2006**

| OPT # | Summer 4.1, Fall 4.2, Winter 4.3, & Spring 4.4 Quarters | Credit |
|---|---|---|
| | Independent Study | 3.0 |
| | Patient Care | 16.0 |
| | Or | |
| | Patient Care Externship | 20.0 |
| | | Total Fourth Year Credits 19./ 23 |

**TANANA CHIEFS CONFERENCE**
Health Services
*Eye Clinic*
122 First Ave, Suite 600
Fairbanks, AK 99701
*(907) 452-8251 Fax: 459-3853*
*Toll Free in Alaska 1-800-478-7822*

April 4, 2007

Dear Legislator,

I am writing in support of HB 113 which would allow qualified optometrists to prescribe oral medications for the treatment of eye disorders. I am an optometrist working in an Indian Health Service affiliated clinic. Much of my practice involves travel to the bush where direct access to a physician is very limited and travel to the city for care is expensive. Rural patients who need oral medications as part of their eye care are greatly inconvenienced since these medications must be prescribed by a physician (or a health aide under a physician's supervision). My optometric colleague, a U.S. Public Health Service officer, already has credentials through that agency to prescribe oral medications but is unable to do so in Alaska because our pharmacy cannot accept his prescriptions. 45 of the smaller states have passed legislation the same as or similar to this bill and all recent optometry school graduates are trained in the use of oral medications for the eye. Obviously, Alaska is well behind the times regarding ocular health care. Your vote in favor of HB 113 will benefit my patients and bring Alaska's optometric practice statutes in parity with the rest of the United States.

Sincerely,

TANANA CHIEFS CONFERENCE

James R. Taylor, OD
Eye Clinic