ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12639

MARSH

Marsh Affinity Group Services
a service of Seabury & Smith, Inc.
1440 Renaissance Drive
Park Ridge, IL 60068-1400
847-803-3100
800-323-2106

January 26, 2007

Ms. Sherry L. Cooper, Manager
State Government Relations
American Optometric Association
243 N. Lindbergh Blvd., Floor 1
St. Louis, MO 63141

Dear Ms. Cooper:

On behalf of our client, the American Optometric Association (AOA), we ask that you please consider the following information regarding professional liability coverage available to licensed Optometrists practicing in all 50 States and the District of Columbia.

Marsh Affinity Group Services, a service of Seabury & Smith, Inc., has an uninterrupted 10+ year relationship with the AOA as th '. sponsored professional liability partner. Because of our long-term partnership with AOA, we believe Marsh currently represents the largest portfolio of Optometrist professional liability insurance in the country. We are very fortunate to have over 7,500 Optometrists depend on Marsh for this important liability coverage.

Our primary carrier for professional liability coverage is Chicago Insurance Company, a member of the Interstate National Corporation, one of the Firema n's Fund Insurance Companies. Chicago Insurance Company does not currently charge different rates based on the procedures performed or not performed by each Optometrist. In other words, the scope of optometric related professional services does not increase or decrease the rate charged for each insured. Prescription authority granted to Optometrists in other states does not in any way impact the premium paid by individuals in those states.

Unfortunately, a small percentage of our insured Optometrists have experienced professional liability claims that they in turn have reported to Chicago Insurance Company. When allegations of professional malpractice have necessitated a defense, the carrier has responded by conducting a professional investigation of care and outcome. Chicago Insurance Company confirmed on January 25, 2007 that their very credible claim portfolio shows that prescription authority is not a significant cause of loss for Optometrists. As such, they also confirmed that they have no plans to change their underwriting guidelines or rates regarding prescriptive authority.

Marsh is not presently concerned with the overall financial health or performance of the AOA professional liability program, although we must acknowledge that we have not conducted an actuarial review of the adequacy of Optometrist rates. We rate the likelihood of Chicago Insurance Company remaining a professional liability market for Optometrists as "Excellent".

We appreciate your willingness to consider the above information. If any questions or concerns arise as a result of this letter, please contact us at your earliest convenience.

Sincerely,

Mark

Mark A. Brostowitz, Senior Vice President
Allied Healthcare Professional Liability
Mark.brostowitz@marshpm.com
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D.L. THORNETOHN, OD.
P.H. BIBLE, O.D.
S.A. LENTER, O.D.
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Alaska
EYE CARE CENTERS

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March 19, 2007

Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson,

I am writing to express my support for the committee substitute for House Bill 113. This bill will allow me to prescribed drugs other than those topically applied (drops and ointments) to my patients.

As an optometrist in Alaska, I am a health care provider who is not being utilized to his fullest capabilities. Optometrists have degrees from four year graduate institutions which include extensive education and training in the treatment of ocular disease and pharmacology. While the topical drugs which I can now prescribe are sufficient for treating many types of eye disease, there are many others in which alternative routes of drug administration are far superior or even essential. Some eye conditions that come into my office are accompanied by severe pain, and some are medical emergencies. It is inefficient and unnecessary to require them to see another doctor to get the prescription. And in Alaska, with many rural communities where the only eye doctor is an optometrist, this legislation is especially needed.

Forty-five states have already seen the wisdom in allowing optometrists prescribe oral drugs, and we still have one of the lowest malpractice rates in the health care industry. That gives you a measure of how much of a risk we are to our patients.

The people of Alaska expect their local eye doctor to be able to prescribe the treatment they need. Please let us do our jobs better.

Sincerely,

James C. Falconer, Jr. OD
President-Elect, Alaska Optometric Association

PACIFIC CATARACT AND LASER INSTITUTE

March 20, 2007

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

I am writing to support your committee substitute for House Bill 113.

This is legislation that is long overdue for the state of Alaska. Similar legislation has been adopted in 45 other U.S. states which has allowed Optometrists to provide more comprehensive care to their patients.

As you know Alaska is largely a rural state, consequently Alaskans don't have the same access to care that patients have in the lower-48. Optometrists outnumber ophthalmologists in Alaska and we better serve rural Alaska than does ophthalmology. This legislation would give Alaskans better access to more comprehensive eye care, and would eliminate the need for a patient to see another provider for a medication the Optometrist has already determined they need.

You may hear arguments against this legislation stating that Optometry does not have the training or the experience needed to prescribe systemic medications. These arguments simply do not hold water. An Optometric education consists of four years of post-graduate, doctoral-level training concentrating on the eye, visual system, and systemic diseases affecting vision. If we were not adequately trained and experienced 45 other states would not have already adopted this legislation.

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This legislation would be good for Alaskans giving them better access to quality eye care.

Thank you for you time and attention to this important issue.

Sincerely,

Paul M. Barney, O.D.
Center Director
Pacific Cataract & Laser Institute
Anchorage, Alaska

April 9, 2007

House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Legislator,

I have had experience with the treatment of eye diseases by an optometrist. He was very knowledgeable and thorough during his examinations and I have every confidence in an optometrist ability to treat eye diseases. So with that said, I support HB113.

Sincerely,

Ted M. Rohloff
Finance Director
Denali Family Services
1675 C St. Suite 117
Anchorage, Alaska 99501
(907) 222-2307

cc: Alaska Optometric Association

March 28, 2007
The Honorable Peggy Wilson
Chair, Health, Education & Social Services
Alaska State Capitol
Juneau, Alaska 99801-1182

Madame Chair,

I am writing to ask your committee's support on HB 113. This bill, if passed, would bring the scope of practice of Alaska's optometrists to a level commensurate with their training and closer to the scope allowed in 45other states. HB 113 would allow optometrists to add systemic medications for treatment of diseases of the eye and related structures. Since 1987 optometrists in Alaska have been able to use topical medication for treatment. Optometric practice expansion to include treatment with systemic medications is a contentious issue with strong views for and against. When you blow away the smoke and look at it on face value this bill IS important to the eye health of Alaskans now and especially in the future.

I am an optometrist who has practiced in Alaska for 21 years. I feel blessed to have been able to be the eye expert in a wide variety of practice situations. In the 21 years I have practiced in Alaska I was the primary vision care provider in Barrow for 3 years and after that Ketchikan for the past 18 years. I have done itinerant clinics in Kotzebue, Nome, King Salmon, Dutch Harbor, Pt. Hope, Pt. Lay, Wainwright, Atquasuk, Nuiqsut, Kaktovik, Anaktuvuk Pass, Metlakatla, and Craig, Alaska. Ketchikan serves as the hub of Southeast Alaska so I have patients from Hyder, Myers Chuck, Thorne Bay, Coffman Cove, Hydaburg, Klawock, Port Protection, Port Alexander, and Kasaan. I have referred patients to and co-managed with many ophthalmologists in the state. Because I am in Ketchikan I have also worked with ophthalmologists in the Seattle area. I have seen and co-managed many hundreds of patients with the M.D.s/physicians assistants/nurse practitioners/health aides at the clinics based in the communities above.

In primary eye care it's about proper diagnosis and instituting the proper initial treatment in a timely fashion.
In 1987 optometrists in Alaska with a proper license endorsement began using topical medications only for treatment of eye and related disease. This expansion of practice allowed M.D.s/physicians assistant's/nurse practitioners/health aides (collectively Primary Health Care Providers = PHCPs) to place the responsibility of diagnosing and treating eyes in the optometrist's hands. It gave these medical professionals and the patients they serve an additional eye expert besides the ophthalmologist to refer to for diagnosis and treatment of primary eye disease. This provider, the optometrist, is local and usually available. PCHPs are more than happy to refer their patients to the local eye expert because accurate eye disease diagnosis is dependent on having and being able to properly use specialty equipment (i.e. slit lamp, ophthalmoscopes, tonometers) to gain clinical knowledge about the affected organ (eye and related structures). Proper treatment is based on accurate diagnosis and timely institution of therapy. PHCPs do not have access to or are unfamiliar with the operation of eye diagnostic instruments. Optometrists and ophthalmologists have access to eye diagnostic equipment and have the necessary expertise to use these devices to make accurate eye diagnoses. If the initial diagnosis is not accurate the patient is put through needless worry; un-necessary travel; un-necessary medical testing; improper use of the wrong medicines; increased disability; increased time off work; and in some cases permanent vision loss. Optometrists are accurate diagnosticians of eye disease. Our track record with topical medications and practice liability rates prove it.

Look at the facts and not the rhetoric. Optometrists already manage the eye conditions affected by HB 113...indirectly.
PHCPs have developed a trust in optometry to manage primary eye problems, make the proper diagnosis, choose the appropriate initial treatment, and make the proper referral to a sub-specialist When a patient is referred to an optometrist does the PHCP single out those patients who need topical medication only? NO!!! The PHCP sees the patient and says "your eye is red/or vision is decreased/or you have sudden vision loss/or something is in your eye and hurts/or it itches/or there is mucous coming out/or your cornea is cloudy/or your eyelids are swollen". GO SEE THE EYE DOCTOR. When the patient comes in the optometrist uses their specialty tools and medical expertise to diagnose the problem. If topical medication is most appropriate then a prescription is written for this medication. If an oral or systemic medication is needed the optometrist must take time and contact the referring provider and tell them what medication is recommended. The PHCP then will see the patient again for an office visit to simply write an RX. If the O.D./PHCP relationship is good they may write the prescription for the patient based on the information given them by the doctor of optometry. The doctor of optometry is then typically asked by the provider to follow the patient. Does the initial referring provider see the patient again? No, not unless there are other conditions needing their attention. Who monitors the side effects of the medication in most cases? The doctor of optometry does!!! Doctors of optometry are already one of the primary decision makers in treating primary eye disease. The only thing we can't do is RX systemic medications that we recommend for acute treatment or prescribe refills in the case of chronic treatment. The current method of needing an M.D. to write the RX for these medications is cumbersome and increases the amount of time necessary to begin time sensitive treatment.

HB 113 is not new ground. HB 113 is about trust in the clinical decision making skills of doctors of optometry and acknowledging the additional responsibility associated with prescribing systemic medications. There are only a handful of eye problems that need treatment with systemic medications and these conditions fall into two general categories...ACUTE and CHRONIC conditions of the eye and related structures. Who sees the patient in these instances? The optometrist sees the **acute** patient due to their availability and primary care focus. In rural Alaska the optometrist again is the one who follows the **chronic** patient after they return home from seeing the medical sub-specialist. We live close to or where the patient lives. Optometrists in rural Alaska and in larger urban clinics already do the diagnosing and treating of the majority of primary eye disease...directly with topical medications and indirectly through other PCHPs by recommending systemic medications. Optometrists already manage the case. Ophthalmology doesn't get involved unless the patient is not responding and needs more intensive treatment. We are already seeing the patient for follow-up and are the first one they call if they are having problems.

No there isn't public outcry about rampant eye mistreatment by PHCPs. Why? Because most of the time the eye heals itself or the patient feels they must live with the discomfort and effects on vision they have because of treatment from inaccurate diagnosis. The patient deserves to have the best and most up-to-date care possible. Optometrists and Ophthalmologists have much greater access to information on advances in eye treatment than PHCPs. Proper diagnosis and treatment of eye conditions greatly improves the patient's quality of life.

Passing HB 113 is the right thing to do for Alaskan's today and tomorrow. Look ahead to the future of eye care and the additional contributions prescribing optometrists bring to the table. Increasing the pool of doctoral level educated professionals that are involved in treatment and committed to research makes the probability of finding future cures for common eye problems bright.

Do the proper thing for your constituents…our patients…acknowledge the ability of the optometrist or family eye doctor…finish placing the responsibility for treatment of primary eye disease in the hands of the most available and best trained primary health care provider for the eyes…the doctor of optometry…give us direct access to the additional tools necessary to effectively and efficiently continue to treat primary eye disease. Pass HB 113!!!

Regards,

Erik D. Christianson, O.D.
Ketchikan Eye Care Center
351 Carlanna Lake Rd
Ketchikan, AK 99901
907 225-2020

March 28, 2007

The Honorable Peggy Wilson
Chair, Health, Education & Social Services
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Representative Wilson;

I am writing in support of your committee substitute for House Bill 113.

About ten years ago, I began experiencing vision distortions and color loss. After several unfruitful visits with local ophthalmologists, who kept telling me to "come back in six weeks", I turned to Roy Box, my optometrist. After careful evaluation, he told me that I was presenting symptoms of MS, and he immediately researched and then referred me to an excellent MS neural ophthalmologist in Seattle. This doctor confirmed Dr. Box's diagnosis and immediately started treatment, which probably saved what vision I had left. I will be ever grateful to Dr. Box for his knowledge and quick and appropriate referral, and have received equally competent and informed care from his successor. As a result of my optometrists' professional knowledge and cooperative collaboration with the MD's in Seattle, I believe I have had most excellent care, care which allowed me to continue teaching for several years.

I believe that Alaskans need options in choosing competent and conscientious health care professionals. For many Alaskans living in isolated communities, their optometrist is their primary eye care professional. Alaska should follow the examples set by almost all other states and give their optometrists the tools to best serve their patients.

Sincerely, Jacklynne Lorensen

Jacklynne Lorensen

PO Box 210108
Auke Bay, Alaska

March 19, 2007

Steve Dobson, OD
1000 E Dimond Blvd
Anchorage, AK 99515

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

I am writing to support your committee substitute for House Bill 113.

HB113 would significantly ***improve access*** and ***decrease cost*** for the thousands of Alaskans in our state who each year seek quality ***optometric medical eye care***. HB113 when enacted will allow patients to receive prescriptive treatment in-office or go straight to a pharmacy with a prescription written by the primary eye care doctor, instead of having to schedule another doctor's visit simply to get the prescription or the medicine the optometrist has already determined they need. Optometrists do not gain additional income by expanding their prescriptive authority, as the patient is charged for the office visit not which drug is prescribed.

Currently, optometrists in Alaska including myself, prescribe ***antibiotics, anti-virals, anti -inflammatory, allergy, and steroid medications along with medications to treat glaucoma (beta- blockers, alpha- agonists, carbonic anhydrase inhibitors, prostaglandins***) on a routine basis when treating our patients for diseases of the eye and adnexa. Unfortunately, for those optometric patients residing in Alaska these medications are limited to topical (not so for the patients who seek optometric medical eye care throughout most of the United States).

Today, 45 other states allow optometrists to prescribe oral medications for their patients. Levels of authority vary slightly from state to state based on the authority granted by each state legislature. Even if HB113 were enacted, many states would still have more expansive scopes of practice. In fact, optometrists in one state currently perform laser surgeries.

Since 1970 all optometry schools have elevated their education level to a four year post-graduate, doctorate-level professional program along with extensive core curriculum course work in pharmacology, physiology and pathology using the same medical model as taught in dental and medical schools. As a result, optometrists have been safely prescribing systemic drugs in other states since 1977. ***Alaska is unfortunately behind the curve in eye care access and delivery.***

When posed with the question whether Ophthalmologists have more education and training than the Optometrists the answer would be yes. The Optometric curriculum is

comprised of four years of post-graduate, doctorate-level study emphasizing the eye, vision and associated systemic disease with an optional one-year residency.
This education is the same medical model as medicine, dentistry, and podiatry.
Ophthalmology is a three-year residency beyond medical school. This additional three year residency prepares the Ophthalmologist to be an eye surgeon and tertiary-level specialist. This model is the same for other medical specialties such as cardiology, ENT's (ear, nose, and throat), nephrology, orthopedics etc. Patients routinely schedule appointments with their primary care provider and are referred to a specialist when necessary. This model ***increases access*** to care and helps to ***control costs***.
Optometrists refer patients frequently to Ophthalmologists for more advanced eye care or surgery the same as family doctors refer their patients for specialty consultations. General practitioners including Optometrists live and serve in many rural communities through out our state. Other specialists including Ophthalmologists reside mostly in the more metropolitan communities.

HB113 will provide Alaskans with ***additional access*** to high quality medical eye care and help ***control costs*** associated with ***unnecessary referrals*** (lost wages due to time away from work, additional office visit fees). An important fact to realize is 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 there were any problems in states where similar legislation had passed. Not one medical board reported any problems. In addition, medical malpractice insurance premiums for optometrists did not rise in states where systemic medication (versus topical only) prescriptive authority legislation was approved

Sincerely,

Steven S Dobson O.D.
Past Chairman, Board of Examiners in Optometry

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

Honorable Representative Peggy Wilson
Chair, House HESS Committee

Representative Wilson:

I am writing to support your committee substitute for House Bill 113.

This is a very simple issue. Optometrists in Alaska would like to join their colleagues in 45 other states in being able to provide a higher level of care to our patients.

With regard to eye care, Optometry takes care of most of the problems most of the people have, most of the time. The circumstances that would require our use of systemic agents might not occur for a week, or we might have three patients in one day that would benefit from this service. We just never know from day to day.

I have recently activated my Oregon Optometric license. It is interesting to note that in the State of Oregon, by the 2009 licensing cycle, it will be an absolute requirement for all licensed Optometrists to have their systemic medication certification. If it is not obtained, then you cannot practice in that State. This is how "mainstream" this certification has become in our profession.

When Optometrists have tried to enhance our level of care in the past, organized Ophthalmology has demonstrated a history of mistruths, half truths and distortions in their opposing testimony. This surely must be based on ego, not logic. Please do not be fooled by their self serving claims.

Alaskan Optometrists simply want to join with the rest of the profession in the United States in being better able to care for our patients.

Thank you for your time and attention to this matter.

William D. Faulkner, O.D.
Cc: Alaskan Optometric Association

Alaska State Medical Association

From: katy rice [katyrice4@yahoo.com]

Sent: Saturday, March 24, 2007 3:41 PM

To: Rep. Peggy Wilson; Rep. Bob Roses; Rep. Anna Fairclough; Rep. Mark Neuman; Rep. Paul Seaton; Rep. Sharon Cissna; Rep. Berta Gardner

Subject: *****SPAM***** House Bill 113

Dear Representatives,

I am an optometrist currently practicing in Fairbanks, AK. I moved here last summer after completing an ocular disease residency at a Veterans Administration Hospital in Huntington, West Virginia and continue to hold licensure in the states of Ohio and Alaska.

After listening to the audio from Wed. March 21, 2007 regarding House Bill 113, Optometrists' Use of Pharmaceuticals, I wanted to give my opinion in hopes that this would be considered before a final decision is made. One significant part of any profession is to understand one's boundaries and limitations and know when it is necessary to refer a patient to a different doctor. However, it is not necessary for me to refer a patient to someone else in order to treat certain eye conditions that I have been educated, trained, and tested on. Opposition to HB 113 states that optometrists do not have the same education or training as an ophthalmologist. This is true. We do not have the same training for if we did, we would be asking for privileges to do surgery. Optometrists and ophthalmologists are not the same in training, or clinical applications, however that does not mean that optometrists should be limited by what they are allowed to do because the state already has ophthalmologists. If the state wanted to limit eye care availability because "there are already enough doctors" then they would put a cap on the number of ophthalmologists or optometrists allowed to practice in this state and this is obviously a ridiculous situation. We are simply asking for the right to practice to the level of our training. I am confidant that once the members of the committee understand the training and testing of doctors of optometry, support of HB 113 will come with significantly less difficulty.

Base on the audio of the HESS committee hearing on March 21, I would like to provide additional information on some issues that were brought up. First, it should be known that the pre-requisites for getting into optometry, dental, medical, osteopathy, pharmacy, veterinary, and podiatry school are essentially the same. All of the medical professions schools are four year programs, and yes this means optometry as well. All optometrists graduate with a Doctor of Optometry degree. The amount of pharmacology, anatomy, and pathology are essentially the same between optometry, medicine, osteopathy, and dentistry. (I do not have the exact number of semester hours to give you but know Representative Kawasaki can pass this information on to you.) Also, before anyone is considered for optometric licensure in a state, one must have already graduated from an optometry school and pass all of the National Board of Examiners in Optometry tests. These are a series of approximately 36 hours of testing taken over two years. You can access the content information on the website: http://www.optometry.org/index.cfm. This can be compared to the medical boards that Doctors of Osteopathy and Medical Doctors and must pass.

Representative Samuels emphasized that because we live in a "rural" state where medical help can be hours or days away, it is even more important for optometrists to have prescriptive authority. I would like to add that it doesn't matter if there are two ophthalmologists right across the street from me, or two days away from me. My proximity to an ophthalmologist does not change, negate, or validate my level of training. While I understand that the proximity will influence my decisions and care, it should not

dictate the care I provide. A dentist does not have to call an M.D. or D.O. in order to inject a shot of Novocain, why should I have to call an M.D. or D.O. in order to practice within the training of my profession?

I understand that the committee has concerns regarding this bill. I urge you to look at the other 45 states who already grant prescriptive authority as an example that this is nothing new or out of the ordinary, but is a commonly accepted way of practicing. Yes, our bill will be different than any other state, but that is because optometry is state legislated, unlike medicine or osteopathy. Also, please look at the malpractice insurance across the country for optometrists as an indicator of the level of safety with which optometrists utilize their prescriptive authority. Private insurers are in it to make money and have very sophisticated ways of placing statistical evidence on their clients. If optometrists were taking advantage of their prescriptive rights and placing patients in harms way this would be evident and optometry would not have the lowest malpractice insurance rates of all doctorate level health care professions.

Two concerns that were brought up during the meeting were whether optometrists are trying to get their foot in the door to do laser surgery and if writing for oral medications would make optometrists more money. These questions seem irrelevant to the issue at hand. What is relevant is that we have the training to prescribe, and that we have a proven track record of safely doing so in all states that have had this authority granted. To satisfy curiosity, I don't want to do laser surgery, just as not all ophthalmologists want to do laser surgery. And no, allowing optometrists to prescribe oral medications to treat eye conditions will not provide a larger income. An office visit is charged when a patient is seen regardless of any medication being prescribed or any referrals written. These concerns do not relate to optometrists' education or training with regard to writing prescriptions, nor should they prevent optometrists' from treating eye conditions that are well within the scope of practice and level of training. Full prescriptive authority is within the level of training.

Thank you for all of your time and consideration to House Bill 113. If you have any questions or concerns you would like to discuss further, please feel free to contact me.

Sincerely,
Kathleen Rice, O.D.
2142 Standard Ave
Fairbanks, AK 99701
614-214-5289

Honorable Representative Kurt Olson
Fax 907-465-3835

Representative Olson:

I am writing to support your committee substitute for House Bill 113.

First of all, I am passionate about both Alaska and her people. I am a recent graduate of The Ohio State University College of Optometry. Following receiving my degree, I completed post-graduate specialty training: a residency in contact lens and family practice optometry through Pacific University. I now have the good fortune to be serving patients in Fairbanks.

It was quite a shock to practice in a state in which so much of my training went underutilized due to restrictive legislation. My didactic and clinical training in pharmacology met or exceeded the quantity and caliber of my colleagues in dentistry and medicine at Ohio State. This is not to claim a superior education is provided at Ohio State; in fact a comparison between Illinois College of Optometry, Pacific University College of Optometry, Harvard College of Dental Medicine, and The Ohio State College of Medicine shows equivalency in pharmacology hours of education. This is by design. Optometry is a doctoral level program. The current legislation would make sense several generations ago, but does not today.

Additionally, competence with oral pharmaceuticals is confirmed through rigorous testing by the National Board of Examiners in Optometry (NBEO). This board certification consists of approximately 36 hours of testing, with 1 out of the 4 sections of board certification dedicated to treatment of ocular disease with systemic and topical pharmaceuticals. Passing all sections of NBEO examination is required to gain licensure in Alaska.

It is the patient who will gain the most from expansion of prescriptive privilege already in place in 45 other states that corresponds with the level of training received in an optometric education during the past 30 years. Optometrists have a proven track record of safe, high quality care in these other states. No longer will delayed treatment for simple and well understood eye problems cause harm, and no longer, and no longer will public health dollars be wasted for duplicate office visits to prescribe the medication that the optometrist has deemed necessary.

Sincerely,

David Karpik, O.D.
2142 Standard Ave.
Fairbanks, AK 99701

Alaska Optometric Association

Alaska's Authority on Primary Eye & Vision Care

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March 19, 2007

The Honorable Peggy Wilson
Chair, Health, Education & Social Services
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Representative Wilson;

On behalf of the frontline eye care providers serving patients in communities across our state, the Alaska Optometric Association would like to voice our support of your committee substitute for House Bill 113.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately or refer patients to a more specialized provider when necessary.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, 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, it simply benefits the patients by providing better access to eye care throughout Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Please review the enclosed "Frequently Asked Questions" for more details.

Sincerely,

Tracy Oman

Tracy Oman
Executive Director

Enclosure

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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.

If HB 113 is enacted, would optometrists in Alaska have one of the most expansive scopes of practice in the Country ?

No. Optometrists in 45 other states in the country are allowed to prescribe oral medication, but levels of authority vary slightly from state to state based on the authority granted by each state legislature. Alaska is currently far behind other states scope of practice laws. Even if enacted, there are many states that would still have more expansive scopes of practice. In fact, optometrists currently perform laser surgeries in one state.

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.

Does 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.

Alaska Optometric Association

Alaska's Authority on Primary Eye & Vision Care

1689 C Street, Ste 222
Anchorage, AK 99501
907.770.3777
Fax: 907.272.7532
akoa@alaska.com
www.akoa.org

January 12, 2007

The Honorable Ralph Samuels
House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Representative Samuels;

This letter is in response to the letter sent to you by Carl Rosen, MD regarding his analysis of HB 113, Optometric Scope of Practice Legislation. Although I am sure Dr. Rosen's letter was well intended, his analysis does not reflect the education, training, and experience of optometrists over the past 30 years.

Optometrists across the United States have been safely diagnosing and treating eye conditions with topical and systemic medications since 1977 with no problems, and with topical medications in Alaska since 1992, with zero complaints to the Board. HB 113 simply elevates Alaska optometry scope of practice to include systemic medications.

Optometrists are fully educated and trained on all types of prescriptive medicines for the whole body plus the eye, including contraindications and side effects. They pass comprehensive National Board Examinations covering these topics. This education and training fully prepares them to diagnose and treat eye conditions appropriately or refer patients to a more specialized provider when necessary.

The purpose of this bill is to allow patients to receive prescriptive treatment from their primary eye-care provider, 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, it simply benefits the patients by providing better access to eye care throughout Alaska.

Alaska is far behind the curve in eye care access and delivery. HB 113 elevates optometry's scope of practice in line with the 45 other states throughout the nation that have been successfully prescribing systemic medications for the past 30 years with no reported problems. In addition, it lowers health care costs for Alaskans and provides better incentives to bring the best qualified doctors of optometry to Alaska.

Please review the enclosed "Frequently Asked Questions" for more details.

Sincerely,

Tracy

Tracy Oman
Executive Director

Enclosure

May 2, 2007

David Karpik
2142 Standard Ave.
Fairbanks, AK 99701

Members of the Labor and Commerce Committee
Fax (907) 465-2529

Dear Senators:

I am writing to support House Bill 113 as an optometrist, an Alaskan, and a constituent.

First of all, I am passionate about both Alaska and her people. I am a recent graduate of The Ohio State University College of Optometry. Following receiving my degree, I completed post-graduate specialty training: a residency in contact lens and family practice optometry through Pacific University. I now have the good fortune to be serving patients in Fairbanks.

It was initially quite a shock to practice in a state in which so much of my training went underutilized due to restrictive legislation. My didactic and clinical training in pharmacology met or exceeded the quantity and caliber of my colleagues in dentistry and medicine at Ohio State. This is not to claim a superior education is provided at Ohio State; in fact a comparison between Illinois College of Optometry, Pacific University College of Optometry, Harvard College of Dental Medicine, and The Ohio State College of Medicine shows equivalency in pharmacology hours of education. This is by design. Optometry is a doctoral level program. The current legislation would make sense several generations ago, but does not today.

Additionally, competence with oral pharmaceuticals is confirmed through rigorous testing by the National Board of Examiners in Optometry (NBEO). This board certification consists of approximately 36 hours of testing, with 1 out of the 4 sections of board certification dedicated to treatment of ocular disease with systemic and topical pharmaceuticals. Passing all sections of NBEO examination is required to gain licensure in Alaska.

It is the patient who will gain the most from expansion of prescriptive privilege already in place in 45 other states that corresponds with the level of training received in an optometric education during the past 30 years. Optometrists have a proven track record of safe, high quality care in these other states. No longer will delayed treatment for simple and well understood eye problems cause harm, and no longer will public health dollars be wasted for duplicate office visits to prescribe the medication that the optometrist has deemed necessary.

Please support HB 113 to elevate the level of care, service, and access available to the healthcare consumer.

Sincerely,

David Karpik, O.D.

May 8, 2007

David Karpik
2142 Standard Ave.
Fairbanks, AK 99701

Members of the Labor and Commerce Committee
Fax 907-465-2529

Dear Senators:

Enclosed you will find curriculum overviews of three optometry schools, two medical schools, and one dental school. You will also find a summary of the national board examinations in optometry. Though each of these displays varying levels of detail, you will find that optometry curriculums include comparable quantity and quality of pharmacological and related coursework. Optometry curriculums are very standardized and have been similar since approximately 1965. They are four years beyond a bachelor's degree in addition to post-graduate residencies that many, such as my partner and myself, undertake to specialize in one area of the eye. Please contrast this to the one to two year programs that the majority of physician assistants and nurse practitioners have, and the one week of ophthalmology that general practice medical doctors have. Each of the latter three practitioners can already treat the eye in more comprehensive ways at this point in time in Alaska despite their reduced training when compared to optometrists.

Our training, national board examinations to ensure competency, and proven track record of exceptional patient care in both Alaska and states where optometrists can already practice to the extent of their education all lend support to HB 113.

Sincerely,

David Karpik, O.D.

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

Doctor of Optometry Degree
2005 - 2006 Curriculum

FIRST PROFESSIONAL YEAR: 2005-2006

OPT #	Fall Semester:	Credits	OPT #	Spring Semester:	Credi
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
536	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 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:	Credi
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
646	Clinical Procedures: Refractive Error Measurement with Lab	2.0	648	Clinical Procedures: Phorometry and Ocular Health with Lab	4.0
647	Ophthalmic Dispensing Procedures with Lab	2.0	662	Visual Information Processing and Perception with Seminar	4.0
661	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:	Cred
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
761	Public Health Optometry	2.0	724	Pediatric and Developmental 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
791	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.

FOURTH PROFESSIONAL YEAR: 2005 - 2006

OPT #	Fall Semester:	Credits	OPT #	Spring Semester:	Cred
	Preceptorships:			Internal Clinic Rotation:	
			817	Patient Care XI; Internal Clinic Rotation	5.0
			818	Vision Therapy Patient Care	2.0
814	Patient Care VIII: Preceptorship Session 1	11.0	819	Low Vision Patient Care	1.0
815	Patient Care IX: Preceptorship Session 2	11.0	820	Contact Lens Patient Care	1.0
816	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
				Total Fourth Year Credits	46.

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	Credits
114	Human Anatomy	5.0	106	Histology and Embryology	4.0	111	Neuroanatomy and Neurophysiology	4.0
116.1	Human Physiology and Pathology I	4.0	107	Applied Ocular Anatomy	6.0			
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 Optics II	4.0	140.2	Sensory Aspects of Vision II	5.0
150.1	Biochemistry I	4.0				162.3	Optometry 1.2	3.0
162.1	Introduction to Optometric Procedures	1.0	150.2	Biochemistry II	4.0	170	Physiological Optics I	3.0
			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	Credi
212	Ocular Physiology	4.0	245	Color Vision and Developmental Neurobiology	4.5	222	Theoretical and Physical Optic Immunology	2.0
244	Binocular Vision and Ocular Motility	5.0	246	Visual Perception	2.0	256	Ocular Pharmacology and Therapeutics	4.0
254.1	General Pharmacology I	4.0	248	Perspectives on Behavioral Disorders	1.5	261	Physical Diagnosis	2.0
262.1	Optometry 2.1	4.0	254.2	General and Ocular Pharmacology	4.0	263.2	Ocular Disease II	3.0
270.1	Ophthalmic Optics I	4.0	262.2	Optometry 2.2	3.5	262.3	Optometry Seminar	3.5
			263.1	Ocular Disease I	2.0	262.4	Introduction to Binocular Vision Disorders	1.0
			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	Credi
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	Cred
403	Independent Study	3.0
480	Patient Care	18.(
	Or	
485	Patient Care Externship	20.(
	Total Fourth Year Credits	19./

Fax

To:	Dr. David Karpik	**From:**	Paul D. Todd
Fax:	(907) 451-1902	**Pages:**	4, including this cover sheet
Re:	Curriculum Overview	**Date:**	October 4, 2006

• Comments:

Let me know if you have any questions.

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Columbus OH 43210-1280
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CURRICULUM OVERVIEW

Biology Track	Optics Prep Track	Vision Science Prep Track	Clinical Optometry Track	Disease Track	Applied Specialty Track	Professional Orientation Track	Special Clinical Practice Track

FIRST YEAR

AUTUMN QUARTER	WINTER QUARTER	SPRING QUARTER	SUMMER QUARTER
Optometry 401 *survey of optometry* Credit: 1 hr Prereq: Opt I Instructor: Newcomb	Vision Science 500 *geometrical & physical optics* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: VS 501 Instructor: Roorda	Optometry 402 *rights & responsibilities of optometrists* Credit: 2 hrs Prereq: Opt I Instructor: Newcomb	
Optometry 403 *optometric career options and financing* Credit: 2 hrs Prereq: enrollment in optometry Instructor: Wright	Vision Science 520 *measurement of light & color* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt I Instructor: Good	Optometry 404 *financial issues in optometric health care* Credit: 1 hr Prereq: enrollment in optometry Instructor: Wright	
Vision Science 501 *geometrical optics* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt I or major in Vision Science Instructor: Roorda	Vision Science 535 *microscopic anatomy* Credit: 5 hrs (3 cl 2 2-hr lab) Prereq: Opt I or major in Vision Science Instructor: Easley	Vision Science 511 *optics of the eye* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: VS 503 or POI Instructor: Mutti	
Vision Science 531 *basic human anatomy* Credit: 5 hrs (3cl 2 2-hr lab) Prereq: Opt I or major in Vision Science Instructor: Easley	Vision Science 581 *physiology for optometrists II* Credit: 5 hrs Prereq: VS 580 Instructor: Delgado-Nixon	Vision Science 608 *anatomy of the Eye* Credit: 5 hrs (3 cl 2 2-hr lab) Prereq: Opt I & VS 626 concurrent Instructor: Easley	
Vision Science 580 *physiology for optometrists I* Credit: 4 hrs Prereq: Inorg and org chem: Physics 111,112,113 Instructor: Delgado-Nixon		Vision Science 626 *ocular physiology* Credit: 5 hrs (no lab) Prereq: VS 581 & VS 608 concurrent or prior Instructor: Fink	
		Pathology 660 *pathology* Credit: 5 hrs Prereq: Opt I Instructor: Hitchcock	

SECOND YEAR **THIRD YEAR BEGINS**

Optometry 441 *practical optometry I* Credit: 4 hrs (3 cl 1 3-hr lab) Prereq: Enrolled in optometry Instructor: Pierce	Optometry 442 *practical optometry II* Credit: 4 hrs (3 cl 1 3-hr lab) Prereq: Opt 441 Instructor: Pierce	Optometry 443 *optometric coding and reimbursement* Credit: 1 hr Prereq: enrollment in optometry Instructor: Wright	Optometry 445 *clinical practice in optometry I* Credit: 1 hr Prereq: Opt 443 Instructor: Heard
Optometry 431 *ophthalmic optics I* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt 2 Instructor: Bullimore	Optometry 432 *ophthalmic optics II* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt 431 Instructor: Bullimore	Optometry 433 *practical optometry III* Credit: 4hrs Prereq: Opt 442 and Opt 711 Instructor: Pierce	Optometry 446 *intermediate primary practice* Credit: up to 4hrs Prereq: Opt III and Opt 443 Instructor: Clark
Vision Science 512 *ocular motility* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: VS 511 Instructor: Fogt	Vision Science 680 *Intro to pharmacology for optometrists* Credit: 3 hrs Prereq: 581 Instructor: Fertel	Optometry 681 *ocular pharmacology for optometrists* Credit: 3 hrs Prereq: Opt II, VS 680 Instructor: Fertel	Optometry 445,446* *intermediate optometric dispensing* Credit: 2 hrs Prereq: Opt III and Opt 443 Instructor: Bullimore
Vision Science 513 *monocular sensory processes* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt II or POI** Instructor: King-Smith	Optometry 711 *Intro to ocular disease I* Credit: 4 hrs Prereq: Opt II, POI Instructor: K Nichols	Optometry 712 *Intro to ocular disease II* Credit: 5 hrs (4cl 1-2hr lab) Prereq: Opt II and Opt 711 Instructor: Fogt	Optometry 445,446*** *ocular disease practice* Credit: 2hr Prereq: Opt III Instructor: Bullimore
Optometry 760.04 *ocular disease* Credit: 2 hrs (1 cl 1 2-hr lab) Prereq: Opt II Instructor: Heard	Vision Science 714 *visual perception* Credit: 3 hrs Prereq: Enrolled in optometry or POI Instructor: Brown	Vision Science 715 *binocular & spatial vision* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt II Instructor: Schmidt	Optometry 682 *clinical ocular pharmacology* Credit: 4 hrs Prereq: Opt III and Optom 681 Instructor: Glass
			Optometry 713 *Intro to ocular disease II* Credit: 4 hrs Prereq: Opt 712 Instructor: Pierce
			Vision Science 731 *environmental vision* Credit: 4 hrs (3 cl 1 2-hr lab) Prereq: VS 520 Instructor: Good

* Enrollment for 2 quarters for a total of 4 credits is required. ** POI = Permission of Instructor, *** Enrollment for 1 quarter for 2 credits is required

General Optometry Track	Disease Track	Applied Specialty Track	Professional Orientation Track	Special Clinical Practice Track

THIRD YEAR

FOURTH YEAR BEGINS

AUTUMN QUARTER	WINTER QUARTER	SPRING QUARTER	SUMMER QUARTER
Optometry 439 *third party payment plans* Credit: 1 hr Prereq: enrollment in optometry Instructor: Wright	**Optometry 642** *clinical practice in optometry III - special topics in clinical practice* Credit: 1 hr Prereq: Opt 641 Instructor: Heard	**Optometry 643** *clinical practice in optometry IV - differential diagnosis in optometry* Credit: 1 hr Prereq: Opt 642 Instructor: Heard	**Optometry 741****** *clinical and business aspect of practice* Prereq: Opt IV Instructor: Wright**** Credit: 2 hrs
Optometry 433 *introduction to contact lenses* Credit: 4 hrs (3 cl 1 2-hr lab) Prereq: Opt 432 Instructor: Barr	**Optometry 645.01** *intermediate general practice* Credit: up to 4 hrs Prereq: Opt III and Opt 443 Instructor: Mack	**Optometry 645.01** *intermediate general practice* Credit: up to 4 hrs Prereq: Opt III and Opt 443 Instructor: Mack	**Optometry 745.02 - 745.10** *special clinical practice* *(See below & Fourth Year Chart page 3)*
Optometry 641 *clinical practice in optometry II - management of glaucoma* Credit: 2 hr Prereq: Opt 640 Instructor: Mack	**Optometry 645.02*** *intermediate ophthalmic dispensing* Credit: 2 hr Prereq: Opt III and Opt 443 Instructor: Bullmore	**Optometry 645.02*** *intermediate ophthalmic dispensing* Credit: 2 hr Prereq: Opt III and Opt 443 Instructor: Bullmore	**Optometry 745.02** *contact lenses and primary care* Credit: 6 hrs (1 qtr) Prereq: Opt IV Instructor: Schafer
Optometry 645.01 *intermediate general practice* Credit: up to 4 hrs Prereq: Opt III and Opt 443 Instructor: Curtis	**Optometry 645.04***** *ocular disease* Credit: 2hrs Prereq: Opt III Instructor: Bluegel	**Optometry 645.04***** *ocular disease practice* Credit: 2hrs Prereq: Opt III Instructor: Bluegel	**Optometry 745.03** *strabismus & orthoptics* Credit: 4 hrs (2 qtrs) Prereq: Opt IV Instructor: Easley
Optometry 645.02* *intermediate ophthalmic dispensing* Credit: 2 hrs Prereq: Opt III and Opt 443 Instructor: Bullmore	**Optometry 653** *contact lenses I* Credit: 4 hrs (4 cl 1 2-hr lab) Prereq: Opt III and Opt 443 Instructor: J. Nichols	**Optometry 654** *contact lenses II* Credit: 4 hrs (3 cl 1 2-hr lab) Prereq: Opt 653 Instructor: Barr	**Optometry 745.04** *ocular disease (third externship)* Credit: 15 hrs (1 qtr) Prereq: Opt IV Instructor: Barr
Optometry 645.04*** *ocular disease practice* Credit: 2hrs Prereq: Opt III Instructor: Bluegel	**Optometry 671** *clinical binocular vision I* Credit: 5 hrs (4 cl 1 2-hr lab) Prereq: Opt III and Opt 443 Instructor: Kulp	**Optometry 656** *low vision* Credit: 4 hrs (3 cl 1 2-hr lab) Prereq: Opt III Instructor: Flom	**Optometry 745.06** *low vision* Credit: 2 hrs (1 qtr) Prereq: Opt IV Instructor: Flom
Optometry 714 *systemic disease for optometry* Credit: 4 hrs (3 cl, 1 2-hr lab) Prereq: Opt III or POI Instructor: Giese	**Vision Science 733** *optometric gerontology* Credit: 4 hrs (3 cl 1 2-hr lab) Prereq: Opt III Instructor: Flom	**Optometry 660** *advanced diagnosis and management ocular disease* Credit: 3 hrs Prereq: Opt III Instructor: Giese	**Optometry 745.08** *ophthalmic dispensing* Credit: 2 hrs (1 qtr) Prereq: Opt IV Instructor: Bullmore
[redacted]		**Optometry 672** *clinical binocular vision II* Credit: 2 hrs (1 cl 1 2-hr lab) Prereq: Opt 671 Instructor: Kulp	**Optometry 745.10** *pediatric optometry* Credit: 4 hrs (2 qtrs) Prereq: Opt IV Instructor: Easley
Vision Science 732 *vision of children* Credit: 5 hrs (3 cl 1 4-hr lab) Prereq: Opt III Instructor: Watkins		**Optometry 723** *optometric practice: jurisprudence, analysis, and practice systems* Credit: 3 hrs Prereq: Opt 643 Instructor: Runyan	**Optometry 745.11** *ocular disease extern experience* Credit: 15 hrs (1 qtr) Prereq: Opt IV Instructor: Barr
			Optometry 745.12 *primary care extern experience* Credit: 12 hrs (1 qtr) [redacted]

* Enrollment for 2 quarters for a total of 4 credits is required
*** Enrollment for 1 quarter for 2 credits is required
**** Enrollment for 2 quarters for a total of 4 credits is required; Instructor varies with quarter
Academic Year 2006-2007

[illegible]	[illegible]	[illegible]

FOURTH YEAR

AUTUMN QUARTER		WINTER QUARTER		SPRING QUARTER	
[illegible] Optometry 741 Introduction to Ocularcomp****	or 745.11, 745.12, 745.04	[illegible] Optometry 741 [illegible]	or 745.11, 745.12, 745.04	[illegible] Optometry 741 Introduction to Ocularcomp****	or 745.11, 745.12, 745.04
Optometry 745.02 – 745.03*, 745.06, 745.08, 745.10*		Optometry 745.02 – 745.03*, 745.06, 745.08, 745.10*		Optometry 745.02 – 745.03*, 745.06, 745.08, 745.10*	

Fourth year students are required to take Opt 741 for 2 quarters (may include Optometry 745.12) as well as Opt. 745.01-745.05*, 745.06, 745.08, 745.10* as a minimum requirement

* Enrollment for 2 quarters for a total of 4 credits is required
*** Enrollment for 1 quarter for 2 credits is required
**** Enrollment for 2 quarters for a total of 4 credits is required; Instructor varies with quarter

The Ohio State University College of Medicine (OSU; M.D.)

Curriculum Directory

School Curricula

Search Again
Glossary of Common Terms

Required Courses and Clerkships with educational methods and contact hours for The Ohio State University College of Medicine

Academic Year 1(Graduation Year 2007)

CP :CAPS 1 - 12 weeks: 12 weeks	
Lecture	12 hours
Exams	2 hours
Literature searching	3 hours
Demonstrations	1 hours
IP :Anat 1 - 3 Weeks: 3 weeks	
Lecture	16 hours
Exams	1 hours
Independent Study	
Review Session	3 hours
Quiz	
Dissection	23 hours
Clinical Correlations	2 hours
Computer-Assisted Learning	
IP :Anat 2 - 3 Weeks: 3 weeks	
Lecture	17 hours
Exams	1 hours
Clinical Correlation	2 hours
Independent Study	
Review Session	4.5 hours
Quiz	
Dissection	24 hours
Computer-Assisted Learning	
IP :Anat 3 - 3 Weeks: 3 weeks	
Lecture	13 hours
Exams	2 hours
Clinical Correlation	2 hours
Independent Study	
Quiz	
Dissection	24 hours
Review Sessions	3 hours
Computer-Assisted Learning	
IP :Anat 4 - 3 Weeks: 3 weeks	
Lecture	17 hours
Exams	2 hours
Clinical Correlation	2 hours
Independent Study	
Review Session	3 hours
Quiz	

Dissection	33 hours
Computer-Assisted Learning	

OSO, M.D.

IP :Host Defense- Div 1 - 3.5 Weeks: 3.5 weeks

Lecture	39 hours
Exam review	2 hours
Exams	2.5 hours
Independent Study	4 hours
Case-based, small group, tutorial	3 hours
Large Group	1 hours

IP :Host Defense- Div 2 - 3.5 Weeks: 3.5 weeks

Lecture	36 hours
Exam review	2 hours
Exams	2.5 hours
Independent Study	3 hours
Review Session	1 hours
Patient Presentations	1 hours
Case-based, small group, tutorial	3 hours
Large Group	1 hours
Clinical Pathologic Correlation	1 hours

IP :Host Defense- Div 3 - 3 Weeks: 3 weeks

Lecture	31 hours
Exam review	2 hours
Exams	2.5 hours
Case-based, small group, tutorial	8 hours

IP :Neural Science- Div 1 - 3 Weeks: 3 weeks

Lecture	38.5 hours
Exam review	2 hours
Exams	2.5 hours
Review Session	2 hours
Dissection	5 hours
Patient Interview	.5 hours
Clinical Skills Development	2 hours
Small Group Case Based Discussion	2 hours

IP :Neural Science- Div 2 - 3 Weeks: 3 weeks

Lecture	36.5 hours
Exam review	2.5 hours
Exams	2 hours
Film/Video	.25 hours
Review Session	2 hours
Demonstration	.25 hours
Large Group	1 hours
Lab	2 hours
Small Group Case Based Discussion	3 hours

IP :Neural Science- Div 3 - 3 Weeks: 3 weeks

Lecture	39 hours
Laboratories	2 hours
Exam review	2 hours
Exams	2.5 hours
Review Session	1 hours
Dissection	2 hours
Case-based, small group, tutorial	6 hours

IP :The Cell- Div 1 - 2 Weeks: 2 weeks

Lecture	29 hours
Exam review	2.5 hours
Exams	2 hours
Case-based, small group, tutorial	2 hours

IP :The Cell- Div 2 - 3 Weeks: 3 weeks

Lecture	35.5 hours
Exam review	2 hours

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Exams	2.5 hours
Case-based, small group, tutorial	2 hours

IP :The Cell- Div 3 - 3 Weeks: 3 weeks

Lecture	22 hours
Exam review	2 hours
Exams	2.5 hours
Independent Study	3 hours
Case-based, small group, tutorial	4 hours

ISP :Biochem - 2 Weeks: 2 weeks

Computer-assisted Instruction	3 hours
Exams	2 hours
Independent Study	83 hours
Discussion	2 hours

ISP :Blood & Lymphatic - 2 Weeks: 1.8 weeks

Computer-assisted Instruction	
Tutorial	
Exams	2 hours
Independent Study	72 hours
Optional Review	

ISP :Cardio - 2 Weeks: 2 weeks

Computer-assisted Instruction	
Exams	2 hours
Independent Study	64 hours
Quiz	

ISP :Cell Structure & Histo - 2 Weeks: 1.6 weeks

Computer-assisted Instruction	
Tutorial	
Exams	2 hours
Independent Study	64 hours
Optional Review	

ISP :Endo - 2 Weeks: 2 weeks

Exams	2 hours
Independent Study	80 hours

ISP :Gastro - 2 Weeks: 2 weeks

Computer-assisted Instruction	
Exam review	
Exams	2 hours
Clinical Correlation	
Independent Study	56 hours
NBME Shelf Exam	

ISP :Immuno - 2 Weeks: 2 weeks

Exam review	
Exams	2 hours
Independent Study	72 hours
Discussion	

ISP :Mol Gen - 1 Week: 1 weeks

Exams	2 hours
Independent Study	40 hours

ISP :Neuroanatomy - 3 Weeks: 3 weeks

Laboratories	3 hours
Exams	2 hours
Independent Study	104 hours
Discussion	2 hours

ISP :Neurophys I - 3 Weeks: 3 weeks

Exams	2 hours
Independent Study	128 hours

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Practice Exam

ISP :Nutrition - 1 Week: 1 weeks

Computer-assisted Instruction	2 hours
Exams	2 hours
Independent Study	46 hours

ISP :Pathology - 3 Weeks: 3 weeks

Computer-assisted Instruction	4 hours
Exams	2 hours
Independent Study	100 hours

ISP :Renal - 2 Weeks: 2 weeks

Exams	2 hours
Independent Study	56 hours

ISP :Repro - 1 Week: 1 weeks

Computer-assisted Instruction	8 hours
Laboratories	
Exams	2 hours
Independent Study	40 hours
Quiz	

ISP :Resp - 1 Week: 1 weeks

Exams	2 hours
Film/Video	4 hours
Independent Study	40 hours
Optional Clinical Case Study	4 hours
Review Session (Optional)	1 hours

PCM: Patient Centered Medicine 1: 43 weeks

Lecture	15 hours
Standardized Patient	3 hours
Exams	3 hours
Film/Video	5 hours
Discussion	9.75 hours
Dramatization/Role Play	2.5 hours
Quiz	1 hours
Oral Presentation	1.5 hours
Panel Discussion	5.5 hours
Patient Interview	1 hours
Community Encounter / Community-based Work	13.5 hours
Case-based, small group, tutorial	8.25 hours
Simulation Game	2 hours

PD :Physician Development 1: 33 weeks

Lecture	4.75 hours
Standardized Patient	3 hours
Tutorial	3 hours
Exams	2 hours
Film/Video	1 hours
Clinical Correlation	.5 hours
Independent Study	1.5 hours
Discussion	2.25 hours
Shadowing	3 hours
Dramatization/Role Play	2 hours
Quiz	.75 hours
Patient Interview	5 hours
Patient Write-up	1.25 hours
Community Encounter / Community-based Work	12 hours
Case-based, small group, tutorial	3.5 hours
Large Group	1.5 hours
Teaching Others	1 hours
Clinical Skills Development	2 hours
Demonstrations	3.5 hours

Academic Year 2(Graduation Year 2007)

CP :CAPS 2 - 24 Weeks: 24 weeks

Lecture	4 hours
Independent Study	10 hours
Oral Presentation	9 hours
Small groups	9 hours

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IP :Capstone - 5 weeks: 5 weeks

Lecture	15 hours
Exam review	2 hours
Exams	2.5 hours
Independent Study	70 hours
Large Group	12 hours
Teaching Others	2 hours
Small group case discussion and problem solving	32 hours

IP :Cardio Pulm Renal - 3 Weeks: 3 weeks

Lecture	22 hours
Exam review	2 hours
Exams	2.5 hours
Discussion	5 hours
Review Session	1 hours
Independent Learning	10 hours
Case-based, small group, tutorial	9 hours

IP :Cardio Pulm Renal 2 - 5 Weeks: 5 weeks

Lecture	39.5 hours
Laboratories	2 hours
Exam review	2 hours
Exams	2.5 hours
Clinical Correlation	5 hours
Oral Presentation	6 hours
Optional Review	2.5 hours
Case-based, small group, tutorial	9 hours
Computer-Assisted Learning	3 hours

IP :Cardio Pulm Renal 3 - 3 Weeks: 3 weeks

Lecture	29 hours
Exam review	2 hours
Exams	2 hours
Review Session	4 hours
Case-based, small group, tutorial	3 hours

IP :Cardio Pulm Renal 4 - 1 Week: 1 weeks

Lecture	1 hours
Exam review	2 hours
Exams	2.5 hours
Independent Study	6 hours
Review Session	3 hours
Oral Presentation	9 hours

IP :Endo Nutr Digest 1 - 3 Weeks: 3 weeks

Lecture	37 hours
Exam review	2 hours
Exams	2.5 hours
Independent Learning	5.5 hours
Small Group Case Based Discussion	4.5 hours

IP :Endo Nutr Digest 2 - 2 Weeks: 2 weeks

Lecture	22.5 hours
Exam review	2 hours
Exams	2.5 hours
Large Group	2 hours

IP :Endo Nutr Digest 3 - 3 Weeks: 3 weeks

Lecture	20.5 hours
Exam review	2 hours

Exams	**2.5 hours**
Review Session	**1 hours**
Case-based, small group, tutorial	**1.5 hours**
Large Group	**2 hours**
Small Group Case Based Discussion	**1 hours**

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IP : Musculoskeletal - 3 Weeks: 3 weeks

Lecture	37.5 hours
Exam review	2 hours
Exams	2.5 hours
Problem Based Learning	4 hours
Clinical Skills Development	6 hours

IP : Neural Science - 3 Weeks: 3 weeks

Lecture	30.5 hours
Exam review	2 hours
Exams	2.5 hours
Film/Video	1 hours
Review Session	1 hours
Case-Study, Small Group	8 hours

IP : Repro Geri Develop - 3 Weeks: 3 weeks

Computer-assisted Instruction	3 hours
Lecture	29.5 hours
Exam review	2 hours
Exams	2.5 hours
Film/Video	1.5 hours
Clinical Correlation	2 hours
Review Session	3 hours
Seminars	1 hours
Panel Discussion	2 hours
Case-based, small group, tutorial	6 hours

ISP : CNS - 2 Weeks: 2 weeks

Exams	2 hours
Independent Study	64 hours

ISP : Cardio Path - 5 Weeks: 5 weeks

Computer-assisted Instruction	12 hours
Laboratories	1.5 hours
Exams	6.5 hours
Clinical Correlation	2 hours
Independent Study	192 hours

ISP : Drug Mechanisms - 5 Weeks: 5 weeks

Exams	2 hours
Independent Study	200 hours

ISP : Endo Path - 2 Weeks: 2 weeks

Tutorial	1 hours
Exams	1 hours
Independent Study	64 hours

ISP : Gastro Path - 2 Weeks: 2 weeks

Computer-assisted Instruction	
Exam review	
Exams	2 hours
Independent Study	80 hours
Optional Review	

ISP : Hematology - 2 Weeks: 2 weeks

Laboratories	
Exams	2 hours
Independent Study	64 hours
Case-based, small group, tutorial	1 hours

ISP : Infectious Diseases - 4 Weeks: 4 weeks

Exams	2 hours
Independent Study	160 hours

ISP :Micro - 4 Weeks: 4 weeks

Exams	2 hours
Independent Study	144 hours

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ISP :Musculo - 1 Week: 1 weeks

Computer-assisted Instruction	
Exams	2 hours
Independent Study	48 hours

ISP :Ophtho - 1 Week: 1 weeks

Computer-assisted Instruction	
Tutorial	
Exam review	
Exams	2 hours
Independent Study	16 hours
Quiz	
Optional Clinical Case Study	

ISP :Psychiatry - 1 Weeks: 1 weeks

Exams	2 hours
Independent Study	32 hours

ISP :Renal Path - 3 Weeks: 3 weeks

Exams	2 hours
Independent Study	96 hours

ISP :Repro Path - 1 Week: 1 weeks

Computer-assisted Instruction	1 hours
Exams	1 hours
Independent Study	32 hours
Quiz	6 hours

ISP :Resp Path - 2 Weeks: 2 weeks

Exams	2 hours
Independent Study	72 hours

PCM: Patient Centered Medicine 2: 37 weeks

Lecture	17.7 hours
Standardized Patient	1.5 hours
Exams	3 hours
Film/Video	2.5 hours
Discussion	8.25 hours
Seminars	2 hours
Dramatization/Role Play	.75 hours
Quiz	1 hours
Panel Discussion	2.75 hours
Community Encounter / Community-based Work	1 hours
Case-based, small group, tutorial	7.25 hours
Demonstrations	2.5 hours
Stress Relief Exercises	3.25 hours

PD :Physician Development 2: 36 weeks

Computer-assisted Instruction	1 hours
Lecture	4 hours
Preceptorship / Hospital Experience	6 hours
Standardized Patient	1 hours
Tutorial	1 hours
Patient Care Activities	
Exams	2 hours
Film/Video	1 hours
Independent Study	1.5 hours
Discussion	.25 hours
Quiz	1 hours
Patient Interview	7 hours

Patient Presentations	1 hours
Patient Write-up	1.5 hours
Community Encounter / Community-based Work	5 hours
Case-based, small group, tutorial	5.75 hours
Optional Films	
Clinical Skills Development	17 hours
Demonstrations	7 hours
Practice on peers	4 hours

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Academic Year 3(Graduation Year 2007)

Ambulatory Care Clerkship - 12 Weeks: 12 weeks

Computer-assisted Instruction	36 hours
Lecture	36 hours
Laboratories	1.5 hours
Standardized Patient	
Patient Care Activities	
Exam review	1.5 hours
Exams	2 hours
Independent Study	72 hours
Discussion	
Review Session	
Dramatization/Role Play	6 hours
Quiz	1 hours
Oral Presentation	
Patient Interview	150 hours
Patient Presentations	150 hours
Patient Write-up	84 hours
Case-based, small group, tutorial	36 hours
Large Group	
Journal Club	3 hours
Teaching Others	
Clerkship Experiences	
Clinical Skills Development	14 hours
Demonstrations	3 hours

Internal Med Core Clerkship - 8 Weeks: 8 weeks

Computer-assisted Instruction	20 hours
Patient Care Activities	480 hours
Exam review	2 hours
Exams	2.1 hours
Ward Rounds	36 hours
Independent Study	20 hours
Discussion	19 hours
Shadowing	20 hours
Quiz	4 hours
Oral Presentation	20 hours
Patient Interview	16 hours
Patient Write-up	32 hours
Case-based, small group, tutorial	8 hours
History and Physical Examination	
Patient presentation	20 hours
On Call Activities	48 hours
MidCourse Feedback	

Introduction to Clinical Medicine - 2 Weeks in June: 2 weeks

Computer-assisted Instruction	
Lecture	10 hours
Exams	2 hours
Ward Rounds	16 hours
Discussion	
Demonstration	
Dramatization/Role Play	
Quiz	
Autopsy	
Patient Interview	
Patient Presentations	

Patient Write-up	
Community Encounter / Community-based Work	
Case-based, small group, tutorial	10 hours
Large Group	
Clinical Skills Development	

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Neuroscience Clerkship - 4 Weeks: 4 weeks

Grand Rounds	4 hours
Exam review	1 hours
Exams	1 hours
Ward Rounds	40 hours
Film/Video	.5 hours
Conference	8.5 hours
Oral Presentation	12 hours
Patient Interview	12 hours
Patient Write-up	6 hours
Optional Conference	8 hours
Clerkship Experiences	
Patient Care Activity	106 hours
Demonstrations	1 hours

Obstetrics and Gynecology Core Clerkship - 6 Weeks: 6 weeks

Grand Rounds	6 hours
Standardized Patient	1 hours
Patient Care Activities	150 hours
Exams	3 hours
Ward Rounds	90 hours
Independent Study	18 hours
Conference	8 hours
Demonstration	2 hours
Shadowing	24 hours
Oral Presentation	5 hours
Patient Interview	12 hours
Patient Write-up	5 hours
Community Encounter / Community-based Work	20 hours
Case-based, small group, tutorial	6 hours
Morning Report	10 hours
Clerkship Experiences	25 hours
Lectures	18 hours
Clinical Skills Development	30 hours
Patient presentation	6 hours
Clinical Correlation Session	

Pediatrics at Children's Hospital Core Clerkship - 8 Weeks: 8 weeks

Grand Rounds	8 hours
Patient Care Activities	255 hours
Exams	2 hours
Ward Rounds	40 hours
Film/Video	
Clinical Correlation	
Independent Study	
Conference	8 hours
Oral Presentation	
Patient Interview	
Patient Presentations	8 hours
Patient Write-up	16 hours
Community Encounter / Community-based Work	
Case-based, small group, tutorial	12 hours
Morning Report	40 hours
Lecture	40 hours
Clerkship Experiences	8 hours
Clinical Skills Development	5 hours
MidCourse Feedback	

Psychiatry Clerkship - 4 Weeks: 4 weeks

Grand Rounds	4 hours
Lecture	12 hours

Patient Care Activities	**120 hours**
Exams	**2 hours**
Review Session	
Conference	**12 hours**
Quiz	**4 hours**
Patient Write-up	**1 hours**
Case-based, small group, tutorial	**4 hours**
Clerkship Experiences	**10 hours**
Senior Partner Project	**1 hours**

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Surgery Core Clerkship - 6 Weeks: 6 weeks

Grand Rounds	**6 hours**
Lecture	**24 hours**
Patient Care Activities	**60 hours**
Exam review	**4 hours**
Exams	**2 hours**

April 26, 2007

Representative Ralph Samuels
Alaska State Legislature
Juneau, AK 99801

Dear Representative Samuels:

Please support House Bill 113 that expands prescribing privileges for Alaska optometrists. These doctors are extremely qualified and should not have unnecessary restrictions placed on their licenses.

Several years ago, my eye was injured with a piece of sharp metal and I went to a medical doctor in Anchorage. I was examined and received eye drops but suffered with a painful eye for 3 days, then returned for another visit with the MD and still it was not improving.

I then went to an Anchorage optometrist who examined me with a special microscope and in 30 seconds discovered that my cornea had been punctured. He immediately contacted a local eye surgeon to come in and stitch up the hole in my eye. The optometrist followed my progress for many months, and has provided my eye care for many years since that injury.

Regular medical doctors do not have the special instruments or special training for treating the eye that optometrists have. Optometrists are qualified doctors the same as dentists, with virtually identical training. Most other states recognize and respect the services of optometrists, and do not have such restrictions as Alaska.

I also was required to go to an ophthalmologist for an insurance exam, where I received hasty, expensive, and less caring treatment compared to what I experience with my optometrist. I am thankful for the surgeon that stitched up my cornea, but it was the expertise and fast action of the optometrist that saved my eye.

Sincerely,

Andrea Gribbin
Prudential Jack White Real Estate
3801 Centerpoint Drive, STE 200
Anchorage, AK 99503

OPPOSING

4/18/07

OPPOSITION TO CSHB113

Attachments enclosed.

Sincerely,

Carl Rosen, M.D.
American Academy of Ophthalmology/Alaska Chapter
Anchorage, Alaska
907-276-1617

COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT
Division of Corporations, Business and Professional Licensing

Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urion, Director

ALASKA STATE MEDICAL BOARD

RESOLUTION OF THE ALASKA STATE MEDICAL BOARD

Title: An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

WHEREAS, the Alaska State Legislature is considering CSHB 113, a bill that would give optometrists licensed in the State of Alaska the authority to prescribe oral and injectabie medications; and

WHEREAS, a degree from a college of optometry school is not a substitute for four years of medical school, a hospital residency, and three years of ophthalmology residency training; and

WHEREAS, optometrists do not have the clinical experience to safely administer injections and prescribe oral medications; and

WHEREAS, CSHB 113 may result in increased potential patient risks; and

WHEREAS, CSHB 113 would not improve the quality of eye healthcare available to the citizens of Alaska.

NOW THEREFORE BE IT RESOLVED, the Alaska State Medical Board opposed CSHB 113 because the board believes that this legislation would endanger patients.

David Head MD

David M. Head, MD, Chair.
Alaska State Medical Board

12 April 2007

550 West Seventh Avenue - Suite 1500, Anchorage, AK 99501-3567
Telephone: (907) 269-8163 Fax: (907) 269-8196 Website: www.commerce.state.ak.us/occ/pmed.htm

Tlingit and Haida
Indian Tribes of Alaska

CENTRAL COUNCIL
tlingit and haida indian tribes of alaska
ANDREW P. HOPE BUILDING
320 West Willoughby Avenue • Suite 300
Juneau, Alaska 99801-9983

CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA
Seventy-Second Annual General Assembly
April 18-21, 2007

Resolution GA/ 07-16

Title: **An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists**

By: Tlingit and Haida's of the City & Borough of Juneau

WHEREAS, Central Council of Tlingit and Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 26,000 tribal citizens; and

WHEREAS, the Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs; and

WHEREAS, there exists a difference in the education and training between optometrists and ophthalmologists, with the more comprehensive training of ophthalmologists who are considered medical doctors. Optometrists complete four years education at optometry school without any requirement in Alaska for residency training, ophthalmologists, must complete four year of medical school, a hospital residency, and an additional three to four year residency training program that specializes in medical and surgical treatment of the eye; and

WHEREAS, over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and protecting public health by advocating comprehensive eye and total health care of Alaskans; and

WHEREAS, very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers; and

WHEREAS, eye care is related to total body health and the risk of the loss of eyesight is major if eye care is not undertaken by qualified medical doctors. The loss of eyesight cannot be replaced and the diminishment of eyesight can be only prevented with the assistance of medical doctors addressing comprehensive health of patience; and

WHEREAS, legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

NOW THEREFORE BE IT RESOLVED, that the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska convened in Wrangell, Alaska on April 18-21, 2007, hereby opposes CS for HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists; and

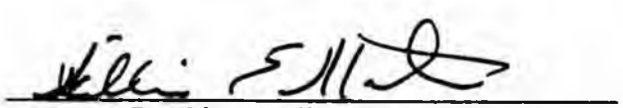
BE IT FURTHER RESOLVED, it is believed that CSHB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CSHB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans; and

BE IT FURTHER RESOLVED, that it is believed that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes; and

BE IT FINALLY RESOLVED, that the Alaska State Legislature emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service groups, including optometrists and ophthalmologists.

ADOPTED this 21st day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY



President William E. Martin

ATTEST

Tribal Secretary Dana Leask Ruaro

Alaska Native Brotherhood Camp 2

Resolution No: 001-07

Resolution in Opposition to CSHB113

Whereas the Alaska Native Brotherhood Camp 2 (A.N.B. Camp 2) of Juneau is a Native membership organization; and,

Whereas the A.N.B. Camp 2 represents and advocates for Tribal members in the Greater City and Borough of Juneau, Alaska; and,

Whereas, the A. N.B. Camp 2 is an institution that protects and promotes the best interest in health, education and welfare, and other social concerns of its membership; and,

Whereas the A. N. B. Camp 2 has members from rural Alaska and the urban communities of Alaska; and,

Whereas, the A. N. B. Camp 2 has advocated that people of Alaska continue to receive quality health care, including eye health; and,

Whereas, A.N.B. Camp 2 has opposed legislation in the past similar to CSHB 113, now being considered in the Legislature.

Now, Therefore be it resolved, by the A.N.B. Camp2 finds that CSHB 113 is contrary to the core of health services that its citizens would receive under the proposed legislation; and,

Be it further resolved that A.N.B. Camp 2 opposes the passage of CSHB 113.

President: _____ Date: 4-12-07

Andrew Ebona, President

Secretary: _____ Date: 4/12/07

Sueann Williams

320 W. Willoughby Suite 100* Juneau, Alaska 99801* 907-586-2044* Fax: 586-3301
Email: anbjnu2@ak.net

April 18, 2007

Dear Members of the House of Representatives,

As the American Academy of Ophthalmology/Alaska Chapter President I am writing this letter of opposition to cshb113 for four reasons.

Firstly, our patients and the citizens of Alaska place their trust in their doctors and in their elected officials to act in their best interest. To enact this far reaching bill would not be in the best interests of Alaskans. Medical school graduates have proven themselves and Ophthalmologists represent the best the American Medical System has to offer with regards to diagnosing and treating diseases of the visual system. To equate optometric training as equal to medical school and ophthalmology residency training would be like suggesting there is no difference between Major and Minor League Baseball. As a fellowship trained board certified ophthalmologist I have performed over 24,000 hours of supervised clinical training, with my final fellowship year as a one on one apprenticeship. At best an optometrist may perform 2000 clinical hours.

Secondly, this bill is massive in expanding optometric scope of practice. As a busy surgeon I have no use for pain medicines typically for more than 2-3 days, and I use a handful of oral antibiotics when needed and consult infectious disease specialists if atypical presentations arise. There is simply no need for an optometrist either in an urban or remote setting to have the ability to use the drugs listed in cshb113. In virtually all states where these privileges are given an Ophthalmologist must be consulted or supervise the optometrist.

Thirdly, injecting drugs around the eye can lead to hemorrhage given the vascular nature of the eyelids and orbital area and to direct injury to the eyeball. A seven hour course deemed satisfactory by the optometric board is very concerning, especially since residents are required to have three years of experience doing this procedure, and to patients who won't know or understand the training differences. In fact, when optometrists talk about injections they really are concerned with chalazions or styes that they want to inject with steroids. You should know that styes are treated first with warm compresses and time which cure well over 80%. Rarely have I injected a steroid into a chalazion and I am Alaska's only eyelid specialist.

Fourthly, there is simply no public outcry for this bill. The only advocates are the optometrists. With the implementation of telemedicine and digital technology we are getting better and better at diagnosing and treating patients using digital images and computer networks. This applies to the entire State of Alaska. In fact, Robert Arnold, MD a pediatric ophthalmologist has screened over 21,000 children looking for amblyopia or lazy eyes using this technology and continues to do so. David Chamberlain at Alaska Native Medical Center travels throughout the State to see patients as do most of the ophthalmologists who live in Alaska. For the past two years I have been working with Dr. Fred Pearce at the University of Alaska Anchorage on a first responder trauma

system whereby information gathered by EMT's is sent to physicians in the Emergency Room allowing for faster patient diagnoses and treatment. There are approximately 40 Ophthalmologists who are licensed to practice and currently do treat Alaskans and they visit approximately 35 communities. With telemedicine this number keeps growing and within the next 3 to 5 years I predict we will have the State wired and telemedicine centric for not only Ophthalmology consults but other medical specialties as well.

I urge you to vote against cshb113, it is simply not a good bill as written.

Sincerely,

Carl Rosen, MD
President

American Academy of Ophthalmology/Alaska Chapter
542 West Second Ave.
Anchorage, Alaska 99501
907-276-1617
Director of Orbital and Oculoplastic Surgery and Neuro-Ophthalmology
Ophthalmic Associates
Anchorage, Alaska

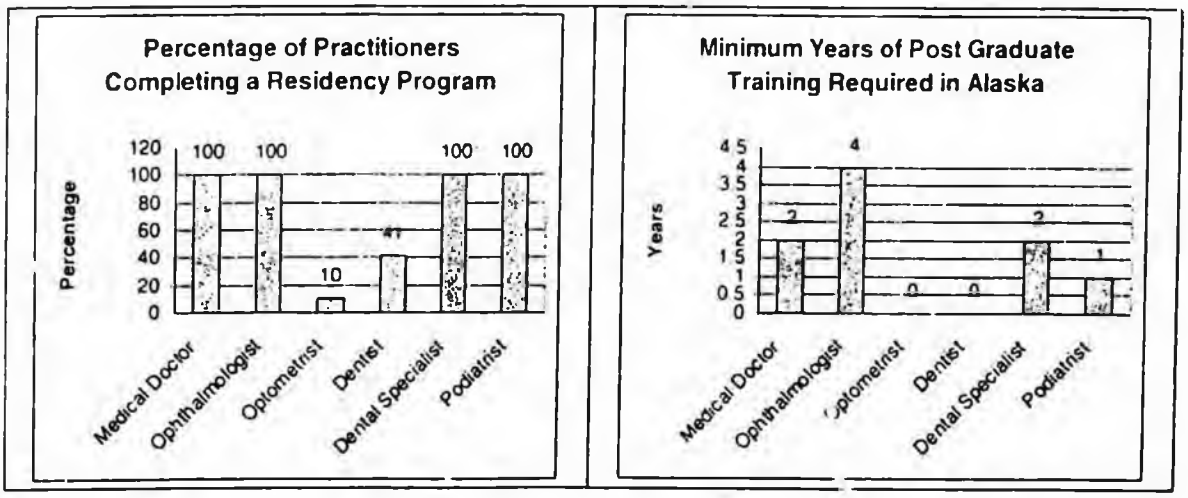
cc: Alaska State Senate, HESS Committee

Post Graduate Training Comparison Between Optometrists and Selected Professions

Ophthalmologists are medical doctors who specialize in the treatment of eye disease after three to four years of training after medical school and hospital residency. In arguing for expanded scope of practice to treat eye disease, optometrists, on the other hand, compare their education and training to podiatrists and dentists. However amongst the many significant differences between optometrists and these other professions is post-graduate training.

Since we are discussing eyes - not feet or teeth, the more reasonable comparison is between the education and training of an ophthalmologist and that of an optometrist. The question at hand is whether optometrists, without seeking the approval of or consulting with the state medical board, any medical schools, or any ophthalmology residency program, have devised a unique method to learn to prescribe systemic medications with just enough fragments and bits of knowledge to not harm patients in this state. The answer is that they have not. Optometry school is not a substitute for four years of medical school, a hospital residency, and three years of ophthalmology residency training.

It should be pointed out that optometry education is not comparable to even podiatry or dentistry education. To be licensed in this state, podiatrists must complete a one-year podiatric surgical residency program. To be licensed as a dental specialist, these specialists must complete a two-year postgraduate program. Although there is no residency requirement for dental school graduates, 41 percent of dental school graduates immediately enter a post-graduate training program. In contrast, only about 10 percent of optometrists complete a residency program nationally. Furthermore, the completion of a residency is not required as a part of any optometry school program and is not a requirement to be licensed in this state.



Medical Doctors

All medical doctors must complete at least a one year residency program upon graduation from medical school. In Alaska, the requirement is two years if the medical doctor graduated after 1995.
http://www.labor.state.ak.us/research/dlo/phy_surg.htm

Ophthalmologists (EYE MDs)

In addition to the same one year residency program that all medical doctors must complete, to become an ophthalmologist, the medical doctor must also complete an additional three to four year residency training program that specializes in medical and surgical treatment of the eye.
http://www.acgme.org/acWebsite/downloads/RRC_progReq/240pr106.pdf

Optometrists
Nationally, approximately 10 percent of all optometrists complete a one year residency program. Moreover, optometric *residencies are not required in Alaska or elsewhere by law or by professional standard.* http://www.opted.org/teampublish/uploads/SpringStudentInterest.pdf

Dentists
Nationally, approximately 41 percent of dental school graduates immediately enter into post-graduate training program. About 27 percent of all dentists enter a general dentistry residency program and an additional 14 percent enter a dental specialty program. www.adea.org/DEPR/Assocreptjune01.pdf

Dental Specialists
Completion of a two year post graduate program is a prerequisite to be licensed as a dental specialist in Alaska. http://www.labor.state.ak.us/research/dlo/dentist.htm

Podiatrists
Alaska requires podiatrists to complete a one-year podiatric surgical residency program. Today, virtually all podiatry school graduates in the US complete a podiatric residency. It is now a licensing requirement in 41 states. http://www.labor.state.ak.us/research/dlo/podiatrt.htm

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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The Eye M.D. Association

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American Academy of Ophthalmology
State Governmental Affairs
April 18, 2007

Review of Alaska State Board of Examiners in Optometry Letter dated April 10, 2007.

The Alaska State Board of Examiners in Optometry claims that this bill would allow optometrists to prescribe limited systemic drugs. In fact, compared to the optometric practice acts in 49 out of 50 states, this bill is not limited.

The Alaska State Board of Examiners in Optometry claims that similar legislation has been enacted in 45 states. In fact, similar legislation has not been enacted in 45 states. Virtually, every state has stricter limitations on the use of systemic medicatio- .

The Alaska State Board of Examiners in Optometry claims that there are many new drug treatments every year. This is not a reason to expand the scope of practice of optometry. In fact, there are not many new drug treatments that are introduced every year in the specialty of ophthalmology. The standard of care in the treatment of eye disease evolves over time.

The Alaska State Board of Examiners in Optometry claims that optometrists are fully educated and competent to prescribe any drug for the treatment of the eye regardless of the route of administration. Fully competent suggests an equivalence with ophthalmology. Unlike ophthalmologists, optometrists do not go to medical school, complete a hospital residency, and complete a three year residency in ophthalmology. Optometric education does not include substantial clinical training in the prescribing of systemic medications.

The Alaska State Board of Examiners in Optometry cites a 2001 survey of optometric boards in other states that have enacted similar legislation, suggesting there have been no problems. In 2001, there were no states that had similar legislation. In fact today, there is only one state with a comparable statute.

The Alaska State Board of Examiners in Optometry claims that there are adequate safeguards in place to protect the public. Given that no one on the board prescribes these medications in the state of Alaska and that the board did not consult with the medical board on any education and training requirements that might be needed, a claim about protecting the public cannot be made with authority or confidence by the state optometry board.

The Alaska State Board of Examiners in Optometry states that this bill would improve access to quality eye care and reduce costs. In fact, this bill would only create two tiers in access to quality eye care. Given the fact that many patients with serious eye disease requiring systemic drugs will obtain a second opinion and that delayed, appropriate treatment by an ophthalmologist may result in additional costs to the patient and lost work time for the patient, this bill would not reduce costs. Moreover, federal law requires ophthalmologists and optometrists to be reimbursed at the same rate for the services they provide to Medicare patients, regardless of any differential in education and training. Private payors generally follow the same fee schedule and use similar reimbursement practices.

Comparison of Training and Accreditation in Optometry with Medicine and Ophthalmology

The following chart is based on requirements and minimum standards, or averages if no standards are stated.

	Ophthalmologist	Optometrist
Degree	**M.D.**	**O.D.**
Medical School/ Optometry School Accreditation	Liaison Committee on Medical Education (LCME). The LCME has determined minimum curriculum and patient contact standards.	Council on Education (COE). The COE has no minimum curriculum or patient contact standards
Pre-training Admission requirements	4 year college degree Premedical program	3 years of undergraduate courses and pre-optometry program (most complete a 4 year degree program[1]
Didactic curriculum	First two years of medical school: 2,000 hours in class, at least 1,250 hours of basic and clinical sciences, according to minimum accreditation standards.	No accreditation standard minimums. Typical didactic program is one year of basic and clinical sciences and two years of vision sciences.
Student clinical training	Second two years (3,200 hours): Clinical rotations in hospitals / health care settings completing 2,000 hours in basic medical specialty services plus 1,200 hours in elective rotations, according to minimum accreditation standards.	No accreditation standard minimums or required service rotations. Typical service is an average of 2,000 hours in the 4th year, split between school-based clinic and what ever externship rotations can be arranged.

[1] Three of the 17 optometry schools in the U.S. require an undergraduate degree before admission.

	Ophthalmologist	Optometrist
Degree	**M.D.**	**O.D.**
Postgraduate Accreditation	Accreditation Council for Graduate Medical Education (ACGME), Ophthalmology RRC	Council on Education
Postgraduate clinical training: First Residency (PGY-1)	**Required:** hospital residency, including on-call service. 50 week, 80 hour a week limit (60 hours week average = 3,000 patient contact hours)	**Optional**: one year postgraduate training (less than 10% of OD graduates ever pursue postgraduate training)
Postgraduate clinical training: Second Residency (PGY-2) *Completion of PGY-1 required*	**Required** :36 month ophthalmology service to include 360 hours didactic education in basic and clinical sciences and 50 hours in pathology. Minimum patient requirements: 3,000 outpatient visits with 1,000 closely supervised (including 1,500 refractions), 150 consultations involving disease, documented surgical experience, and 288 hours of clinical conferences.	No option
Specialty Board Certification	Optional (but achieved by almost all recent graduates, American Board of Ophthalmology, accredited by the Association of Medical Specialty Boards	No option
Subspecialty Fellowship Training	Optional (but achieved by approximately one-half of all recent graduates): one to two year position. No accreditation, but programs follow guidelines of subspecialty associations	No option

md_od.doc

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April 3, 2007

Chair Kurt Olson
House Labor & Commerce Committee
State Capitol
Juneau, AK 99801 **Re: CSHB 113**

Dear Representative Olson:

In the interest of patients, optometrists should communicate with medical doctors over circumstances requiring systemic medications. In the event of an ocular manifestation of a potentially systemic disease, the Alaskan optometrist should confer with local ophthalmologists. In the extremely unlikely event of an anaphylactic reaction in the optometrist's office, emergency services or local family medical doctors should be called.

Since 1989, I have practiced with some fine optometrists as collegial partners with subspecialty ophthalmologists. Their experience has been gleaned by decades of optometric practice adjacent to ophthalmic practice. There are optometrists, when covering cases that might benefit from systemic medications, easily contact ophthalmologists in or out of our practice, or directly with other medical physicians. They also clearly recognize that their individual familiarity with medical conditions has been mainly influenced by the years of adjacent practice with ophthalmologists rather than from their training in optometry school. I recommend we keep things as they are in Alaska and oppose HB 113, if the system is not broken, why meddle, especially when it comes to patient care.

The following information is written to clear up some misinformation expressed by several optometrists that occurred in House HESS, regarding the extent to which Alaskan ophthalmologists interact with rural patients.

After graduating from UAF in 1980, I trained at Yale Medical School and did an Internship and ophthalmology residency at the Mayo Clinic in Rochester, Minnesota. After completing an additional year of subspecialty training in pediatric ophthalmology in Indiana, I returned to Alaska to start a practice with Ophthalmic Associates. I have since conducted ongoing subspecialty clinics in Cordova, Homer, Kodiak, Wasilla, Bethel, Galena and the Koyukon region as well as a surgical practice in Anchorage covering both private hospitals, ANMC and Elmendorf. I have mentored a dozen premedical students one of the first of which is now Dr. Griff Steiner. At the request of Alaskan optometrists, I have offered education to many of them and to optometrist interns. Over arrange of experiences and skills, it is best for Alaskan eye patients, young and old, to have collegial communication between optometrists, local physicians and with general and subspecialty ophthalmologists who continuously cover the urgent and emergent cases.
The most common cause of vision impairment in children is Amblyopia; this disease can potentially be eliminated through early consistent screening and persistent,

accurate treatment. As a result, I have devoted over a decade and over $300,000 to a cooperative, charitable vision screening program called the Alaska Blind Child Discovery (ABCD; w ww.abcd-vision.org). As you may know, the single most expensive component of the Alaska Medicaid travel budget has been for follow-up exams and glasses for children who are referred by non-specific wall-chart acuity screening. ABCD instead offers much more valid, and cost-effective objective screening to over 21,000 children through out the state, Ketchikan to Adak, from Kodiak to Barrow. No insurance or Medicaid yet pays for this new enhanced vision screening. The ABCD program carefully interprets objective screening results and recommends that referred children get a carefully defined Confirmatory Exam from the "nearest convenient eye doctor." ABCD then coordinates follow up over the years referred children are treated. ABCD has demonstrated a significant reduction in Alaskan amblyopia vision impairment cost-effectively.

This is one example of the extent to which ophthalmologists in Alaska are offering rural eye care. Please review our experiences offering this state-of-the-art pediatric vision screening free of charge to Alaskans at the State Fair(1), in the Koyukon region(2, 3), and state-wide(4-7).

Sincerely Yours,

Robert W. Arnold

Robert W. Arnold, M.D.

Cc: House Labor & Commerce Committee

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3. Arnold RW, Arnold AW, Stark L, Arnold KK, Leman RE, Armitage MD. Amblyopia detection by camera (ADBC): Gateway to portable, inexpensive, vision screening. Alaska Med 2004;46(3):63-72.
4. Arnold RW, Armitage MD, Gionet EG, et al. The cost and yield of photoscreening: Impact of photoscreening on overall pediatric ophthalmic costs. JPOS 2005;42(2):103-11.
5. Arnold RW, Donahue SP. The yield and challenges of charitable state-wide photoscreening. Binocul Vis Strabismus Q 2006;21(2):93-100.
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7. Leman R, Clausen MM, Bates J, Stark L, Arnold KK, Arnold RW. A comparison of patched HOTV visual acuity and photoscreening. J Sch Nurs 2006;22(4):237-43.

CC: SENATE HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Alaska Blind Child Discovery (ABCD)
542 West Second Avenue, Anchorage, Alaska 99501-2242
(800)270-1617 • (907)276-1617 • fax 278-1705 • abcd-vision.org

March 14, 2007

Representative/Chairman Peggy Wilson
House Health, Education and Social Services Committee
Capitol Building, Room #204
Juneau, Alaska 99801

Dear Representative Wilson:

A bill, House Bill 113, though well intentioned, may have devastating effects to unifarmed patients.
UNINFORMED
Ocular diseases are very serious, often resulting in partial or complete loss of vision. In treatment, strong and potentially dangerous drugs are administered when necessary, and only under the most extreme circumstances. Ophthalmologists are well trained to recognize when systemic drugs are necessary and are qualified in the administration of these medications in coordination with other medications.

Optometrists have not been provided with this expertise. Their education and training is approximately one half of that of an Ophthalmologists and are traditionally qualified to center their concerns to defects in vision and the issuance of corrective lenses. Extending to them the right to work on the same level of Ophthalmologists would defy logic or responsibility.

Professional standards are crucial to the medical field; especially to the human eye, as any faulty determination can lead to loss of the patient's vision. For these reasons, and for the interests of all Alaskans, I respectfully request your "NO" vote on HB 113.

Thank you for your consideration

Joseph Bustamante
P.O. Box 201836
Anchorage, AK 99520

cc: House HESS Committee members
SENATE HESS COMMITTEE

April 16, 2007

Honorable Representative John Coghill
State House of Representatives
Alaska State Legislature
State Capitol, Rm 214
Juneau, AK 99801-1182

Re: Opposition to CS HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists

Dear Representative Coghill:

The Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs.

There exists a difference in the education and training between optometrists and ophthalmologists, with the more comprehensive training of ophthalmologists who are considered medical doctors. Optometrists complete four years education at optometry school without any requirement in Alaska for residency training, ophthalmologists, must complete four year of medical school, a hospital residency, and an additional three to four year residency training program that specializes in medical and surgical treatment of the eye.

Over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and protecting public health by advocating comprehensive eye and total health care of Alaskans. Very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers.

Eye care is related to total body health and the risk of the loss of eyesight is great if eye care is not undertaken by qualified medical doctors. The loss of eyesight cannot be replaced and the diminishment of eyesight can be only prevented with