MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

January 22, 1977

The sixth meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Stephens on the above date in Room 405 of the State Capitol Building at approximately 11:00 A.M.

ROLL CALL: All members were present.

CONSIDERATION OF SB 105: Senator Rasmussen explained SB 105 as a bill which will change laws pertaining to the optometry profession to permit optometrists the use of a limited number of drugs for eye examination purposes. In his introduction, Senator Rasmussen gave the four classes of drugs which would be made available to optometrists and the uses thereof, i.e., (1) in testing for glaucoma, (2) to dilate the eye, (3) to temporarily relax the focusing of the eye, and (4) to constrict the pupil which would be used only for emergency purposes. In Rasmussen's statement, he drew a parellel between optometrists and those doctors already allowed use of the drugs in their profession, i.e., dentists and podiatrists. Stress was put on the fact that, in order to use the drugs, an optometrist must attend additional schooling, probably 40 to 50 hours, and must pass a state exam. Senator Rasmussen explained he felt this bill would be good for the State public health since it would allow optometrists to provide a more complete service to Montanans.

Chairman Stephens then asked for witnesses. Those persons testifying were as follows:

- 1. <u>Lawrence O. LaRock</u>, O.D., President, Montana Optometric Association (support).
- 2. P. L. Kathrein, O. D., Montana Optometric Association (support).
 - 3. M. F. Keller, O.D., Montana Optometric Association (support).
 - 4. John R. Jacobson, M.D., Butte, Mt. (support).
 - 5. David A. Wold, Montana Academy of Ophthalmology (oppose).
 - 6. J. T. Loendorf, Montana Medical Association (oppose).
 - 7. Everett Lensink, M.D. (oppose).
 - 8. John W. McMahen, M.D., Montana Medical Association (oppose).

Leading off the testimony in support of SB 105 was Dr. LaRock. As will be seen throughout the testimony and questioning, a great amount of emphasis is placed upon the degree of education of optometrists versus opthamologists. Dr. LaRock's testimony was no exception (see Exhibit "A"). He gave the educational background of the optometrist and pointed out similarities of study between the optometrist and dentists or podiatrists. The point being that dentists and podiatrists now use drugs - why can't the optometrists? Admitting that the older practicing optometrists do not have the extensive background in pharmacology that their younger colleagues

have today, LaRock thinks the State examination will quell any fears regarding insufficient knowledge. He feels there is a need for this legislative change.

Dr. Kathrein, second witness, covered the side effects feared by the use of the drugs in question. Witness stated SB 105 will allow the doctors to use the drugs as an aid in diagnostic instances only and would be safe in this context since adverse reactions to the drugs are very rare. Kathrein stated some of the drugs listed for use in this bill are presently being sold in over-the-counter medicines, such as MZ Eye Drops. His thought is that there is more danger to the public in missing a glaucoma patient (without the use of drugs) than in causing accute glaucoma in a patient through the use of the drugs. (See Exhibit "B")

Dr. M. F. Keller, in his prepared statement (Exhibit "C") covered the question of what other states' laws are in this area of optometry, as well as what the armed forces allow in drug use for their doctors (drug use in this context allowed). Keller showed the Committee a map pertaining to the distribution of optometrists and opthamologists in the State, pointing to a need for optometric people state-wide to have as much help in their work as they can possibly get, since optometrists perform 70 percent of the eye exams in Montana. He stated the malpractice insurance rates are the same in states allowing drug use and those where the drugs are illegal. Keller feels it is time Montana brings its statutes up to date in this area.

Dr. Jacobson stated he is interested in the bill only on a philosophical basis. He feels the precedent has been set by allowing podiatrists and dentists to use the drugs. He believes the bill precisely defines the limitation of use, and the fact that optometrists give the greater amount of eye care in this State should give credence to their request for the help drugs would give.

Opposing witnesses began with Montana Medical Association lobbyist, J. T. Loendorf. After pointing out the differences in the
educational requirements of the two professionals in question
(optometrist measures vision; opthamologist is a doctor of medicine)
he asked the Committee to look at certain areas of concern in the
proposed bill, i.e., page 1, line 23 ("any") and page 2, line 3
("including"), plus page 2, line 24 (course requirements, i.e.,
one year, two weeks, or what period of time). Loendorf questioned,
most importantly, will there be clinic work required along with
the textbook course? In closing, Loendorf stated this bill is
very loose so far as the educational requirements.

In the way of trying to work with the proponents of the bill, Loendorf mentioned that, inasmuch as he could foresee this issue coming up every session, his group would be willing to work out a compromise. If the proponents would not object to the Board of Medical Examiners prescribing the course's scope and content and exam, the the bill's opponents would cooperate. In that event, Section 1 and Section 2 would then have to be changed.

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David Wold, also opposing SB 105, gave testimony explaining why he, as an optometrist turned opthamologist, is against the bill. Basically, he feels the bill is not in the public's best interest. Because of the difference in educational requirements in the two professionals involved, Wold feels optometrists are not trained sufficiently to use the drugs this bill proposes. He also stated the central issue, with or without drops, is that the public should not be led to believe that they are getting full diagnostic eye treatment.

Dr. Lensink, in testifying against SB 105, called the Committee's attention to unacceptable parts of lines in the bill (line 17, 23, 24). He stressed again the educational differences in the two professionals -- and added that, insofar as the dentists and optometrists are concerned, there is no similarity. Pharmacology course work would only be the beginning in adequate training for optometrists. The use of the drugs which may induce a reaction of accute glaucoma needs the extensive training of the opthamologist.

Dr. Jack McMahn, co-chairman, Legislative Committee of the "We are totally opposed" Montana Medical Association stated: to SB 105 and feel that it would be very inappropriate at this time to pass this legislation. The reasoning behind this stand is: The Association feels the vast majority of optometrists can continue to do what they now do very expertly with the methods The State Board of Medical Examiners they currently employ; (2) feel that they would hesitate to get into this area because they now are looking over too many shoulders. This Board's intrusion, however, would be the only way the Montana Medical Association feels it could be assured that the optometrists would have not only course work but on-the-job training of seeing sick eyes: (3) It would not be appropriate that optometrists tell the public that they now can diagnose all eye conditions -- this is the practice of medicine (4) And, finally, how would the public differentiate between optometrists who can, and optometrists who cannot, use the drugs in question? Dr. MaMahn stated his Association is willing to participate in any meaningful dialogue which would improve the eye care in the state of Montana.

Chairman Stephens then closed the testimony, in order to call for questions from the Committee. Questions from all the members of the Committee to those testifying were then heard, covering problems with terminology in the bill ("optometric" page 1, lines 17, 23) ("any means" page 1, line 18) ("and for emergency use only, miotics" page 2, line 6) (page 2, redefining the course).

Other questions concerned specific malpractice insurance rates in other states; whether bill would allow for diagnosis of disease versus screening for disease; how public would know the difference between optometrists licensed to use drugs from others who cannot; whether a graduate who takes the state exam would fail the licensing test completely if he failed the pharmacology section; what the fee schedule for optometrists licensed to use drugs would be like

compared to those doctors who did not go back to school.

Senator Stephens addressed Senator Rasmussen: Mr. Loendorf proposed an amendment - would your association reject the concept of the Board of Medical Examiners entering into this? Rasmussen's reply was: Yes, since there is a state board which oversees them now.

Senator Rasmussen then gave his closing statement, reiterating the points previously brought out by the proponents of the bill and ending with details on court cases involving the legality of restricting these drugs to opthamologists, the fact that 17 states have enacted legislation of this type, the armed forces can use the drugs as outlined, and mentioned that of the 56 counties in Montana, opthamologists are only in 11 -- making the point that optometrists are the first line of defense against blindness in the State.

The Chairman then indicated to the Committee and visitors that the testimony was concluded on SB 105. NO ACTION was taken - Senator Stephens said the bill will be considered for action January 25.

ACTION ON SENATE BILL 83: No action was taken in order to allow Senator Rasmussen to prepare appropriate amendment.

ANNOUNCEMENTS: Chairman Stephens set January 27 as the hearing date for two bills: SB 154 and SB 157. SJR 8 will be heard Tuesday, January 25.

Mr. John Bartlett, head of the Montana Medical Foundation, extended to the Committee, via Chairman Stephens, a standing invitation to examine their Helena facilities.

ADJOURNMENT: With no further business being discussed, the meeting was adjourned at 12:45 P.M.

STAN STEPHENS, Chairman

ROLL CALL

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

45th LEGISLATIVE SESSION -	1977	I	DATE: 1/22/7
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STATEMENT

on

SB 105

before the

Senate Public Health Committee

for the

Montana Optometric Association

by

Lawrence O. LaRock, O.D., President

January 22, 1977

Mr. Chairman, members of the Committee:

My name is Lawrence LaRock. I am a doctor of optometry, practicing in Butte. I am President of the Montana Optometric Association.

My purpose today is to acquaint you with the educational back-ground of optometrists and to compare their education to the education of the three professions that are presently allowed to use drugs under Montana law. The three professions are: dentistry, podiatry, and medicine.

The pre-professional training in optometry consists of a minimum of two years of college education. However, over 80% of the students are entering the optometric colleges with three to four years of pre-professional training. This is followed by four years of professional training conducted at 13 colleges across the country, which are affiliated with universities such as, The University of California, Ohio State University, University of Houston, University of Indiana, and University of Alabama.

STATEMENT
on
SB 105
before the
Senate Public Health Committee
for the
Montana Optometric Association
by
Paul Kathrein, O.D.
January 22, 1977

Mr. Chairman, members of the Committee:

I am Dr. Paul Kathrein, a practicing optometrist in Montana.

I have practiced for 2 years at Irwin Army Hospital, Department of Optometry, Ft. Riley, Kansas, and presently am in Great Falls.

I am a member of the American Optometric Association, a Director of the Montana Optometric Association, and a Fellow of the American Academy of Optometry.

I would like to discuss with you today, the side effects of the drugs proposed in SB 105. First, let me state that SB 105 will not allow optometrists to treat eye diseases. It will permit optometrists to use certain topical ocular drugs (approximately 10) for diagnostic purposes only. Opponents have claimed that the side effects of these pharmaceuticals can be diseastrous, however, many years of routine use on many, many thousands of patients has produced surprising few unexpected reactions. In fact, adverse response to these agents have been extensively examined by numerous researchers and, the consensus is that adverse reactions are very rare.

Scientific and health care literature are invaluable if not, in fact, the sole determinant of the safety of all pharmaceuticals.

EXHIBIT "C"

STATEMENT

on

SB 105

before the

Senate Public Health Committee

for the

Montana Optometric Association

by

M. F. Keller, O.D.

January 22, 1977

Mr. Chairman and members of the Committee:

My name is Dr. M. F. Keller. I am a licensed optometrist in Montana, and I have practiced in Great Falls since 1938. I am a member of the Montana Optometric Association, and a Fellow of the American Academy of Optometry.

I am here today, members of the Committee, to advise you that Senate Bill 105 creates nothing that is new, unusual, or unique in the world, or in the several states of this union.

You might ask, is there precedence for optometrists to use the topical drugs mentioned in SB 105? The answer to this question is definitely yes. In numerous states the optometry law for many years has allowed the use of these topical drugs for examination purpose. Examples of these are Indiana, Idaho, Florida, New Jersey, Nevada, and Minnesota. States which have recently changed their laws to permit optometrists to use these topical drugs are: California, Oregon, Pennsylvania, Rhode Island, Tennessee, Delaware, Louisiana, Maine, West Virginia, and Alabama.

In Indiana optometrists have been using topical drugs listed in SB 105 since 1935, 42 years, and in New Jersey since 1919, 57 years.