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EXECUTIVE SECRETARY
REC BY: *[Signature]*
Date: 4/25/95 10:50
PRINT NAME: Luis [Signature]



CARL T.C. GUTIERREZ
GOVERNOR OF GUAM

OFFICE OF THE SPEAKER
Date: 4/24/95
Time: 12:24
Received By: Sam Hill
Print Name: Sam Hill

APR 22 1995

The Honorable Don Parkinson
Speaker
Twenty-Third Guam Legislature
424 West O'Brien Drive
Julale Center - Suite 222
Agana, Guam 96910

Dear Speaker Parkinson:

Enclosed please find a copy of Substitute Bill No. 166 (LS), "AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d)(10) of §12503, and §12508, ALL OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES", which I have signed into law today as **Public Law 23-09**.

Very truly yours,

[Signature]
Carl T. C. Gutierrez

Attachment
230369

TWENTY-THIRD GUAM LEGISLATURE
1995 (FIRST) Regular Session


CERTIFICATION OF PASSAGE OF AN ACT TO THE GOVERNOR

This is to certify that Substitute Bill No. 166 (LS), "AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES," was on the 7th day of April, 1995, duly and regularly passed.



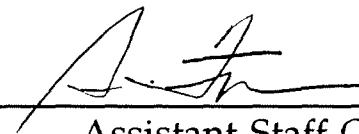
D. PARKINSON
Speaker

Attested:



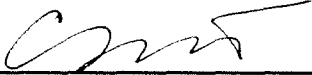
JUDITH WON PAT-BORJA
Senator and Legislative Secretary

This Act was received by the Governor this 17th day of April,
1995, at 11:35 o'clock A.M.



Assistant Staff Officer
Governor's Office

APPROVED:



CARL T. C. GUTIERREZ
Governor of Guam

Date: 4-22-95

Public Law No. 23-09

TWENTY-THIRD GUAM LEGISLATURE
1995 (FIRST) Regular Session

Bill No. 166

As Substituted by the Committee
on Health, Welfare & Senior Citizens.

Introduced by:

L. Leon Guerrero
J. Won Pat-Borja
T. C. Ada
J. P. Aguon
E. Barrett-Anderson
A. C. Blaz
J. S. Brown
F. P. Camacho
M. C. Charfauros
H. A. Cristobal
M. Forbes
A. C. Lamorena V
C. Leon Guerrero
T. S. Nelson
S. L. Orsini
V. C. Pangelinan
D. Parkinson
J. T. San Agustin
A. L. G. Santos
F. E. Santos
A. R. Unpingco

AN ACT TO REPEAL AND REENACT SUBSECTION (e)
OF §12101, SUBSECTION (d) (10) OF §12503, AND
§12508, ALL OF CHAPTER 12, TITLE 10, GUAM CODE
ANNOTATED, TO PERMIT CERTAIN LICENSED
OPTOMETRISTS TO BECOME CERTIFIED TO
PRESCRIBE AND USE CERTAIN THERAPEUTIC
PHARMACEUTICAL AGENTS IN THE CARE OF
CERTAIN EYE CONDITIONS AND DISEASES.

1 **Section 1.** Subsection (e) of §12101 of Title 10 of the Guam Code
2 Annotated is repealed and reenacted to read:

3 "(e) Practice of Optometry means engaging in that primary health
4 care profession, the members of which examine, diagnose, manage, and
5 treat certain conditions and diseases of the human eye, visual systems,
6 and associated structures. It includes, but is not limited to, the use of any
7 means or methods for the purpose of determining the refractive
8 condition of the human eye or any muscular or visual anomalies
9 thereof, and employing, adapting or prescribing of lenses, prisms,
10 contact lenses or other ophthalmic appliances. Optometrists certified
11 pursuant to §12508 of this Title are authorized to make use of diagnostic
12 or selected therapeutic pharmaceutical agents, based on the following
13 conditions and limitations.

14 (1) Independent use of the following therapeutic
15 pharmaceutical agents as topical preparations: non-steroidal
16 anti-allergics, antibacterials, and cycloplegics.

17 (2) Under a co-management arrangement with an
18 ophthalmologist, the following additional agents may be utilized:
19 oral anti-allergics, oral anti-bacterials, topical or oral anti-
20 glaucoma agents, topical anti-inflammatories, topical anti-virals,
21 and oral analgesics.

22 (3) Co-management is an agreement by which an
23 optometrist and an ophthalmologist share responsibility for
24 patient care.

25 (4) Optometrists are prohibited from performing surgery.
26 Surgery as used in reference to the human eye and its appendages
27 means any procedure in which human tissue is cut or burned.

1 Surgical procedures include the use of sharp-edged instruments
2 or lasers to cut or burn tissue for therapeutic or photorefractive
3 purposes, but do not include the removal of superficial foreign
4 bodies. A superficial foreign body is defined as one that has not
5 penetrated deeper than the epithelium.

6 (5) Optometrists utilizing pharmaceutical agents shall be
7 held to the same standard of care as would a physician using the
8 same agents."

9 **Section 2.** Subsection (d) (10) of §12503 of Title 10, Guam Code
10 Annotated, is repealed and reenacted to read:

11 "(10) develop and administer qualifications for (i) certification for the
12 use of topical ocular diagnostic pharmaceutical agents, including minimum
13 educational requirements and examination; and (ii) certification to prescribe
14 and use therapeutic pharmaceutical agents, including minimum educational
15 requirements and examination;"

16 **Section 3.** §12508 of Title 10, Guam Code Annotated, is repealed and
17 reenacted to read:

18 "§12508. Certification for Use of Diagnostic or Therapeutic Agents;
19 Display.

20 (a) The Board shall issue certification for the use of topical ocular
21 diagnostic pharmaceutical agents to optometrists, licensed after the
22 effective date of this Section, who have completed appropriate forms
23 issued by the Board and submitted proof of successful completion of the
24 educational requirements for certification established by the Board,
25 which requirements shall include, but not be limited to:

26 (1) having satisfactorily completed a course in
27 pharmacology as applied to optometry with particular emphasis

1 on the topical application of diagnostic pharmaceutical agents to
2 the eye for the purpose of examination of the human eye and the
3 analysis of ocular functions, which course is offered by an
4 institution accredited by a regional or professional accreditation
5 organization recognized or approved by the national commission
6 on accreditation or the United States Commissioner of Education;
7 or

8 (2) having postgraduate education, with a minimum of
9 seventy (70) hours of instruction in general and ocular
10 pharmacology as applied to optometry, taught by an accredited
11 institution and approved by the Board.

12 (b) The Board shall issue certification for the prescribing and use
13 of therapeutic pharmaceutical agents to optometrists licensed after the
14 effective date of this Section, who have completed appropriate forms
15 issued by the Board and submitted proof of successful completion of
16 educational requirements for certification established by the board,
17 which requirements shall include, but not be limited to:

18 (1) having satisfactorily completed a course consisting of a
19 minimum of ninety (90) total hours of didactic education and
20 supervised clinical training approved by the Board with particular
21 emphasis on the examination, diagnosis and treatment of
22 conditions of the eye and adnexa. Such course shall be provided by
23 an institution accredited by a regional or professional
24 accreditation organization recognized or approved by the
25 Counsel on Post-Secondary Accreditation of the United States
26 Department of Education, or its successor; and

1 (2) such other requirements as may be determined by the
2 Board.

3 (c) The certifications authorized by this Section shall be displayed
4 in a conspicuous place in the optometrist's principal office or place of
5 business."

6 **Section 4. No Automatic Certification of Currently Licensed**
7 **Optometrists.** All optometrists wishing to prescribe and use therapeutic
8 pharmaceutical agent will have to be certified by the board after the effective
9 date of this Act. No provision of this Act shall be construed as the automatic
10 certification of currently licensed optometrists or those currently certified to
11 use topical ocular diagnostic pharmaceutical agents to include certification
12 for the prescribing and use of therapeutic pharmaceutical agents.

13 **Section 5.** Within ninety (90) days after the effective date of this Act, the
14 Guam Board of Examiners for Optometry shall develop rules and regulations
15 requiring the satisfactory completion of the educational requirements, clinical
16 training, and examinations required under the provisions of this Act,
17 regarding those optometrists seeking to become certified to prescribe and use
18 therapeutic pharmaceutical agents. The Board of Pharmacy shall be consulted
19 as needed to develop policies concerning the implementation of this law.

TWENTY-THIRD GUAM LEGISLATURE

1995 (FIRST) Regular Session

Date: 4/7/95

VOTING SHEET

Bill No. 166

Resolution No. _____

Question: _____

NAME	AYE	NO	NOT VOTING/ ABSTAINED	ABSENT/ OUT DURING ROLL CALL
ADA, Thomas C.	✓			
AGUON, John P.	✓			
BARRETT-ANDERSON, Elizabeth	✓			
BLAZ, Anthony C.	✓			
BROWN, Joanne S.	✓			
CAMACHO, Felix P.	✓			
CHARFAUROS, Mark C	✓			
CRISTOBAL, Hope A.	✓			
FORBES, MARK	✓			
LAMORENA, Alberto C., V	✓			
LEON GUERRERO, Carlotta	✓			
LEON GUERRERO, Lou	✓			
NELSON, Ted S.				✓
ORSINI, Sonny L.	✓			
PANGELINAN, Vicente C	✓			
PARKINSON, Don	✓			
SAN AGUSTIN, Joe T.	✓			
SANTOS, Angel L. G.	✓			
SANTOS, Francis E.	✓			
UNPINGCO, Antonio R.	✓			
WONPAT-BORJA, Judith	✓			

TOTAL 20 _____ 1 _____

PR 23-09



TWENTY-THIRD
GUAM LEGISLATURE
324 W. SOLEDAD AVENUE
AGAÑA, GUAM 96910
TEL: (671) 472-3543/44/45
FAX: (671) 472-3832

SENATOR LOU LEON GUERRERO, RN, MPH
CHAIRPERSON
COMMITTEE ON HEALTH, WELFARE, AND SENIOR CITIZENS

April 5, 1995

The Honorable
Don Parkinson
Speaker, 23rd Guam Legislature
Agana, Guam

via: Committee on Rules

Dear Mr. Speaker:

The Committee on Health, Welfare & Senior Citizens to which was referred Bill No. 166, AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES, herein reports back and recommends **To Do Pass As Substituted.**

Votes of committee members are as follows:

- To Pass
- Not To Pass
- To The Inactive File
- Abstained
- Off-Island
- Not Available

Sincerely,



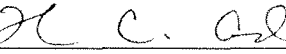

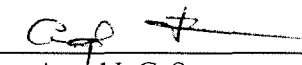
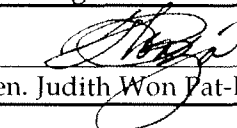
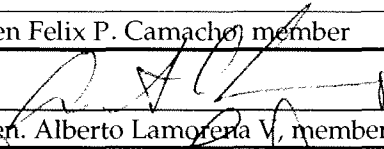
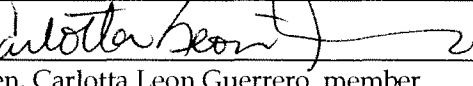
Lou Leon Guerrero, RN, MPH

attachments

**Committee On Health, Welfare, And Senior Citizens
VOTE SHEET**

on

Bill 166: AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

COMMITTEE MEMBER	TO PASS	NOT TO PASS	ABSTAIN	INACTIVE FILE
 Sen. Lou Leon Guerrero, RN, MPH, Chair	✓	✓ LGG		
 Sen. Ben C. Pangelinan, Vice Chair	✓			
 Sen. Tom C. Ada, member	✓			
 Sen. Mark C. Charfauros, member				
 Sen. Hope A. Cristobal, member	✓			
 Vice Speaker Ted S. Nelson, member				
 Sen. Angel L.G. Santos, member	✓			
 Sen. Judith Won Fat-Borja, member	✓			
 Sen. Anthony C. Blaz, member				
 Sen Felix P. Camacho, member				
 Sen. Alberto Lamorena V, member	✓			
 Sen. Carlotta Leon Guerrero, member	✓			

TWENTY-THIRD GUAM LEGISLATURE
1995 (First) Regular Session

Bill No. 166 As Substituted By The Committee On Health, Welfare & Senior
Citizens

Introduced by:

Lou Leon Guerrero
J. Won Pat-Borja
T. C. Ada

AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 **Section 1.** Subsection (e) of §12101 of Title 10 of the Guam Code Annotated is
3 repealed and reenacted to read:

4 “(e) Practice of Optometry means engaging in that primary health care
5 profession, the members of which examine, diagnose, manage, and treat
6 certain conditions and diseases of the human eye, visual systems, and
7 associated structures. It includes, but is not limited to, the use of any means or
8 methods for ~~[that]~~ the purpose of determining the refractive condition of the
9 human eye or any muscular or visual anomalies thereof, and employing,
10 adapting or prescribing of lenses, prisms, contact lenses or other ophthalmic
11 appliances, ~~[-, and including the utilization of diagnostic or therapeutic~~
12 ~~pharmaceutical agents for the diagnosis, correction, or relief of those~~
13 ~~conditions or anomalies.”]~~

14
15 Optometrists certified pursuant to §12508 of this Title are authorized to make
16 use of diagnostic or selected therapeutic pharmaceutical agents, based on the
17 following conditions and limitations

18
19 (1) Independent use of the following therapeutic pharmaceutical agents
20 as topical preparations: non-steroidal anti-allergics, antibacterials, and
21 cycloplegics.
22

1 (2) Under a co-management arrangement with an ophthalmologist, the
2 following additional agents may be utilized: oral anti-allergics, oral
3 anti-bacterials, topical or oral anti-glaucoma agents, topical anti-
4 inflammatories, topical anti-virals, and oral analgesics.

5
6 (3) Co-management is an agreement by which an optometrist and an
7 ophthalmologist share responsibility for patient care.

8
9 (4) Optometrists are prohibited from performing surgery. Surgery as
10 used in reference to the human eye and its appendages means any
11 procedure in which human tissue is cut or burned. Surgical procedures
12 include the use of sharp-edged instruments or lasers to cut or burn
13 tissue for therapeutic or photorefractive purposes, but do not include
14 the removal of superficial foreign bodies. A superficial foreign body is
15 defined as one that has not penetrated deeper than the epithelium.

16
17 (5) Optometrists utilizing pharmaceutical agents shall be held to the
18 same standard of care as would a physician using the same agents."
19

20 **Section 2.** Subsection (d) (10) of §12503 of Title 10, Guam Code Annotated in repealed
21 and reenacted to read:

22 "(10) Develop and administer qualifications for (i) certification for the use of
23 topical ocular diagnostic pharmaceutical agents, including minimum
24 educational requirements and examination; and (ii) certification to prescribe
25 and use therapeutic pharmaceutical agents, including minimum educational
26 requirements and examination;"

27 **Section 3.** Section 12508 of Title 10, Guam Code Annotated is repealed and reenacted
28 to read:

29 "§12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.

30 (a) The Board shall issue certification for the use of topical ocular
31 diagnostic pharmaceutical agents to optometrists, licensed after the effective
32 date of this Section, who have completed appropriate forms issued by the
33 Board and submitted proof of successful completion of the educational
34 requirements for certification established by the Board, which requirements
35 shall include, but not be limited to:

36 (1) having satisfactorily completed a course in pharmacology as
37 applied to optometry with particular emphasis on the topical

1 application of diagnostic pharmaceutical agents to the eye for the
2 purpose of examination of the human eye and the analysis of
3 ocular functions, which course is offered by an institution
4 accreditation by a regional or professional accreditation
5 organization recognized or approved by the national
6 commission on accreditation or the United States Commissioner
7 of Education; or

8 (2) having postgraduate education, with a minimum of seventy
9 (70) hours of instruction in general and ocular pharmacology as
10 applied to optometry, taught by an accredited institution and
11 approved by the Board.

12 (b) The Board shall issue certification for the prescribing and use of
13 therapeutical pharmaceutical agents to optometrists licensed after the
14 effective date of this Section, who have completed appropriate forms issued
15 by the Board and submitted proof of successful completion of educational
16 requirements for certification established by the board, which requirements
17 shall include, but not be limited to:

18 (1) having satisfactory completed a course consisting of a
19 minimum of ninety (90) total hours of didactic education and
20 supervised clinical training approved by the Board with
21 particular emphasis of the examination, diagnosis and treatment
22 of conditions of the eye and adnexa. Such course shall be
23 provided by an institution accredited by a regional or
24 professional accreditation organization recognized or approved
25 by the Counsel on Post-Secondary Accreditation of the United
26 States Department of Education, or its successor;

27 (2) such other requirements as may be determined by the Board.

28 (c) The certifications authorized by this Section shall be displayed in a
29 conspicuous place in the optometrist's principal office or place of business."

30 **Section 4. No Automatic Certification of Currently Licensed Optometrists.** All
31 optometrists wishing to prescribe and use therapeutical pharmaceutical agent will
32 have to be certified by the Board after the effective date or this Act. No provision of
33 this Act shall be construed as the automatic certification of currently licensed
34 optometrists or those currently certified to use topical ocular diagnostic

1 pharmaceutical agents to include certification for the prescribing and use of
2 therapeutic pharmaceutical agents.

3 **Section 5.** Within ninety (90) days after the effective date of this Act, the Guam
4 Board of Examiners for Optometry, shall develop rules and regulations requiring
5 the satisfactory completion of the educational requirements, clinical training and
6 examinations required under the provisions of Section 4 of this Act, regarding those
7 optometrists seeking to become certified to prescribe and use therapeutical
8 pharmaceutical agents. The Board of Pharmacy shall be consulted as needed to
9 develop policies concerning the implementation of this law.

COMMITTEE REPORT
HEALTH, WELFARE & SENIOR CITIZENS

Bill No. 166, AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

PUBLIC HEARING

A public hearing was held on Wednesday, March 29, 1995 at 9:00am in the Public Hearing Room of the Guam Legislature on Bill 166: AN ACT TO REPEAL AND REENACT SUBSECTION (E) OF §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASE. Committee Members present: Sen. Lou Leon Guerrero, Chairperson; Sen. Ben Pangelinan, Vice-Chairperson; Sen. Felix Camacho; Sen. Tom Ada; Sen. Tony Lamorena; Sen Ted Nelson

TESTIMONY

Testifying on the Bill were:

Dr. Sam Hanlon	Dr. Joel Dizon	Dr. Roger Wresch
Dr. Sidney Whitting	Dr. Donald Vassar	Dr. Wilma Boulieris
Dr. Vince Duenas	Dr. Olivia Cruz (on behalf on Dr. Guzman)	

Issues raised were:

1. Definition of Practice of Optometry too broad.
2. Concern that Optometrists do not have sufficient medical training to independently practice without some kind of supervision of the Ophthalmologists.
3. This bill would authorize the Board of Optometry to review Rules/Regulations. A suggestion was to get coordinated effort from the practice of Ophthalmology.

Optometrists and Ophthalmologists present agreed to work on a substitute bill for recommendation to the Health, Welfare & Senior Citizens Committee.

COMMITTEE RECOMMENDATION

Bill No. 166, AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES, the Committee on Health, Welfare & Senior Citizens hereby recommends TO DO PASS AS SUBSTITUTED.

The undersigned have appeared and/or submitted testimony to the Committee on Health, Welfare & Senior Citizens to testify on the Bill 166, AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101 SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

Name ① Vincent P. Arrotola | ⑨ Dr. Venel Quenas
Representing FHP Inc. | GBME.
Address/Phone 646-6956

Name ② N. JAY J. McDONALD
Representing FHP
Address/Phone 646-5324X184

Name ③ Dr. Sam Hannon
Representing SELF
Address/Phone 649-4984

Name ④ ROBERT WRESKA MD
Representing OPHTHALMOLOGY
Address/Phone 388 YPAO RD (SDB CLINIC)
646-8881

Name ⑤ SIDNEY WHITING
Representing OPHTHALMOLOGY
Address/Phone 388 YPAO RD
646-8881

Name ⑥ Donald Vassar D.
Representing optometry
Address/Phone 649-5042
646-5824 - clinic

Name ⑦ WILMA L. BOULIERIS - Doctor of Optom.
Representing OPTOMETRY
Address/Phone 388 YPAO RD (SDB CLINIC)
TAMUNING, GUAM 96911 646-8881

Name ⑧ Dr. Joel Dixon
Representing Board of Optometry
Address/Phone PO Box 20037 GMF 96921

~~Pablo Guzman M.D.
St. Anthony Clinic
Tamuning, Guam~~



COMMITTEE ON RULES

Twenty-Third Guam Legislature
155 Hesler St., Agana, Guam 96910

March 10, 1995

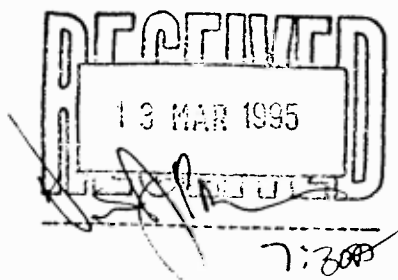
MEMORANDUM

TO: Chairperson, Committee on Health, Welfare and Senior Citizens

FROM: Chairman, Committee on Rules

SUBJECT: Referral - Bill No. 166

The above Bill is referred to your Committee as the principal committee. Please note that the referral is subject to ratification by the Committee on Rules at its next meeting. It is recommended you schedule a public hearing at your earliest convenience.



SONNY LUJAN ORSINI

Attachment

1

TWENTY-THIRD GUAM LEGISLATURE
1995 (First) Regular Session

Bill No. 166
Introduced by:

Lou Leon Guerrero *LS*
J. Won Pat-Borja *JB*
T. C. Ada *TA*

AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 Section 1. Subsection (e) of §12101 of Title 10 of the Guam Code Annotated is
3 repealed and reenacted to read:

4 “(e) Practice of Optometry means engaging in that primary health care
5 profession, the members of which examine, diagnose, manage, and treat
6 conditions and diseases of the human eye, visual systems, and associated
7 structures. It includes, but is not limited to, the use of any means or methods
8 for that purpose of determining the refractive condition of the human eye or
9 any muscular or visual anomalies thereof, and employing, adapting or
10 prescribing of lenses, prisms, contact lenses or other ophthalmic appliances,
11 and including the utilization of diagnostic or therapeutic pharmaceutical
12 agents for the diagnosis, correction, or relief of those conditions or
13 anomalies.”

14 Section 2. Subsection (d) (10) of §12503 of Title 10, Guam Code Annotated is repealed
15 and reenacted to read:

16 “(10) Develop and administer qualifications for (i) certification for the use of
17 topical ocular diagnostic pharmaceutical agents, including minimum
18 educational requirements and examination; and (ii) certification to prescribe
19 and use therapeutic pharmaceutical agents, including minimum educational
20 requirements and examination;”

21 Section 3. Section 12508 of Title 10, Guam Code Annotated is repealed and reenacted
22 to read:

1 "§12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.

2 (a) The Board shall issue certification for the use of topical ocular
3 diagnostic pharmaceutical agents to optometrists, licensed after the effective
4 date of this Section, who have completed appropriate forms issued by the
5 Board and submitted proof of successful completion of the educational
6 requirements for certification established by the Board, which requirements
7 shall include, but not be limited to:

8 (1) having satisfactorily completed a course in pharmacology as
9 applied to optometry with particular emphasis on the topical
10 application of diagnostic pharmaceutical agents to the eye for the
11 purpose of examination of the human eye and the analysis of
12 ocular functions, which course is offered by an institution
13 accreditation by a regional or professional accreditation
14 organization recognized or approved by the national
15 commission on accreditation or the United States Commissioner
16 of Education; or

17 (2) having postgraduate education, with a minimum of seventy
18 (70) hours of instruction in general and ocular pharmacology as
19 applied to optometry, taught by an accredited institution and
20 approved by the Board.

21 (b) The Board shall issue certification for the prescribing and use of
22 therapeutical pharmaceutical agents to optometrists licensed after the
23 effective date of this Section, who have completed appropriate forms issued
24 by the Board and submitted proof of successful completion of educational
25 requirements for certification established by the board, which requirements
26 shall include, but not be limited to:

27 (1) having satisfactory completed a course consisting of a
28 minimum of ninety (90) total hours of didactic education and
29 supervised clinical training approved by the Board with
30 particular emphasis of the examination, diagnosis and treatment
31 of conditions of the eye and adnexa. Such course shall be
32 provided by an institution accredited by a regional or
33 professional accreditation organization recognized or approved
34 by the Counsel on Post-Secondary Accreditation of the United
35 States Department of Education, or its successor;

36 (2) such other requirements as may be determined by the Board.

1 (c) The certifications authorized by this Section shall be displayed in a
2 conspicuous place in the optometrist's principal office or place of business."

3 **Section 4. No Automatic Certification of Currently Licensed Optometrists.** All
4 optometrists wishing to prescribe and use therapeutical pharmaceutical agent will
5 have to be certified by the Board after the effective date of this Act. No provision of
6 this Act shall be construed as the automatic certification of currently licensed
7 optometrists or those currently certified to use topical ocular diagnostic
8 pharmaceutical agents to include certification for the prescribing and use of
9 therapeutic pharmaceutical agents.

10 **Section 5.** Within ninety (90) days after the effective date of this Act, the Guam
11 Board of Examiners for Optometry, shall develop rules and regulations requiring
12 the satisfactory completion of the educational requirements, clinical training and
13 examinations required under the provisions of Section 4 of this Act, regarding those
14 optometrists seeking to become certified to prescribe and use therapeutical
15 pharmaceutical agents. The Board of Pharmacy shall be consulted as needed to
16 develop policies concerning the implementation of this law.

[REDACTED]



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR, Post Office Box 2950, Agaña, Guam 96910

CARL F. DELGUTIERREZ
GOVERNOR

MADELEINE Z. BORDALLO
I.T. GOVERNOR

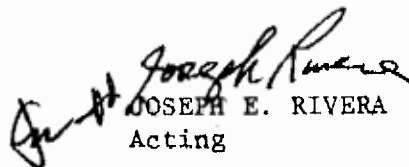
JOSEPH E. RIVERA
DIRECTOR

MAR 29 1995

FRANCES J. BALAJADIA
DEPUTY DIRECTOR

The Bureau requests that Bill No(s) 90 & 166 be granted a waiver pursuant to Public Law 12-229 for the following reasons:

Enactment of subject Bill No. 90 and 166 will have no fiscal impact on the General Fund.


JOSEPH E. RIVERA
Acting





Guam

Medical • Dental • Eye

SEVENTH-DAY ADVENTIST

300 Ypao Road • Tamuning, Guam 96911
Phone: 646-8851/5 • Dental: 646-8301

Clinic

FAX 649-0709
31 March 95

Senator Lou Leon Guerrero
FAX 472-3832

Dear Senator Leon Guerrero:

re. optometric scope of practice legislation, Bill No. 166.

After merely 90 hours of instruction, to be specified by the Board of Optometry, this bill would attempt to transform optometrists into medical ophthalmologists.

The prescription of medication has traditionally been one of the important functions of a medical doctor. To help insure quality of care, governments specify the training of physicians, and license their practice of medicine.

Ophthalmologists are firstly medical doctors, who after college and four years of medical school, have had a minimum of four additional years of specialty training in the diagnosis and treatment of both eye and eye/systemic diseases. In treatment they employ medications, plus laser or conventional surgery as appropriate

Optometrists are non-medical practitioners who after college and four years of optometry school, are skilled in the correction of optical problems by the prescription of eyeglasses or contact lenses. In the course of their examination they may recognize unusual eye conditions, raising the suspicion of eye disease. But in the recognition and management of eye disease, an optometrist's training is in no way comparable to that of the ophthalmologist.

Under carefully defined circumstances and using a limited number of the safest agents, individual optometrists may be able to augment the work of the ophthalmologist. This would of course imply very close cooperation between the two professions. It occurs in our office, and has worked similarly in other places, in various states. However, the proposed bill recognizes no such limitations. It would grant to optometrists unlimited jurisdiction in the diagnosis and drug treatment of ocular disease.

Surely excellence in health care must be our common goal. To achieve this we must keep a very high standard for the education of our health-care professionals. To encourage non-medical practitioners in unsupervised medical practice would, in my opinion, be a step in the wrong direction.

I believe the issue is the quality of medical care, and I request your support.

Thanks for your consideration.

Yours truly,



Robert R. Wresch, M.D.
Ophthalmology

I am Dr. Wilma Boulieris, a Doctor of Optometry. I am the chairperson of the Guam Board of Examiners in Optometry and a member of the International Board of Examiners in Optometry. I have been practicing on Guam for over 9 years. Prior to coming to Guam I was in Washington State for 10 years and served on the Washington Optometry Board for three years.

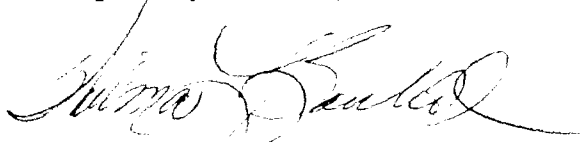
I have been asked, Why do you want this bill passed? My answer is so I can practice my profession to the same standard on Guam that I can on the mainland. I wish to be able to provide the same standard of care for my patients here that I can there. I am licensed for the use of diagnostic and therapeutic pharmaceuticals in Washington State. As a board member I feel it is my responsibility to see that the people of Guam are afforded a quality of eye care at least equal to that found anywhere else in the United States.

All states and territories, including Guam, now allow qualified Optometrists to use diagnostic pharmaceutical agents. 41 states allow the use of therapeutic pharmaceutical agents. Therefore, in order to keep up with the standard of care available in most of the United States I support the passage of this bill.

I have also been asked, where are the safeguards in this bill that will prevent Optometrist from taking over the medical practice of Ophthalmology? My answer is that they will be in the rules and regulations. The intent of this bill is merle to ask the legislature if Optometrists on Guam should be allowed to use therapeutic pharmaceuticals. It will then become the Boards responsibility to draft rules and regulations to see that any Doctor of Optometry certified for the use of these agents has sufficient education and training to become competent in their use. It will also be the Boards responsibility to set peramiters of practice that will protect the well being of the people of Guam. Those rule and regulations will then be returned to your committee for final approval.

Thank you.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Wilma L. Boulieris".

Wilma L. Boulieris, O.D.



GUAM BOARD OF MEDICAL EXAMINERS

TESTIMONY

BILL 166, AN ACT TO PERMIT CERTAIN LICENSED OPTOMETRIST TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES

Thank you for allowing me to proclaim the collective wisdom of the Guam Board of Medical Examiners re: Bill 166. I hope to do this clearly, boldly, wisely and graciously.

The Guam Board of Medical Examiners has a public protection function. As a result, certain standards have been developed and maintained for the practice of medicine in Guam. For physician providers the following standards include but not limited to the following:

- be a graduate of an accredited medical school program
- completion of three to four years residency program to be board eligible to take the American Board of Medical Specialties

It is the Guam Board of Medical Examiners opinion that Bill 166 undermines that standard by permitting and empowering non-physician providers to practice beyond their actual competence.

Bill 166 will also permit non-physician providers to practice unsupervised medical care in the recognition and management of eye disorders which traditionally has been the functions of Ophthalmological physicians. The Guam Board of Medical Examiners is concern that the lack of oversight may result in harmful or unnecessary care.

The Guam Board of Medical Examiners encourages physician providers to welcome the non-physician providers to the healthcare team. Our desire is to do the right thing, but to do the things right.

It is for these reasons that the Guam Board of Medical Examiners is in opposition to Bill 166 as written.

Robert Leon Guerrero, M.D.
Chairman

Honorable Lou Leon Guerrero
Senator
Committee on Health, Welfare,
and Senior Citizens
23rd Guam Legislature
Agana, GU 96910

My name is Dr. Donald D. Vassar, I have been a practicing Optometrist at FHP on Guam for five years.

I earned a Doctor of Optometry from Pacific University, College of Optometry, Forest Grove, Oregon and my B.S. in Biology from College of Idaho.

Between these two degrees, I served as a Medical Representative in the business world involved with prescription drug education to physicians in the northwest, U.S. for about nine years.

Of my total of 21 years optometry practice, nearly 16 years were in Idaho which was the 15th state where TPA (Therapeutic Pharmaceutical Agent) legislation was enacted for optometric utilization in 1987.

Because of additional post graduate education in "Ocular Therapy for the Optometric Practitioner", conducted by Pennsylvania College of Optometry and other required continuing education credits, I have been certified to prescribe TPAs in Idaho for the last seven years. To the best of my knowledge, I have the education and training to be certified in 41 of the 50 states. Guam Law, of course, presently prohibits me and other Optometrists from using these medications regardless of qualification.

At FHP, as you have already heard from Dr. McDonald, we work very closely in a co-management sense with Ophthalmology as well as other medical providers. This means

that there is a constant stream of referral patients going back and forth between ophthalmologist and optometrist as well as laterally to other providers according to health care need. Also these other providers are referring to us on eye care needs.

Compared to my private practice days, I am fascinated with being able to interact on a more personal, daily basis with other providers in order to expedite patient care. We have more continuity and less segmented follow-thru than I experienced in all my years of private practice. Still I'm convinced that with your help we can even do a better job. That's why we are here today.

Why am I in favor of Bill 166?

Number one, I do feel that it improves access to speedy ocular care for many patients, especially when alternate specialty care providers are not available or are off Island. Believe it or not I have been on duty seeing patients when all eye specialists have been off island and had to work out treatment options by making a decision on care and have that care approved by a Practitioner less skilled in eye care than myself as an interim solution. I do think it actually decreases cost both for the patient and for the third party payer because patients are not required to go somewhere else for an additional referral to a consultant. They save themselves a great deal of un-needed run-around which none of us like to experience. Further, I do believe that it improves on the promptness of care, catching a problem early to minimize a potential off island referral or worsened condition. More immediate relief from pain is an additional payoff.

The question that always comes up is -- is it safe? It has been proven safe by actual experience in those states that have passed a Therapeutic Drug Bill by the fact that insurance claims and therefore rates have not gone up as most recently verified by a 1994, Poe and Brown Insurance Report already noted. Recently, I hear from an Optometry Board Doctor in Idaho that no complaints of Optometric use of TPAs have been made to the Optometry Board, Medical Board or Pharmacy Board.

In Idaho in 1987, in order to satisfy interest of other health care providers, a TPA Law was enacted that involved two other boards (Medical and Pharmacy Boards) to act as consultants to the implementation process. This burdensome arrangement simply did not work due to the uncomfortable issue of how to judge the Optometry Credentials by persons who did not understand the education training and qualification of Optometrists.

Idaho then needed to return to the legislature in 1993 with the plea to restore the authority for oversight of the practice of optometry to the Idaho Board of Optometry. This was approved by the legislature with a more amplified TPA Law. This modification has functioned in that state for a full two years without incident. This real life lesson proves to me that the best qualified group to determine what optometrists are capable of doing, safely, and for the public's benefit, is the Board of Optometry, just like it is for every other profession including Medicine and Dentistry. This is what we are asking for in Bill 166. As you can see what we ask for in Bill 166 is not an untraveled road.

The scope of practice for Optometry presently includes the use of diagnostic drugs in all 50 states, including Guam. It includes the use of therapeutic drugs in 41 states. Also the Indian health Service of the U.S. Public Health Service, the Veterans Health Administration and the Military Service Authorize the Use of TPAs by qualified Doctors of Optometry.

THE SYSTEM IS WORKING!

It is working because of the education that we provide our optometric students, and because of the rigorous testing and regulation imposed on Optometrists by the Board of Examiners in Optometry.

It is only fitting that our governing agency the Guam Board of Optometry, be allowed by this ultimate governing body, the legislature for continued professional growth among

optometrists on Guam. If permitted to work at our highest level of training, we believe we can make significant contributions to the welfare of Guam residents, and at no additional cost to Gov-Guam.

I hope my sharing of experience here today from an area of small population and similar circumstances will give you a helpful insight toward making your own decision in this matter --- which of course I hope will be a recommendation of "Do Pass" on Bill 166.

Sincerely,



DONALD VASSAR O.D.



TESTIMONY FOR BILL 166
JAY J. McDONALD, O.D.

Professional Background

My name is Dr. Jay J. McDonald. I am the area chief of the FHP eye clinic. I graduated and received my doctorate degree from the University of Houston College of Optometry in 1980. Since graduating, I have had over 200 hours of postdoctorate courses, many of which pertained to the diagnosis and management of eye diseases. I was in private practice for over ten years in Austin, Texas before moving to Guam in 1991. I have been practicing for the last four years with FHP. Since working for FHP, I have had over 300 hours of direct clinic time observing and co-managing eye diseases with our staff ophthalmologist.

FHP Clinic Structure

The FHP eye clinic currently employs four optometrists and one ophthalmologist. We subscribe to the primary care model with optometry working in close concert with ophthalmology and other health care providers. As optometrists, we function in the role of primary eye care providers for all eye health and vision problems encountered by our patients. On a daily basis we are called upon to exercise clinical judgement and professional responsibility in managing the full gamut of eye disorders ranging from simple nearsightedness to retinal detachments. Any eye condition which is beyond the scope of the optometrist's qualifications and/or license is referred to the secondary care provider - the ophthalmologist. Any eye condition related to other systemic problems is referred to other appropriate health care providers (eg. internist, neurologist, family practitioner). Any eye condition which is beyond the scope of the staff ophthalmologist is referred to a tertiary care provider (eg. retinal specialist, neuro-ophthalmologist, etc.)

Eyecare Access and Cost

The above mentioned structure is designed for increased access and reduced cost in providing eyecare. For this structure to work efficiently the most accessible providers (ie. the optometrists), acting in the primary care role, are best utilized if they can use all their education and training. The ophthalmologist is best utilized for complex eye disease management and surgery. Unfortunately, with the current limited definition of optometry on Guam, it is beyond the scope of licensure for optometrists to prescribe medications (TPA's - therapeutic pharmaceutical agents) to treat eye diseases even if they have the proper training and education. The optometrist can provide the preliminary evaluation and diagnosis but currently must manage eye health problems requiring TPA's through the ophthalmologist. This can result in unnecessary visits, duplication of care, delay in treatment, and discontinuity of care thereby decreasing access and increasing the cost of care.

The American Public Health Association (APHA), a national organization of 52,000 members representing physicians, dentists, optometrists and 74 other health professions, recognizes the value of allowing the optometric use of TPA's. In 1990, the APHA, adopted a policy statement urging state legislatures to update their optometric practice acts to allow the use of TPA's. The resolution states that the **"expansion of the clinical privileges of optometrists has increased the availability, accessibility, and cost effectiveness of eye care to the American public through lower fees for services and by a reduction in double visits and hospital emergency visits."** The resolution goes on to state that " it is prudent public policy to utilize appropriately trained and licensed health professionals at their level of skill and training."

Public Safety

The issue of public safety is important to consider when any health care services are provided. Optometrists in states with TPA's have a proven track record of clinical judgement and professional responsibility. A study by Poe & Brown, who currently insure over 7,000 optometrists nationwide, shows that there is no correlation between use of TPA's by optometrists and malpractice claims. Furthermore, referring back to the APHA resolution, in a subsequent annual meeting George Pickett, M.D., chair of the APHA Joint Policy Committee, said, " There is no evidence that the public was exposed to excessive risk since the resolution was passed."

Recruitment

As area chief at the FHP eye clinic I am responsible for recruiting optometrists. One of the first questions asked by potential candidates is whether Guam has TPA legislation in place. Any recent graduate or TPA certified optometrist feels seriously handicapped and professionally dissatisfied if he/she is unable to practice to the full scope of their education. Lack of an upgraded optometry law could negatively impact Guam's ability to recruit new optometrists to the island.

Summary of Proposed Legislation

Bill 166 is intended to upgrade the definition of optometry to include the use of TPA's to treat diseases of the eye and eyelids. Passage of this bill will allow optometrists to expand the scope of the health care they deliver and increase the access and decrease the cost of providing eye care to the people of Guam. I strongly urge you to support this legislation and I thank you for allowing me to speak this morning.

TESTIMONY

BILL NO. 166

SAMUEL D. HANLON, O.D.

My name is Dr. Samuel D. Hanlon and I am a doctor of optometry (O.D.) practicing with The Doctors' Clinic...I am not an M.D. It's a pleasure to be here representing the profession that I have devoted my life to. Unfortunately much of the general public and medical community have only a vague and limited idea of what an optometrist is trained to do.

For 18 years, I have been engaged in the practice of optometry. I have taught courses in ocular disease and special testing for six years and taken numerous post-doctoral courses in the treatment and management of ocular disease. For eight years it has been my pleasure to provide eyecare to the people of Guam and particularly the Manamko. For five years I have been working with the Lytico-Bodig research team and have published a report of my findings and made presentations to professional Optometry for four years, currently acting as the vice-chair, a member of the American Optometric Association and a Fellow of the American Academy of Optometry.

No matter what my training or experience, currently, on Guam, my scope of practice is restricted as a result of an outdated law governing the practice of optometry. It's time to rectify this situation by changing the optometry law so that myself and the other qualified optometrists on Guam can use all of our knowledge and experience to help the people on our Island.

When my patients come to me seeking a resolution of an eye problem requiring medication, I currently have four options for treatment:

1. Do nothing and hope that the problem will go away by itself.
2. Use less than effective over-the-counter medications.
3. Refer the patient to a family practitioner, a dentist, or a podiatrist each of which are legally permitted to prescribe eye medications.
4. Refer the patient to an ophthalmologist (if there is an appointment available) who would do the same examination as I did and charge additional fees, then prescribe the same medication that I would have.

This bill would firstly, re-define the practice of optometry in a manner consistent with the scope of training and experience of the average practicing optometrist in the United States. Secondly, it would give the qualified optometrists the tools they need to treat the eye disorders which they diagnose.

The main issue addressed by this bill is whether to allow certain, qualified optometrists to prescribe medications (TPAs) to treat eye and eyelid diseases or conditions. Certainly, we all recognize that the use or prescribing of medications is not restricted to medical doctors. How would you like going to a dentist who was prohibited from using novacaine? Try telling a podiatrist that he/she cannot use anesthesia when performing foot surgery nor prescribe antibiotics post-operatively. Optometrists are primary health care providers who restrict their practice to the eyes. We practitioners, recognize that we have limitations on our scope of care, and if any one forgets, there is the Board of Optometry looking over our shoulder who will remind us.

If you question whether optometrists are qualified to diagnose and treat eye diseases, let me assure you that the training at the schools and colleges of optometry in the US certainly qualifies one to do so. Even as far back as 1983, one published report showed that optometrists received more training in pharmacology than medical students and considerably more than dental students. Those of us who are proponents of this bill are very sensitive to making sure that anyone granted the privileges of prescribing medications is well qualified. Please keep in mind that the minimum 90 hours of

education required for certification are in addition to the thousands of hours required in the four years of professional school. No one would be allowed to practice on Guam what he/she would not be allowed to practice on the Mainland.

Our goal is to increase the availability of quality, primary eye care while safeguarding the public. We entered into a health care field to improve the quality of life and reduce human suffering and took a professional oath upon graduation. We are professionals who are in the business of helping people. This bill will allow us to use additional tools for that purpose.

Optometrists deserve the same rights, privileges, and responsibilities as the other health professionals with comparable education and training such as dentistry and podiatry.

Please do not deny the people of Guam the expertise of eye care practitioners who are ready, willing and able to provide comprehensive eye care.

**PACIFIC EYE CENTER
655 HARMON LOOP ROAD
SUITE 105
HARMON, GUAM 96912**

Senator Lou Leon Guerrero and members of the Committee on Health, Welfare, and Senior Citizens;

My name is Joel Dizon. I am an optometrist currently in private practice. I attended all my primary and secondary schooling here on Guam and graduated from John F. Kennedy High School in 1983. I graduated with a B.A. in Biology from U.O.G. in 1987. I attended the Pacific University College of Optometry in Forest Grove, Oregon from 1988-92 and received my Doctor of Optometry degree (O.D.) in May 1992. I have practiced for over two years with Family Medical Center, now called The Doctors' Clinic. I have worked closely with an ophthalmologist, family practitioners, and internists at The Doctors' Clinic in co-managing certain eye conditions.

I was recently appointed to the Guam Board of Optometry and also recently elected as president of the Guam Optometric Association. I am representing the Board of Optometry here today in support of Bill 166. The Board's function is to protect the public by administering and enforcing the provisions of Article 5, adopting rules and regulations to set standards of conduct and requirements for practicing optometry, taking disciplinary action for failure to adhere to such standards, and evaluating the qualifications of applicants for licensure and conducting examinations to determine their competence.

I would like to first distinguish between the three types of eye providers as defined by the American Optometric Association. An optometrist examines the eyes to evaluate eye health and visual abilities, diagnoses eye diseases and conditions of the visual system, and provides necessary treatment, such as eyeglasses, contact lenses, vision therapy, and low vision aids, and, in most states, drugs to treat eye disease.

An ophthalmologist is a physician (M.D. or D.O.) who specializes in treating eye disease with drugs or surgery, and may also prescribe eyeglasses or contact lenses.

An optician is a technician who dispenses eyeglasses according to prescriptions written by optometrists and ophthalmologists.

Optometry has come a long way since being known as just a profession of refracting opticians or dispensing opticians. The definition of optometry has continuously changed over the years as a result of the recognition of optometrists as primary health care providers and the expansion of the curriculum in optometry schools today. The two most important legislative reforms in optometry involve the use of ophthalmic pharmaceutical agents; diagnostic (DPA's) and therapeutic (TPA's).

Rhode Island became the first state in 1971 to allow optometrists to use DPA's to diagnose eye conditions. All states, including Guam, currently allow diagnostic use of drugs by qualified optometrists.

West Virginia became the first state in 1976 to allow optometrists to use TPA's to treat eye diseases. Currently, 41 of the 50 states allow therapeutic drug use by qualified optometrists.

This has created different modes of practice within the optometric profession. Some choose to perform only refractions and dispense eyeglasses and contact lenses. Others, who have received the training and certification, include diagnosing eye diseases in their routine examinations. Those who practice full-scope optometry include treatment of eye diseases. These different practice modes also exist in ophthalmology where you have general ophthalmology, neuro-ophthalmology, and retinal specialists along with other modes.

Optometrists must have the qualifications necessary to receive certification to use DPA's and TPA's. As a member of the Board of Optometry, I intend to uphold these qualifications to the strictest level to insure safety to the public. Any optometrist certified to use TPA's should be able to meet the current qualifications to obtain licensure as an optometrist. For licensure, an optometrist must receive a doctor of optometry degree from an approved and accredited college of optometry which had a minimum course of study of 4000 clock hours of instruction. Certification of DPA use requires completion of a course in Ocular Pharmacology offered by an institution or a minimum of 70 hours of a post-graduate course in Ocular Pharmacology. Either must be approved and accredited.

Certification for TPA use stated in Bill 166 would require a minimum of 90 hours of didactic education and clinical training in diagnosis and treatment of eye conditions by an approved institution in addition to those requirements determined by the Board. Currently, the Board is working on minimum equipment requirements for optometry and increasing the continuing education requirements for optometrists. This would insure that optometrists keep up to date on current events and new technology in optometry.

I have lived on Guam since 1970 and consider Guam my home. I decided to return here to serve the island and offer a wider range of optometric services. This bill if passed allows qualified optometrists to expand their range of optometric services to the public. I urge you all to support this bill.

29 March 95

Senator Lou Leon Guerrero, RN, MPH, Chairperson,
and members of the Committee on Health, Welfare and Senior Citizens.

Dear Senators and fellow guests:

re. Bill No. 166.

After merely 90 hours of instruction, to be specified by the Board of Optometry, this bill would attempt to transform optometrists into medical ophthalmologists.

The prescription of medication has traditionally been one of the important functions of a medical doctor. To help insure quality of care, governments specify the training of physicians, and license their practice of medicine.

Ophthalmologists are firstly medical doctors, who after college and four years of medical school, have had a minimum of four additional years of specialty training in the diagnosis and treatment of both eye and eye/systemic diseases. In treatment they employ medications, plus laser or conventional surgery as appropriate

Optometrists are non-medical practitioners who after college and four years of optometry school, are skilled in the correction of optical problems by the prescription of eyeglasses or contact lenses. In the course of their examination they may recognize unusual eye conditions, raising the suspicion of eye disease. But in the recognition and management of eye disease, an optometrist's training is in no way comparable to that of the ophthalmologist.

Under carefully defined circumstances and using a limited number of the safest agents, individual optometrists may be able to augment the work of the ophthalmologist. This would of course imply very close cooperation between the two professions. It occurs in our office, and has worked similarly in other places, in various states. However, the proposed bill recognizes no such limitations. It would grant to optometrists unlimited jurisdiction in the diagnosis and drug treatment of ocular disease.

The problem with this bill begins in the first paragraph, in which optometry is defined as "that primary health care profession, the members of which examine, diagnose, manage, and treat conditions and disease of the human eye, visual systems, and associated structures."

This definition would apply equally well to ophthalmologists. It has for some years been promoted to the public by the American Optometric Association as

part of a coordinated campaign to blur the distinction between ophthalmologists, who are licensed physicians, and optometrists, who are not.

The bill before us is an open-ended expansion of the optometrist's scope relative to the human eye, to "any muscular or visual anomalies thereof." It goes on to specifically authorize the use of pharmaceutical agents in the "correction or relief of those conditions or anomalies."

The diagnosis and drug treatment of disease is a function of the practice of medicine. The nation's medical schools, the state medical boards, the National Board, and speciality boards are charged with ensuring the quality of medical education. To that end they have developed very specific requirements for the education and certification of physicians. The standard of care is high.

Optometrists have not been to medical school. They are not physicians. They have not have not received similar quality or quantity of instruction, and have had severely limited exposure to patients with ocular disease. We will freely admit that the quality of optometric education has been improving. But to date, optometrists have made no attempt to match the rigorous training and experience of ophthalmologists.

Some optometrists will argue that although their education is inferior, it is still "good enough." The burden of proof lies with them.

Surely excellence in health care must be our common goal. To achieve this we must keep a very high standard for the education of our health-care professionals. To encourage non-medical practitioners in unsupervised medical practice would, in my opinion, be a step in the wrong direction.

Ophthalmologists and optometrists can and should cooperate to promote excellence in eye care. I am personally committed to that end. But this bill, as written, is not the way. I urge that this bill die here, in committee. Then the optometric and medical communities may have the leisure to draft a bill that we can sponsor jointly.

The issue before us today, is the quality of medical care, and I request your support.

Thank you very much.

Yours truly,



Robert R. Wresch, M.D.
Ophthalmology

TWENTY-THIRD GUAM LEGISLATURE
1995 (First) Regular Session

Bill No. 166
Introduced by:

Lou Leon Guerrero *LS.*
J. Won Pat-Borja
T. C. Ada

AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 Section 1. Subsection (e) of §12101 of Title 10 of the Guam Code Annotated is
3 repealed and reenacted to read:

4 “(e) Practice of Optometry means engaging in that primary health care
5 profession, the members of which examine, diagnose, manage, and treat
6 conditions and diseases of the human eye, visual systems, and associated
7 structures. It includes, but is not limited to, the use of any means or methods
8 for that purpose of determining the refractive condition of the human eye or
9 any muscular or visual anomalies thereof, and employing, adapting or
10 prescribing of lenses, prisms, contact lenses or other ophthalmic appliances,
11 and including the utilization of diagnostic or therapeutic pharmaceutical
12 agents for the diagnosis, correction, or relief of those conditions or
13 anomalies.”

14 Section 2. Subsection (d) (10) of §12503 of Title 10, Guam Code Annotated is repealed
15 and reenacted to read:

16 “(10) Develop and administer qualifications for (i) certification for the use of
17 topical ocular diagnostic pharmaceutical agents, including minimum
18 educational requirements and examination; and (ii) certification to prescribe
19 and use therapeutic pharmaceutical agents, including minimum educational
20 requirements and examination;”

21 Section 3. Section 12508 of Title 10, Guam Code Annotated is repealed and reenacted
22 to read:

1 "§12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.

2 (a) The Board shall issue certification for the use of topical ocular
3 diagnostic pharmaceutical agents to optometrists, licensed after the effective
4 date of this Section, who have completed appropriate forms issued by the
5 Board and submitted proof of successful completion of the educational
6 requirements for certification established by the Board, which requirements
7 shall include, but not be limited to:

8 (1) having satisfactorily completed a course in pharmacology as
9 applied to optometry with particular emphasis on the topical
10 application of diagnostic pharmaceutical agents to the eye for the
11 purpose of examination of the human eye and the analysis of
12 ocular functions, which course is offered by an institution
13 accreditation by a regional or professional accreditation
14 organization recognized or approved by the national
15 commission on accreditation or the United States Commissioner
16 of Education; or

17 (2) having postgraduate education, with a minimum of seventy
18 (70) hours of instruction in general and ocular pharmacology as
19 applied to optometry, taught by an accredited institution and
20 approved by the Board.

21 (b) The Board shall issue certification for the prescribing and use of
22 therapeutical pharmaceutical agents to optometrists licensed after the
23 effective date of this Section, who have completed appropriate forms issued
24 by the Board and submitted proof of successful completion of educational
25 requirements for certification established by the board, which requirements
26 shall include, but not be limited to:

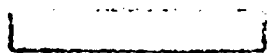
27 (1) having satisfactory completed a course consisting of a
28 minimum of ninety (90) total hours of didactic education and
29 supervised clinical training approved by the Board with
30 particular emphasis of the examination, diagnosis and treatment
31 of conditions of the eye and adnexa. Such course shall be
32 provided by an institution accredited by a regional or
33 professional accreditation organization recognized or approved
34 by the Counsel on Post-Secondary Accreditation of the United
35 States Department of Education, or its successor;

36 (2) such other requirements as may be determined by the Board.

1 (c) The certifications authorized by this Section shall be displayed in a
2 conspicuous place in the optometrist's principal office or place of business."

3 **Section 4. No Automatic Certification of Currently Licensed Optometrists.** All
4 optometrists wishing to prescribe and use therapeutical pharmaceutical agent will
5 have to be certified by the Board after the effective date of this Act. No provision of
6 this Act shall be construed as the automatic certification of currently licensed
7 optometrists or those currently certified to use topical ocular diagnostic
8 pharmaceutical agents to include certification for the prescribing and use of
9 therapeutic pharmaceutical agents.

10 **Section 5.** Within ninety (90) days after the effective date of this Act, the Guam
11 Board of Examiners for Optometry, shall develop rules and regulations requiring
12 the satisfactory completion of the educational requirements, clinical training and
13 examinations required under the provisions of Section 4 of this Act, regarding those
14 optometrists seeking to become certified to prescribe and use therapeutical
15 pharmaceutical agents. The Board of Pharmacy shall be consulted as needed to
16 develop policies concerning the implementation of this law.



OPTOMETRIC SCOPE OF PRACTICE

EDUCATION AND TRAINING (PHYSICIAN VS. NON-PHYSICIAN)

The Issue:

Non-physician eye care practitioners (optometrists) have consistently requested policy makers to allow them the statutory authority to expand their scope of practice into many areas which have traditionally been the responsibility of licensed physicians, medical doctors who have attended medical school and undergone the rigors of clinical residency training programs. Their argument for these requests has been based on the contention that they are able to provide eye care to patients with the same level of quality as are ophthalmologists (medical doctors). They further argue that they have the necessary level of education and training to permit them to provide these services to patients.

Ophthalmologists (medical doctors) argue that non-physician providers (primarily optometrists) are trained for the most part to measure eyes for glasses or contact lenses, but that they do not possess a level of medical education which enables them to adequately diagnose or treat medical conditions of the eye.

The Problem:

Non-physician providers simply do not receive sufficient medical training to enable them to diagnose and treat medical conditions of the human body in a qualitative manner. In a direct comparison of the curriculum and design of an optometric (non-physician) education with an ophthalmic (medical school) program, it becomes evident that the non-physician provider is not adequately prepared to practice medicine. It must be pointed out that the eye is an organ of the human body which is extremely complex, and which is a part of the overall human system. Medications which are administered to the eye also interact with other medications and chemicals within the body. In addition, the eye functions in such manner that the treatment of the eye has a major impact on several other major systems of the body. Second, the results of allowing non-physician practitioners to expand their scope of practice into critical areas of patient care which should be reserved for medical doctors has resulted in harm to a number of patients, as well as an increased risk of harm to many other patients.

The Facts:

- An ophthalmologist (a medical doctor) receives a total of 8-10 years of medical education as compared to 4 years for a non-physician practitioner (an optometrist). In addition, in supervised clinical experience, an ophthalmologist (a medical doctor) typically examines 3000-9000 patients (as opposed to 350-800 patients typically seen

OPTOMETRIC SCOPE OF PRACTICE
EDUCATION AND TRAINING
(PHYSICIAN VS. NON-PHYSICIAN)

by an optometrist). Of the patients examined in supervised clinical settings, an ophthalmologist generally sees a number of patients with eye disease or eye injury, while patients seen by a non-physician practitioner (an optometrist) are generally those who have healthy eyes (the optometric student is learning to measure the eye for glasses or contact lenses). This is important in that this experience prepares the ophthalmologist (the medical doctor) to diagnose eye injury and/or eye disease, yet the experience of the optometric student does not prepare that individual to render medical diagnosis or medical treatment for eye injury or eye disease.

- Many ophthalmologists (medical doctors) who started out as optometrists but returned to medical school to become medical doctors have stated repeatedly that the level and quality of education received in medical school is absolutely necessary in order to treat eye injury or eye disease. Their evaluation is that optometric school simply does not prepare the non-physician practitioner (optometrist) to diagnose or treat patients for medical conditions.
- In the Journal of the American Optometric Association, J. Enoch, N.E. Wallis, and A.N. Haffner, all non-physician practitioners (optometrists), have asserted in articles as late as 1992, that schools of optometry throughout the nation have consistently failed to provide optometric students with a level of education which is adequate in terms of clinical research and preparation. This corroborates the assertions made by physicians who started as optometrists that an optometric education is not adequate in regard to preparing the non-physician practitioner (the optometrist) for the diagnosis or treatment of medical conditions of the eye.

The Answer:

There is agreement between former optometrists (non-physicians) who have gone on to attend medical school and become ophthalmologists, and a number of optometrists some of whom have so declared in the national publication of the American Optometric Association, that schools of optometry do not provide their students with a level of education which is comparable to that of a medical doctor in regard to the ability to diagnose and treat medical conditions of the eye. In addition, in direct comparisons of the curriculum and regimens of schools of optometry with medical schools in the U.S., it becomes obvious that an optometric education only prepares the non-physician practitioner (the optometrist) to measure eyes for glasses or contact lenses, which is a valuable service to the public in and of itself. However, only the medical doctor (the ophthalmologist) is adequately trained to diagnose or treat patients for eye injury or eye disease. An expansion of any non-physician scope of practice based on education and training is inappropriate and presents considerable risk to the patient.

OPTOMETRIC SCOPE OF PRACTICE

LACK OF EDUCATION AND TRAINING

Optometrists do not receive sufficient medical education and clinical training necessary to diagnose and treat eye disease.

Individual contact with patients who have disease is critical to developing a full understanding of medical problems. Optometric students typically have very few contacts with patients who have disease, and virtually no patient management responsibility. The contacts optometry students do have often are in groups, rather than individually, further diminishing their educational value.

Optometry — Training: Optometry indicates areas of concern.

- "We have never achieved the critical mass of resources needed to train academics and researchers and to offer facilities for research, such that we could have a coordinated program from basic to applied clinical contributions."¹
- "The entry-level skills and knowledge (i.e., needed to 'do no harm') in certain areas of optometric practice require education and experience beyond that obtained in a 4-year professional program designed...."²
- "Clinical optometric education lacks a standard in terms of both adequacy and diversity of a patient base."³
- "Optometric education has become increasingly dependent on clinics and private practices that are not under the governance of the schools and colleges and with arguably inadequate academic supervision and inadequate professional oversight."⁴

Ophthalmology — Patient Management

- "Systemic diseases such as diabetes mellitus, chronic obstructive pulmonary disease, and hypertension are common in candidates for cataract surgery, and such diseases can affect the risks and benefits of the surgery, the likelihood of postoperative complications, and decisions about the postoperative management of ocular or systemic complications requiring the administration of antibiotics or other drugs with systemic effects...An ophthalmologist's training as a physician may enhance his or her ability to evaluate a patient's general health..."⁵

- "...An ophthalmologist gets 3 years of clinical training in the evaluation and treatment of patients with serious eye problems. An ophthalmology resident is responsible for making judgments about patients with ocular and related problems and for signing orders. By observing, treating, and taking responsibility for the care of patients with ocular and other problems, an ophthalmology resident gets a chance "to develop diagnostic, therapeutic, and manual skills and judgment as to their appropriate use."⁶
- The outpatient experience for an ophthalmology resident during the three-year training program should consist of a minimum of approximately 3,000 patient visits appropriately distributed through a broad range of ophthalmic disease in adults and children. There should be evidence of faculty supervision in at least two thirds of these visits, and evidence that residents have major responsibility in at least two-thirds.⁷

Ophthalmology — Clinical Training

- Training of ophthalmologists and optometrists "differs quantitatively, and perhaps qualitatively," according to the Office of Technology Assessment, U.S. Congress, October 1988.⁸
- The profound differences in training between optometrists and ophthalmologists clearly show that optometrists should not be prescribing drugs to anyone... Unlike optometry school, medical school training lasts significantly longer than 4 years. The medical student is required to spend one year as an intern and then a minimum of three years in residency. The most disturbing schism in their respective training(s) is that while students of ophthalmology will typically see 15,000 patients most of whom have eye disease, optometry students usually see about 1,200 patients, some of whom have eye disease.⁹
- Unlike medicine — optometry has no national external standards for hours of lecture and hands-on clinical training, nor are there national standards specifying minimum numbers of patients examined during training.
- There are at least seven subspecialty areas in ophthalmology which require at least one year of advanced training. These areas are retina-vitreous, pediatric ophthalmology, ophthalmic plastic surgery, glaucoma, ophthalmic pathology, cornea, neuro-ophthalmology.¹⁰
- "In fact, two of our own ophthalmology residents at the University of Florida completed 'modern-day' optometry training programs about eight years ago. They readily acknowledge that, despite the quality of their schooling, they see more eye disease now in one day of residency training than they did in four years of optometry school."¹¹

- A University of Nebraska glaucoma specialist stated, "I submit to you that [an ophthalmologist's] training is so far superior and more extensive than that of an optometrist that there is no way that an optometrist can treat a patient and realize all the implications of the treatment and the psychological implications. There are many of the drugs that we give for medications that cause impotence, depression, not to mention bone marrow depression and kidney disease and so forth. And only with the training that an MD gets can a person really effectively, I think, treat the whole person and not just the eye itself."¹²
- A Chief of the Division of Ophthalmology noted, "Proper glaucoma evaluation and management is difficult. The level of training obtained by optometrists does not come close to being adequate for taking care of the vast majority of glaucoma patients. It is my sincere belief that the personal and public health burden imposed by glaucoma would become compounded by less than optimal treatment by persons inadequately trained in medicine, in medical and surgical eye diseases, and specifically, in glaucoma diagnosis and management."¹³
- "As an ophthalmologist and a glaucoma specialist, it is quite clear to me that the specialized training that we must acquire (10 years beyond college) barely prepares us to adequately detect and treat effectively certain eye diseases before severe compromise of one's vision has occurred.
...Optometrists have inadequate training (two to three years beyond college) to manage such complex eye diseases.
...Late identification and or ineffective treatment of many eye diseases can result in even greater morbidity and visual impairment in the citizens of your state and our great country."¹⁴
- "The diagnosis and management of glaucoma is no trivial undertaking...topical medications or drops have significant risks and can cause catastrophic problems including the reactivation of asthma, the activation and worsening of heart failure, varying degrees of heart irregularities, and many patients have died from unfortunate consequences."¹⁵

Ophthalmology — Pharmaceutical Training

- The Pennsylvania College of Optometry's course in Introductory Pharmacology conducted by Hahnemann University does not compare with the course given to the medical students at Hahnemann University. While this is a comprehensive course it consists only of lectures and, under the present circumstances, it would not be desirable for optometrists to prescribe medications, except under a physician's supervision.¹⁶
- "The State Board of Medicine was verbally assured...that students at Pennsylvania College of Optometry observe the use of therapeutic drugs by practitioners who are licensed to use them, but do not utilize therapeutic drugs themselves."¹⁷

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TALKING POINTS AN OVERVIEW OF OPTOMETRIC SCOPE OF PRACTICE

In many states legislation is pending which would dramatically increase scope of practice parameters for optometrists. Generally legislative proposals center around granting optometrists the ability to prescribe therapeutic pharmaceutical agents (TPAs). This includes medications that are administered both topically and orally.

In addition, some legislation is also pending which further expands the scope of optometric practice to include diagnosis of eye disease, designate optometrists as primary eye care providers, and even allow laser surgery privileges.

Expanding the scope of practice of optometrists will not result in an eye care system that is more efficient, more accessible, and less costly, with no risk at all to the health care consumer.

Evidence exists suggesting that expanding optometric scope of practice will increase utilization of eye care services and increase overall costs in the health care system.

Access to eye medical care provided by ophthalmologists and other physicians is available to consumers.

Finally, there is absolutely no evidence that the education and training differences between optometrists and ophthalmologists results in equivalent quality of care. It is not a reasonable argument that the training received by optometrists is comparable to the training received by medical doctors.

Quality of care is the only real issue. The choice is between services provided by highly educated medical doctors who understand the eye and its relationship to the entire body system, and optometrists who receive far less training and have a limited understanding of the relationships the eye has to the rest of the body. The distinction made here is tremendous.

I. WHY IS SCOPE OF PRACTICE AN ISSUE?

One question that seems obvious is: if there is no cost savings, no current access problem to primary eye care, and a serious compromise to quality of care, why is optometry pursuing legislation to increase its scope of practice? The answer is that optometrists are attempting to acquire the right to practice medicine without having to go to medical school in order to achieve personal financial and career objectives.

Optometry has attempted over the years to erase the distinction between optometry and ophthalmology in order to support their legislative agenda. Optometrists have used the term "eye care professional" instead of "ophthalmologist" in their official literature. For example, in Illinois legislation was introduced to allow optometrists to advertise themselves as "doctors" and not specify that they are really optometrists.

The American Optometric Association's definition of an optometrist states, "Doctors of Optometry are **primary health care providers who diagnose, manage and treat condition and diseases of the human eye and visual system as regulated by state law.**" This is exactly the definition of an ophthalmologist, except medical doctors already have the authority and license to practice medicine. Unfortunately for the patients, this attempt to blur the lines between optometry and ophthalmology continues to confuse the public.

Overwhelming evidence shows that optometry is pursuing expanded scope of practice for one reason only - money - because of dwindling caseloads. According to data presented to the Pennsylvania House of Representatives, over the last ten years there has been a significant increase in the number of optometrists being trained (60%), while over the same time period the average optometric caseload per week has declined (25%). Perhaps the best way to understand the motivations of optometry is to review some of the optometric statements.

- "glaucoma patients make a steady source of income"
Review of Optometry
- "In West Virginia...net income increased \$40,000 in the first year (after passage of a TPA law). If this appeals to you, write (to your legislators)."
William V. McMullen, O.D.
Tempe, AZ
- "Stop referring patients...When you keep the patient under your care, you retain most of the income."
How to Build Your Primary Care Practice
Review of Optometry
- "(A) Southern optometrist says the ability to use drug therapy...has netted him a bigger piece of the pie."
Earnings and Expectations Grow
Review of Optometry

There is no question that the motivation behind expansion of optometric scope of practice legislation is financial in nature.

II. OPHTHALMOLOGY'S POSITION

What we now know to be the truth:

1. There is no cost benefit in expanding optometric scope of practice. The dollars paid to both ophthalmologists and optometrists (the cost to health care) are the same for a particular service. Reports of fees charged are irrelevant because reimbursement is not based on charges.
2. There is not an access problem to primary eye care. Reports of relative numbers of optometrists and ophthalmologists blatantly ignore the fact that **medical** specialties other than ophthalmology also provide primary eye care services for their patients.
3. **Optometrists are not medical doctors**, no matter how much they try to persuade the public otherwise, they are not the same as ophthalmologists. Optometrists do not receive the training and education (both classroom and clinical) that medical doctors do, therefore they are not able to make sound **medical** decisions. There is a compromise to quality of care by expansion of optometric scope of practice.

Evidence of misdiagnosis, failure to diagnose, and inappropriate treatment by optometrists abounds. This is due to the fact that optometrists do not receive adequate **medical** training. They are simply not qualified to practice medicine (i.e. diagnose and treat disease). **The central issue is the quality of medical care available to the public in every state.** It is potentially dangerous to allow non-medical personnel to administer dangerous drugs and prescribe treatment effecting the entire body.

Also, given the evidence of misdiagnosis and inappropriate treatment, there can be no allegations of cost effectiveness on the part of optometry. The opposite is true. Every additional visit for unresolved problems, every misdiagnosis, every hit-or-miss treatment results in more cost to the health care system. Efficient and accurate diagnosis and treatment **the first time** is the only cost effective solution.

The point must be made that this is first, and foremost a medical issue. We have seen the potential danger of therapeutic pharmaceutical agents (TPAs). We have seen the vast differences in training and education. We have seen that the diagnosis of illness is a complex medical process involving and requiring an in-depth medical knowledge of the entire body. The term disease itself implies a serious, active condition that often involves numerous body systems. If cost and access are not issues, should we not provide the public the **best medical care available**? Why compromise the health and well being of the public when there is no reason, compelling or otherwise to do so?

OPTOMETRIC SCOPE OF PRACTICE

RISK TO THE PATIENT (PHYSICIAN VS. NON-PHYSICIAN)

The Issue:

Non-Physician Providers (optometrists) argue that in expanding their scope of practice, they will only be performing procedures which are of minor risk to the patient, such as prescribing eye drops for certain minor conditions. They also have requested statutory authority to prescribe oral medications, remove foreign bodies from the eye, treat specific medical conditions of the eye and so forth. In fact they are asking to have the statutory authority to prescribe medications or perform medical procedures which could be potentially dangerous to the patient. Medications in eye drops for example, are absorbed into the body as quickly as if they were injected. The risk to the patient, in allowing non-physicians to practice medical procedures, is very real. As the facts show, this risk has resulted in harm to a number of patients in states which allow non-physicians to diagnose and/or treat medical conditions of the eye.

The Facts:

- In a number of states, Referral Centers, and Bureaus of Health Services, have documented problems relating to misdiagnosis and treatment of patients as a result allowing non-physician practitioners (optometrists) to prescribe various medications.
- At least one center for Medical Technology Assessment and Policy Research, has reported that when optometrists were responsible for managing cases as follow-up to cataract surgery, they failed to detect 40% of the postoperative complications.
- Documented testimony from individual patients before various state legislative committees reflect case after case of patient harm due to misdiagnosis and/or inappropriate treatment by non-physician practitioners. These cases range from the elderly woman who was misdiagnosed by her optometrist for problems with "red eye", when her actual problem was rheumatoid disease of the eye; to the woman, improperly treated by her optometrist for acute glaucoma, who has suffered irreparable partial blindness in one of her eyes; to the unfortunate child whose treatable eye cancer was misdiagnosed and undetected by an optometrist until both eyes were beyond treatment, resulting in the removal of both of her eyes.

17

OPTOMETRIC SCOPE OF PRACTICE
RISK TO THE PATIENT
(PHYSICIAN VS. NON-PHYSICIAN)

The Answer:

Comprehensive eye care is not as simple as measuring eyes for glasses or contact lenses. Although this is an extremely important part of eye care and an extremely important service provided to the patient, the human eye is a complex organ which directly interfaces with the human nervous system, the brain, the cardio-vascular system, and at least indirectly with the body as a whole. When medications are administered for the treatment of the eye, even if those medications are administered in the form of eye drops there are important considerations to make concerning the impact of the medication on the overall human body, particularly when one considers the potential implications regarding drug interactions, the patient's history of medical conditions and complications. In fact, there are numerous documented cases of actual deaths caused by topically administered medications in the U.S. on a regular basis. Only trained medical doctors are effectively able to provide the level of quality care needed for medical diagnosis and medical treatment.

When you consider the potential risk to the patient as a result of allowing non-physicians to expand their role into areas which should be the responsibility only of trained, certified, and licensed medical doctors, you put people at risk. The ophthalmologist, who is a trained, qualified medical doctor, would say that, one case of irreparable blindness, one case of misdiagnosis of a major medical condition, one case of a child losing both eyes needlessly is not an acceptable risk! Non-physician practitioners are not adequately trained and experienced for the provision of medical eye care to patients. That responsibility should only be within the purview of the medical doctor, the ophthalmologist.

**OPTOMETRIC SCOPE OF PRACTICE RESTRICTIONS
STATUTORY RESTRICTIONS**

State	Oral Medication Not Allowed	Steroids Restricted	Referral or Collaboration Required	Foreign Body Removal Not Allowed	Glaucoma Treatment Restricted	Standard of Care Required	Surgery Prohibited	Therapeutics With Restrictions
Alabama	X	X	X	X	X		X	
Alaska	X						X	X
Arizona	X	X	X				X	X
Arkansas	X		X		X		X	X
California	X	X	X	X	X			
Colorado			X		X	X	X	X
Connecticut			X	X	X	X	X	X
Delaware						X	X	X
Dist of Columbia	X	X	X	X	X			
Florida	X		X		X	X	X	X
Georgia			X	X	X	X	X	X
Hawaii	X	X	X	X	X		X	
Idaho				X				X
Illinois	X	X	X	X	X		X	
Indiana			X				X	X
Iowa						X	X	X
Kansas	X	X	X		X	X	X	X
Kentucky	X						X	X
Louisiana				X			X	X
Maine	X			X	X	X	X	X
Maryland	X	X	X	X	X		X	
Massachusetts	X	X	X	X	X			
Michigan	X	X	X	X	X			
Minnesota	X		X	X		X	X	X

State	Oral Medication Not Allowed	Corticosteroids Restricted	Referral or Collaboration Required	Foreign Body Removal Not Allowed	Glaucoma Treatment Restricted	Standard of Care Required	Surgery Prohibited	Therapeutics With Restrictions
Mississippi	X		X			X	X	X
Missouri			X			X	X	X
Montana					X		X	X
Nebraska		X			X	X	X	X
Nevada	X	X		X	X			
New Hampshire		X			X		X	X
New Jersey	X					X		X
New Mexico	X		X	X	X		X	X
New York	X	X		X	X			
North Carolina	X		X	X	X		X	X
North Dakota		X			X	X	X	X
Ohio				X			X	X
Oklahoma								X
Oregon	X	X	X		X	X	X	X
Pennsylvania	X	X	X	X	X		X	
Puerto Rico	X	X		X	X		X	
Rhode Island	X	X	X	X	X		X	X
South Carolina		X	X		X	X	X	X
South Dakota			X		X		X	X
Tennessee				X		X	X	X
Texas		X	X		X	X	X	X
Utah	X		X		X		X	X
Vermont	X	X	X		X	X	X	X
Virginia	X	X	X		X		X	X
Washington	X			X				X
West Virginia	X		X	X			X	X
Wisconsin			X		X		X	X
Wyoming	X			X		X	X	X
TOTALS	32	23	32	26	34	20	42	40

NOTES:

Language in the statutes does not always reflect the drugs listed in formularies. Detailed listings of the provisions in each state are available through the American Academy of Ophthalmology State Affairs Department. Other points of note are:

- Although surgery is prohibited in 42 states, this does not necessarily mean that lasers are specifically prohibited or that a definition of surgery is included.
- The use of lasers is prohibited in 25 states. Delaware, Georgia, Tennessee and Vermont prohibit the use of therapeutic lasers but do not specifically prohibit the use of diagnostic lasers. Kentucky optometrists are not allowed to do laser surgery, though it is not stated in the statute. Indiana, Louisiana, Minnesota and Virginia prohibit surgery and the use of lasers in the medical practice acts.
- In 12 states, (including the District of Columbia and Puerto Rico) optometrists are restricted to the use of diagnostic drugs only. The following drugs are not permitted in diagnostic states: antibiotics, antihistamines, anti-inflammatories, glaucoma and steroid drugs.

Of these 12 states, four states allow optometrists to make a diagnosis - Maryland, Nevada, New York, and Puerto Rico. The remaining 9 states do not permit optometrists to make a diagnosis, but require optometrists to refer the patient to a physician for diagnosis and treatment.

All 50 states and the District of Columbia permit optometrists to use diagnostic pharmaceutical agents. Puerto Rico does not permit the use of diagnostic drugs.

- Almost all therapeutic states allow the use of topical antibiotics, antihistamines and anti-inflammatory and non-steroid anti-inflammatory drugs, even though they are not always listed in the statutes. Non-steroid anti-inflammatories and steroids can be used in treating the same conditions.
- The treatment of glaucoma is specifically allowed in Delaware, Iowa and Washington.
- None of the 50 states, the District of Columbia or Puerto Rico allow optometrists to perform surgery, even though it is not written in all statutes.
- Only Louisiana and Tennessee include optometrists as providers for clinical laboratory testing.
- Colorado, Georgia and South Carolina require optometrists to carry \$1 million of malpractice insurance.
- Mississippi allows postophthalmic surgical or clinical care and management with advice and consultation of operating or treating physician.
- Oklahoma prohibits the use of Schedules I and II drugs for purposes of diagnosis and treatment of ocular abnormalities.

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Updated: October 10, 1994

Optometrist

(e) Practice of Optometry means engaging in that primary health care profession, the members of which examine, diagnose, manage, and treat certain conditions and diseases of the human eye, visual systems, and associated structures. It includes, but is not limited to, the use of any means or methods for the purpose of determining the refractive condition of the human eye or any muscular or visual anomalies thereof, and employing, adapting or prescribing of lenses, prisms, contact lenses or other ophthalmic appliances.

Optometrists possessing special qualifications are authorized to make use of diagnostic or selected therapeutic pharmaceutical agents, based on the following provisions:

1. ~~These~~ selected therapeutic pharmaceutical agents shall include the independent use of the following topical preparations: non-steroidal anti-allergics, antibacterials, and cycloplegics.
2. Under a co-management arrangement with an ophthalmologist, the following additional agents may be utilized: oral anti-allergics, oral anti-bacterials, topical or oral anti-glaucoma agents, topical anti-inflammatories, topical anti-virals, and oral analgesics.
3. ~~Co-management~~ means any mutually satisfactory arrangement in which an optometrist and an ophthalmologist share responsibility for patient care.
4. Optometrists are prohibited from performing surgery. Surgery as used in reference to the human eye and its appendages means any procedure in which human tissue is cut or burned. Surgical procedures include the use of sharp-edged instruments or lasers to cut or burn tissue for therapeutic or photorefractive purposes, but do not include the removal of superficial foreign bodies. A superficial foreign body is defined as one that has not penetrated deeper than the epithelium.
5. Optometrists utilizing pharmaceutical agents shall be held to the same standard of care as would a physician using the same agents.

Cunliffe, Cook, Maher & Keeler

Suite 200, 210 Archbishop F.C. Flores Street

Agana, Guam 96910

Telephone: (671) 472-1824

Telecopier: (671) 472-2422

DATE: April 4, 1995

FILE NO.: H-0046

TO: Senator Lou Leon Guerrero, RN, MPH
Chairperson, Committee on Health, Welfare
and Senior Citizens
TWENTY-THIRD GUAM LEGISLATURE
Attn: Ms. Barbara Jacala
FAX: 472-3832

FROM: Jeffrey A. Cook, Esq.

RE:

OPTOMETRY BILL

COMMENTS:

DESCRIPTION OF DOCUMENTS:

1. Cover Sheet; AND,
2. Letter dated 04-04-95 from Jeffrey A. Cook, Esq.

TOTAL PAGES INCLUDING COVER SHEET: 3

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LAW OFFICES

F. RANDALL CUNLIFFE
JEFFREY A. COOK
JOHN B. MAHER
THOMAS P. KEELER

*Cunliffe, Cook
Maher & Keeler*

TELEPHONE (671) 472-1824
TELEFAX (671) 472-2422

SUITE 200
210 ARCHBISHOP F. C. FLORES STREET
AGANA, GUAM 96910

April 4, 1995

VIA FACSIMILE TRANSMISSION

Senator Lou Leon Guerrero, RN, MPH
Chairperson, Committee on Health, Welfare,
and Senior Citizens
TWENTY-THIRD GUAM LEGISLATURE
324 West Soledad Avenue, First Floor
Agana, Guam 96910

Attn: Ms. Lisa Cipollone, Health Care Specialist

RE: OPTOMETRY BILL

Dear Ms. Cipollone:

I discussed the proposed changes in Section (e) of Section 12101 of Title 10, as found in the proposed Optometry Bill at Section 1, with Dr. Resch of the Seventh Day Adventist Clinic. Transmitted herewith are the proposed changes to the Optometry Bill to make certain matters less ambiguous and to refer to the section of the statute that certifies the optometrists to use therapeutic pharmaceutical agents.

Dr. Resch stated he would pass on the proposed changes to the optometrists. Unless we heard back from them, the changes would be acceptable to all concerned.

I spoke to Dr. McDonald of FHP, Inc. He requested you fax him a copy of the bill after modifications are made. He approved changes over the telephone. Dr. McDonald's fax number is 646-1764.

If you require further information, please do not hesitate to contact the undersigned.

Sincerely,

CUNLIFFE, COOK, MAHER & KEELER


JEFFREY A. COOK

JAC:rb J2002.1 H-0046

Enclosure - Memorandum dated April 4, 1995.

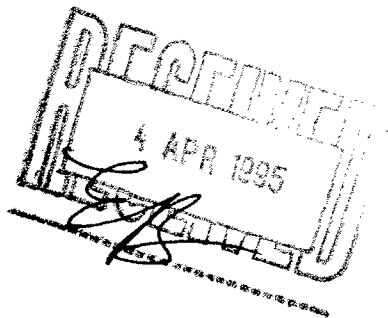
MEMORANDUM

TO: **SENATOR LOU LEON GUERRERO**
CHAIRPERSON; COMMITTEE ON HEALTH, WELFARE,
AND SENIOR CITIZENS

FROM: **JEFFREY A. COOK**
LEGAL COUNSEL

DATE: **APRIL 4, 1995**

RE: **OPTOMETRY BILL**



The following are changes to the Optometry Bill.

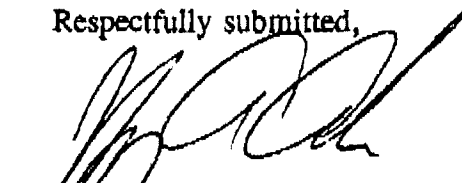
The second paragraph shall now read as follows:

Optometrists certified pursuant to Section 12508 of this Title are authorized to make use of diagnostic or selected therapeutic pharmaceutical agents, based on the following conditions and limitations:

- (1) Independent use of the following therapeutic pharmaceutical agents as topical preparations: non-steroidal anti-allergics, antibacterials, and cyclopegics.
- (3) Co-management is an agreement by which an optometrist and an ophthalmologist share responsibility for patient care.

If you have further questions regarding the proposed additions and changes, please contact the undersigned.

Respectfully submitted,



JEFFREY A. COOK
Legal Counsel

TWENTY-THIRD GUAM LEGISLATURE
1995 (First) Regular Session

Bill No. 166(LS)
Introduced by:

Lou Leon Guerrero *LS*
J. Won Pat-Borja *LS*
T. C. Ada *LS*

AN ACT TO REPEAL AND REENACT SUBSECTION (e) OF §12101, SUBSECTION (d) (10) OF §12503, AND §12508, ALL OF TITLE 10, GUAM CODE ANNOTATED, CHAPTER 12, TO PERMIT CERTAIN LICENSED OPTOMETRISTS TO BECOME CERTIFIED TO PRESCRIBE AND USE CERTAIN THERAPEUTIC PHARMACEUTICAL AGENTS IN THE CARE OF CERTAIN EYE CONDITIONS AND DISEASES.

- 1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:
- 2 **Section 1.** Subsection (e) of §12101 of Title 10 of the Guam Code Annotated is
- 3 repealed and reenacted to read:
- 4 “(e) Practice of Optometry means engaging in that primary health care
- 5 profession, the members of which examine, diagnose, manage, and treat
- 6 conditions and diseases of the human eye, visual systems, and associated
- 7 structures. It includes, but is not limited to, the use of any means or methods
- 8 for that purpose of determining the refractive condition of the human eye or
- 9 any muscular or visual anomalies thereof, and employing, adapting or
- 10 prescribing of lenses, prisms, contact lenses or other ophthalmic appliances,
- 11 and including the utilization of diagnostic or therapeutic pharmaceutical
- 12 agents for the diagnosis, correction, or relief of those conditions or
- 13 anomalies.”
- 14 **Section 2.** Subsection (d) (10) of §12503 of Title 10, Guam Code Annotated in repealed
- 15 and reenacted to read:
- 16 “(10) Develop and administer qualifications for (i) certification for the use of
- 17 topical ocular diagnostic pharmaceutical agents, including minimum
- 18 educational requirements and examination; and (ii) certification to prescribe
- 19 and use therapeutic pharmaceutical agents, including minimum educational
- 20 requirements and examination;”
- 21 **Section 3.** Section 12508 of Title 10, Guam Code Annotated is repealed and reenacted
- 22 to read:

1 “§12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.

2 (a) The Board shall issue certification for the use of topical ocular
3 diagnostic pharmaceutical agents to optometrists, licensed after the effective
4 date of this Section, who have completed appropriate forms issued by the
5 Board and submitted proof of successful completion of the educational
6 requirements for certification established by the Board, which requirements
7 shall include, but not be limited to:

8 (1) having satisfactorily completed a course in pharmacology as
9 applied to optometry with particular emphasis on the topical
10 application of diagnostic pharmaceutical agents to the eye for the
11 purpose of examination of the human eye and the analysis of
12 ocular functions, which course is offered by an institution
13 accreditation by a regional or professional accreditation
14 organization recognized or approved by the national
15 commission on accreditation or the United States Commissioner
16 of Education; or

17 (2) having postgraduate education, with a minimum of seventy
18 (70) hours of instruction in general and ocular pharmacology as
19 applied to optometry, taught by an accredited institution and
20 approved by the Board.

21 (b) The Board shall issue certification for the prescribing and use of
22 therapeutical pharmaceutical agents to optometrists licensed after the
23 effective date of this Section, who have completed appropriate forms issued
24 by the Board and submitted proof of successful completion of educational
25 requirements for certification established by the board, which requirements
26 shall include, but not be limited to:

27 (1) having satisfactory completed a course consisting of a
28 minimum of ninety (90) total hours of didactic education and
29 supervised clinical training approved by the Board with
30 particular emphasis of the examination, diagnosis and treatment
31 of conditions of the eye and adnexa. Such course shall be
32 provided by an institution accredited by a regional or
33 professional accreditation organization recognized or approved
34 by the Counsel on Post-Secondary Accreditation of the United
35 States Department of Education, or its successor;

36 (2) such other requirements as may be determined by the Board.

1 (c) The certifications authorized by this Section shall be displayed in a
2 conspicuous place in the optometrist's principal office or place of business."

3 **Section 4.** No Automatic Certification of Currently Licensed Optometrists. All
4 optometrists wishing to prescribe and use therapeutical pharmaceutical agent will
5 have to be certified by the Board after the effective date of this Act. No provision of
6 this Act shall be construed as the automatic certification of currently licensed
7 optometrists or those currently certified to use topical ocular diagnostic
8 pharmaceutical agents to include certification for the prescribing and use of
9 therapeutical pharmaceutical agents.

10 **Section 5.** Within ninety (90) days after the effective date of this Act, the Guam
11 Board of Examiners for Optometry, shall develop rules and regulations requiring
12 the satisfactory completion of the educational requirements, clinical training and
13 examinations required under the provisions of Section 4 of this Act, regarding those
14 optometrists seeking to become certified to prescribe and use therapeutical
15 pharmaceutical agents. The Board of Pharmacy shall be consulted as needed to
16 develop policies concerning the implementation of this law.