MINUTES

MONTANA SENATE
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Senator Tom Hager, on January 30, 1989, at 1:00 p.m.

ROLL CALL

Members Present: Senators Tom Hager, Chairman; Tom Rasmussen, J. D. Lynch, Matt Himsl, Bill Norman, Harry H. McLane, Bob Pipinich

Members Excused: None

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary

Announcements/Discussion: None

HEARING ON SENATE BILL 143

Presentation and Opening Statement by Sponsor: Senator Harry H. McLane, Senate District #42, chief sponsor of SB 143, advised that the intent of SB 143 is to remove pharmaceutical restrictions that hamper optometrists' ability to effectively treat and manage anterior segment disorders as well as glaucoma, which are within the scope of their academic education and clinical training. Optometrists are asking to practice eye care at a level commensurate with their skills. In 1987, SB 170 almost reached that goal. It passed three-fourths of the legislative process before last minute amendments placed unjustified restrictions upon the optometric profession. SB 143 would allow the use of these pharmacological drugs which are needed to provide the treatment of choice. Senator McLane pointed out the changes in the bill.

List of Testifying Proponents and What Group they Represent:

Gregory Zell, D.O., Missoula, Montana
Bill Simon, D.O., Helena, Montana
Larry Bonderud, D.O., Shelby and Conrad, Montana
Lewis J. Catania, D.O., Philadelphia, Pennsylvania

List of Testifying Opponents and What Group They Represent:

Steve Brown, Montana Academy of Opthalmology
Steve Weber, M.D., Kalispell, Montana
Robert H. Likewise, Executive Director, Montana Pharmaceutical Association
Kenneth Younger, M.D., Bozeman, Montana

Testimony:

Senator Hager announced he would limit the proponents to twenty minutes and the opponents to twenty minutes.

Dr. Gregory Zell, an optometrist in private practice in Missoula, Montana. He stated he wished to discuss the use of steroids for the treatment of eye diseases. He emphasized that the group of steroids they wish to use are different from others such as anabolic steroids which have been frequently misused by athletes. He read and submitted his written testimony. (Exhibit #1).

Dr. Bill Simons, an optometrist practicing privately in Helena, Montana, requested the committee's support for SB 143, and submitted his written testimony discussing use of pain medications which would be permitted under SB 143. (Exhibit #2).

Dr. Larry Bonderud, a practicing optometrist in Shelby and Conrad, Montana. He stated he wished to address the specific area of treatment of glaucoma by optometrists. He read and submitted his written testimony to the committee (Exhibit #3).

Louis J. Catania, D.O., and Associate Professor at the Pennsylvania College of Optometry, stated he was here to describe the course for certification of therapeutics. He stated the course, 750 B, has been running for 14 years, has been provided 54 times, used as the certifying course for 19 out of 23 states that have therapeutic education in the U.S., and it is looked upon by other teaching institutions as well as the optometric profession as the premier course in therapeutic education for optometrists. He stated that of the 19 states which have been certified, the results have been exemplary. That includes valuations of the treatment and management of disease by optometrists who have been educated under this course; through State Board reviews; through Sunset reviews, and the malpractice experience in those states has been

virtually nil. Besides the states that use the course as the certifying course, also the Air Force, the Veterans Administration, the Public Health Service and the Indian Health service use the course for certifying therapeutics. Many of the schools of Optometry send their faculty to upgrade their skills in therapeutics. He listed the classes and hours included in the course, and told of the qualifications of instructors. He further commented that he was not aware that Montana was the only state out of the 23 that have therapeutics which does not have the use of topical steroids. As a specialist in external eye disease, he indicated that is a danger to the citizens of Montana because the treatment of external eye disease without the ability to use a steroid to stop the secondary complications is tantamount to inadequate care. It was his opinion that the risks involved in not using steroids are far greater than the risks involved in using them. His final comment was that the optometrists of this state are well educated and qualified to use them properly and safely.

Steve Brown, Montana Academy of Ophthalmology, stated that SB 170 included broad authority to treat eye disease. The bill was amended by the Senate Public Health Committee to narrow the focus of the bill specifically relating to the anterior segment of the eye. Even with that amendment the Public Health Committee gave the bill a do not pass recommendation, which was overturned on the floor of the Senate and the bill went to the House of Representatives where the so-called Bolger Amendment was added which prohibits optometrists from treating glaucoma and using steroids. SB 143 would reinsert that authority. There are three reasons why the Academy of Ophthalmology (1) it is too soon to substantially expand optometrists practice; (2) they believe there is an issue relating to experience and clinical training given to optometrists; and (3) concerns about implementation of SB 170 by the Board of Optometrists. He stated they relied totally upon the one-page certification from the Pennsylvania college saying that the optometrist in question received a 75 or above on the examination. He stated they have yet to receive a response from the Board of Optometrists to their inquiry regarding the grading procedure of this examination. He also questioned the Board of Optometrists decision to choose the Pennsylvania college over other more comprehensive programs which were submitted for approval to the Board. He stated their final concern relates to compliance with the existing provisions of law. He submitted a copy of advertising (Exhibit #4). He does not believe the

Board of Optometrists has dealt with this advertising of unauthorized services.

Steve Weber, M.D., stated he is an ophthalmologist practicing in Kalispell, Montana. He stated he opposed SB 143 on the grounds that it subjects the citizens of Montana to unnecessary risks of loss of vision. He read and submitted his written testimony to the committee (Exhibit #5).

Robert H. Likewise, Executive Director of the Montana State Pharmaceutical Association, stated that in checking with the pharmacists around the state it is observed that there is very little activity from the optometrists. The concern is that if the optometrists are, in fact, using medications and dispensing them from the office, this breaks down the patient-physician-pharmacist relationship. It eliminates the opportunity to maintain a patient profile thereby being able to work with different practitioners in the event the patient would see two or three medical practitioners as well as the optometrist. He stated their concern is keeping down any drug interactions that may occur.

Kenneth Younger, M.D., Bozeman, Montana, stated he has been practicing medicine for 13 years, specializing in ophthalmology. He advised he is representing the Montana Academy of Ophthalmology and also the Montana Medical Association. The MMA would like to go on record stating opposition to this bill. Legislatures across the country have been involved in changing the dividing lines between MDs and non-MDs. They have been asked to regulate the privileges of nurses, pharmacists, physician assistants, emergency medical technicians, midwives, physical therapists and others. The legislature's role is to balance the professional ambition with public service and public health. The current optometry law was enacted only last session and is satisfactory and appropriate, according to Dr. Younger. He claimed SB 143 is distinctly out of line. He believes the question is whether or not optometrists are already trained to treat eye disease; if not, can they get the appropriate training. Ophthalmologists feel the level of apprenticeship the optometrist gets in prescribing glasses and contact lenses is satisfactory, but not for treating eye diseases. The current bill refers to a course with no details how clinical training would be obtained. He feels a first class clinical apprenticeship is essential. He listed the requirements of a medical school training,

amounting to six years after college. He claims an optometrist attends two years total of clinical training. The current optometry law specifically states that an optometrist cannot claim to be an eye specialist. He believes if an optometrist wants to specialize, he or she should enroll in medical school. He believes there is not a single state in the country that has a bill as far reaching as SB 143. Dr. Younger presented a Summary of Educational Differences (Exhibit #6).

Questions From Committee Members:

Senator Pipinich inquired of Dr. Zell the amount of hands-on training, and asked whether optometrists would operate on eyes. Dr. Zell stated he had four years in pre-health program. In optometry school they had two years of academic studies and the last two years were clinical. He stated he was based out of the VA Hospital in Los Angeles, the Naval Eye Clinic in Long Beach, and also had rotations in eye clinics through Los Angeles area. He stated he does not use surgery, but rather refers his patients to a surgeon who in turn refers the patient back to him for follow-up care.

Senator Himsl asked Mr. Likewise if he found there was very little use of prescriptions by optometrists. Mr. Likewise advised that in a computer survey of three stores in Helena he found that the highest total of prescriptions issued by optometrists for any one practitioner for the three stores was 12 in two years, and the lowest was 0. Senator Himsl stated that a survey made in Kalispell at six pharmacies indicated not a single prescription was issued during the period included in the survey.

Senator Lynch asked Mr. Likewise if they were opposed to the bill because optometrists were not sending enough prescriptions to the pharmacies. Mr. Likewise stated that was not the case. They merely want to maintain a patient profile in order to be on guard against any drug interactions.

Senator McLane asked someone to respond to the statement that this bill would subject patients to the possibility of blinding eye diseases and also give their view on this pharmacy matter.

Dr. Bonderud stated that eye infections can cause blindness, so to say that we are moving into a new category that does not cause blindness is not true. The diseases they are treating under the present law can cause

blindness if gone unchecked. Regarding the pharmacy situation, he stated it would be necessary to know how many optometrists in Helena or Kalispell took the course and passed it. He stated it would be interesting to see in the rural areas what the use is there. He pointed out the bill has only been implemented since October, 1987. He stated the optometrists take a very conservative approach towards the treatment of eye diseases.

Senator Rasmussen asked Dr. Weber if he believed the insurance industry is running a study of what has been happening with these types of provisions, and that their rates are adjusted according to the findings. Dr. Weber responded that they would be a proper group to make a study for actuarial results. Dr. Rasmussen stated it is a matter of record that malpractice rates have either stayed level or dropped in areas where optometrists are using these drugs.

Senator McLane asked Dr. Catania if he would respond to the concerns about the choice of this course, why they had problems getting the grades, and also the quality of the clinical training in the schools. Dr. Catania stated he would apologize to the State Board of Optometry because if there were any inefficiencies in reporting, it was probably more a product of institutional bureaucracy that they face on their end. He stated the first request gave no statement of authority as to who was asking for such confidential information. They did respond at a later date. He enthusiastically defended the quality of the clinical training in their optometric program. He stated they stand on the results and the outcome of the education they have provided to the students and practitioners around the country.

Closing by Sponsor:

Senator McLane advised that a bill of this type always has a lot of conflicting testimony. He believes ophthalmologists rightfully have a concern about the training of optometrists. However, optometrists are not asking to treat all of the disorders and diseases that ophthalmologists treat, only the ones for which they are trained. According to Senator McLane, SB 143 contains provisions that were in the bill that was passed out of the Senate in 1987. These provisions will allow optometrists to use those drugs approved by the Board of Optometry in the treatment of eye disorders affecting the anterior segment of the eye, and will also allow the treatment of glaucoma by those

optometrists who have passed additional courses approved by the Board. The optometrists feel that these proposed changes are in the best interest of the public, and that restrictions in the present law are not in their best interest. He urged the committee to pass this legislation.

Chairman Hager declared the hearing on SB 143 closed.

EXECUTIVE ACTION ON SB 74

Discussion: Senator Pete Story, Senate District #41, presented amendments to SB 74. He stated he has an interest in nursing homes, foster homes, and rest homes. He stated through the years he has noted they try to put each other out of business by raising the cost or other reasons, and it is not in the best interest of the older people. The bill tries to deal with people who provide foster care as a means of income. According to Sen. Story, there are 80,000 people in Montana who would qualify under this bill if they were not living with their family or a licensed care facility. He stated this is a set of rules for foster care. He asked that the bill be limited to what the Department actually considered. The Department defines an "aged person" to mean 60 years or older. He stated Section 1 is not intended to apply to persons who voluntarily live together in private homes and agree to share living expenses and responsibilities.

Senator Hager asked if anyone else have seen these amendments. Senator Story informed that the staff that prepared the amendments talked to the Department. Senator Regan has not seen it as yet.

Senator Lynch suggested that the Committee take until Wednesday so the interested parties could see the amendments.

Senator Pipinich referred to Section 2 and stated he believed the number of people living together should be limited.

Chairman Hager stated there would be no action today. He stated he would have Tom Gomez of the Legislative Council look it over, and the committee would take action on Wednesday, February 1, 1989.

Recommendation and Vote: None

EXECUTIVE ACTION ON SB 114

Chairman Hager called for action on SB 114: Senator Hager stated this bill would restore the fifth dentist member to the Board of Dentistry, bringing the number of Board members to nine.

Discussion: Senator Lynch stated as a point of information that he checked around surrounding states and most every one of them have more dentists on the board, because of the work load, than public members.

Recommendation and Vote: Senator Lynch made a motion that SENATE BILL 114 DO PASS. Senators in favor, 6; opposed 1 (Hager).

EXECUTIVE ACTION ON SB 146

Chairman Hager called for action on SB 146: Senator Hager stated this was the bill which would contract out investigations concerning parental adoptive placements.

Discussion: Senator stated he requested Tom Gomez to check to see what the state's liability would me. Mr. Gomez referred the question to Leslie Taylor of the Department of Family Services. Ms. Taylor stated her research showed that there probably would be no liability. What must be kept in mind is all that the person would do is present a report to the court, and the court would make the ultimate determination on whether or not the adoption should go through.

Recommendation and Vote: Senator Lynch made a motion to strike the effective date so that it corresponds with the regular one. Senators in favor, 7; opposed, 0.

Senator Lynch moved that the amendments be adopted for SB 146. Senators in favor, 7; opposed 0.

Senator Himsl moved that SB 146 DO PASS AS AMENDED. Senators in favor, 7; opposed 0.

Senator Hager advised that there was an amendment offered by the Governor's department which would take out the Statutory Appropriation.

Senator Rasmussen moved that the committee reconsider its action on SB 146. Senators in favor, 7; opposed 0.

Senator Lynch moved to strike all sections pertaining to Statutory Appropriations. Senators in favor, 7; opposed 0.

Senator Rasmussen moved that SB 146 DO PASS AS AMENDED.

Senators in favor, 7; opposed, 0.

EXECUTIVE ACTION ON SB 181

Chairman Hager called for action on SB 181: This bill would simplify the premarital serology test requirements.

Discussion: Tom Gomez stated that during testimony someone indicated a desire that the committee consider elimination of lines 8 and 9, page. He stated he did not prepare that amendment because a member of the committee did not request such an amendment. After considerable discussion, the committee decided there was no compelling reason to strike lines 8 and 9.

Recommendation and Vote: Senator Lynch moved that SB 181 DO PASS. Senators in favor, 7; opposed, 0.

EXECUTIVE ACTION ON SB 182

Chairman Hager called for action on SB 182: This bill is an act which redefines "mental illness".

Discussion: Chairman Hager stated that amendments were requested by Senator Keating and Mona Jamison. He asked Tom Gomez to explain the amendments, copies of which were furnished to the committee members. Mr. Gomez stated the purpose of the bill was to have maximum benefits for mental illness, alcoholism, and drug addiction, and disability insurance policies to be the same as for those with physical illnesses.

Senator Norman questioned the definition of "mental illness", and Senator Hager stated he would ask Tom Gomez to check with Mona Jamison on the definitions other states use.

The Senators asked what the co-insurance factor is. They were told that co-insurance factor means the portion the insured person pays, and that typically it has been about 20%, but they could be 20& to 50%.

Recommendation and Vote: None

ADJOURNMENT

Adjournment At: 2:50 p.m.

SENATOR TOM HAGER, Chairman

TH/dq

senmindq.130

ROLL CALL

#143

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 1/30/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

Each day attach to minutes.

SENATE STANDING COMMITTEE REPORT

January 31, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 114 (first reading copy -- white), respectfully report that SB 114 do pass.

DO PASS

Signed: _____
Thomas O. Hager, Chairman

H. C. 1/31/89
12:38 p.m.

scrsb114.131

SENATE STANDING COMMITTEE REPORT

January 31, 1989

MR. PRESIDENT:
We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 146 (first reading copy -- white), respectfully report that SB 146 be amended and as so amended do pass:

1. Title, line 7.
Following: "WORKERS"
Insert: "AND LICENSED CHILD PLACING AGENCIES"

2. Title, lines 9 through 12.
Following: "INVESTIGATIONS;" on line 9
Strike: remainder of line 9 through ";" on line 10
Insert: "AND"
Following: "AMENDING" on line 10
Strike: "SECTIONS 17-7-502 AND"
Insert: "SECTION"
Following: "HCA" on line 11
Strike: remainder of line 11 through "DATE" on line 12.

3. Page 1, lines 16 and 17.
Following: "parents" on line 16
Strike: "-- appropriation of fees"

4. Page 3, line 16.
Following: "workers"
Insert: "and licensed child placing agencies"

5. Page 4, lines 15 through 17.
Strike: subsection (10) in its entirety

6. Page 4, line 18 through page 6, line 13.
Strike: sections 2 and 3 in their entirety.

AND AS AMENDED DO PASS

Signed: _____
Thomas O. Hager, Chairman

1.C 18
1/31 38
12:8

SCRSB146

SENATE STANDING COMMITTEE REPORT

January 31, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 181 (first reading copy -- white), respectfully report that SB 181 do pass.

DO PASS

Signed: _____
Thomas O. Hagel, Chairman

1:C
1/31/89
12:38 pm

scrsb181.131

SB 143

For the record my name is Dr. Gregory Zell, Missoula, MT

STEROIDS

I want to discuss the use of steroids for the treatment of eye diseases. The steroids that I want to use to treat eye disorders are different from other types of steroids, such as the anabolic steroids. Anabolic steroids have been widely publicized as being misused by athletes; anabolic steroids have no application in eyecare.

Steroids have been used in the treatment of eye disease for nearly 40 years. For many common anterior segment eye disorders, steroids, either alone or in combination with antibiotics, are considered the treatment of choice. Of all the states that allow optometrists to use therapeutic drugs, Montana is the only state that does not allow optometrists to use steroids.

Steroids are used for their anti-inflammatory effect. If a patient comes to me with an inflammed eye, ie. a red, swollen, itchy eye, an anti-inflammatory drug can add to my patients comfort quickly, and in some cases reduce the risk of permanent scarring.

For disorders involving the front of the eye, local application of steroids is usually satisfactory. Undesirable, systemic side effects of steroids rarely occur with local application to the eye.

I am well aware of the risks with steroids. That is why I will take the proper precautions before prescribing steroids or any drug. I will follow the proper standard of care; I will take

other considerations before prescribing a drug. To insure my patient's safety; I will monitor my patient's progress with the proper follow-up care.

The use of steroid drugs are within the scope of my optometric training. I need these medications for my patients.

Thank you.

(2)

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1/30/89
BILL NO. SB 143

SB 143

My name is Bill Simons, an optometrist practicing privately in Helena, MT. I would like to ask your support for Senate Bill 143.

There has been some misrepresentation by our opponents regarding Senate Bill 143. The Montana Academy of Ophthalmology claims that the 1987 legislature restricted optometrists from using oral medications, when in fact the 1987 legislature permitted optometrists to prescribe ORAL pain medications to help control their patients pain in eye injuries. These pain medications are controlled substances and require a Federal Drug Enforcement Agency number. Senate Bill 143 would permit the use of oral medications by optometrists for treatment of conditions such as styes and tear duct infections. The oral medications permitted by Senate Bill 143 require approval by the Board of Optometry and would include only those drugs used in primary eye care problems with a documented therapeutic effect on the front part of the eye.

There is some confusion as to the use of injectable medications or "SHOTS". Giving shots in the eye or anywhere else on the body is "NOT" and has never been a consideration by Montana optometrists. Injections are not part of the optometric curriculum in the United States and is not a consideration of Senate Bill 143. The discussion on injectables is simply a SCARE TACTIC. I hope you will see through this and see fit to support Senate Bill 143. Thank you.

(3)

SB 143

For the record my name is Dr. Larry Bonderud

As a rural optometrist I would like to address the specific area of treatment of glaucoma by optometrists and exactly what this bill proposes.

The term glaucoma does not simply mean one eye disease. Rather, it applies to a group of diseases designated as the "glaucomas" all having an abnormal eye pressure resulting in damage to the eye.

The difficulty in the treatment of chronic open angle glaucoma is not in the treatment of the disease but in the correct diagnosis of the diesase. Montana optometrists are now legally required to diagnose glaucoma. Treatment is a logical extension of those diagnostic capabilities that Montana optometrists presently have.

Frequent follow-up visits are a key factor in the successful treatment of glaucoma. As a rural optometrist I can attest to the difficulty that elderly Montanans have in traveling the many, many miles for these frequent follow-up visits.

The potentially serious pulmonary and cardiovascular side effects of glaucoma medications can be monitored by the optometrists by use of a careful case history, consultation with the glaucoma patients personal physician, and the selection of glaucoma medications that are most appropriate for the individual glaucoma patient.

The differential diagnosis of the glaucomas and treatment of the common and chronic form of glaucoma are well within the

surgeons will continue to be appropriately referred by the doctor of optometry.

As a practicing optometrist in rural Montana I have personally observed the treatment of glaucoma in several hundred patients. I assure you that the previously described optometric care in the treatment of chronic open angle glaucoma is a safe approach with a significant improvement in access and cost benefits for the citizens of Montana.

Exhibit #4
SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 1/29/93
BILL NO. SB 143

43197 © U

Optometrists, O.D. (Cont'd)

MISSOULA (Cont'd)

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SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 1/30/89
BILL NO. 143

My name is Steve W. Weber. I practice ophthalmology in Kalispell. As President of the MAO of Ophthalmology I am here to testify against Senate Bill 143 on the grounds that it subjects Montanans to a risk of unnecessary blindness. We can simplify the decision making process here today if we can agree on one thing: the highest priority in this issue is the safety and well being of the citizens of Montana. The desire of optometry to expand into new areas is a lower priority; the wish of Ophthalmologists to protect this considerable educational involvement is a lower priority. Any resolution of lower priorities which could result in only a few citizens going blind is inappropriate.

This assembled group is sophisticated in the matter of Optometric medical therapy. We know why we are here and what we are discussing. Misunderstanding is always a barrier to communication and lets resolve any misunderstanding about why we are here and what we are discussing.

We are **not** here discussing a bill presented by a group of citizens who want better treatment of blinding eye disease. We are **not** here because a public health group or a preventive medicine scholar, based on independent non-biased research, is presenting a bill which would decrease the sum of going blind in Montana. We **are** here to consider a bill brought by Optometrists to allow Optometrists to increase the size of their practices.

We are not discussing a minor eye drop bill for non-blinding conditions which would allow Optometrists to keep patients in their offices. That bill passed just two years ago. We are not talking about a course to train Optometrists. It is well understood that the course attached to a bill this is the price Optometrists are willing to pay for practicing medicine, and that course is offered an escape route for legislators who can't decide on the safety issue. We are not talking about the course. The Optometrists who asked for these extensive privileges are fully qualified to practice state of the art eye care or they are not! Realistically, we are not even talking about all of the privileges offered in Senate Bill 143.

Do Optometrists really believe they are qualified to give Cortisone injections IM? Intravenous Cortisone? Cortisone pills? Do they want to give Cortisone injections to the eyesocket? It is necessary to inject Cortisone into the eye socket in some of the diseases authorized in this bill. Or do they want to use Cortisone drops? The Bill allows all forms, no restrictions.

Do Optometrists really want to treat all forms of glaucoma, a blinding disease by definition, which is often extremely hard to treat, requiring pills, drops, shots, laser surgery and operative room surgery? Or do they want to treat the easier cases? The bill doen't specify. Is the committee going to sort the cases out, or will we leave it up to the

Optometrists to decide in their offices? Are we here to define when a disease is limited to the anterior segment and adnexa?

Realistically we are not discussing this entire bill, we are trying to decide what we can safely send home with the Optometrists.

If the legislature chooses to extend the practice of medicine to providers who have not had traditional training, that is if the legislature decides to change our health care delivery system, the legislature must first determine that the new system doesn't increase risk to the citizens. The legislature has not done or ordered an independent study of the competence of Optometrists in this matter. We have provided this committee and this legislature with an abundance of evidence that the proposed change in law will increase risk of vision loss of Montanans. If this committee chooses to extend the medical privileges of Optometrists the resolution of the safety question will be based on the claims of Optometry, which, although sincere, can hardly be considered non-biased.

There is a misconception on the part of some legislators that they can resolve this "turf battle" by splitting the request down the middle, and the welfare of the citizens will be protected by another system of checks and balances. Not so. The Board of Medical Examiners, responsible for monitoring MD's, have no authority over the practice of medicine by Optometrists. The Board of Optometry and the ethics committee of the State Optometric Association, all noble intentions not withstanding, will have difficulty controlling the few bad apples. It is easy to spot a bad apple in the practice of medicine; it is nearly impossible to do anything about it. For example, look at the Optometric adds in the yellow pages by one Optometric practice in Missoula and one in Great Falls:

1) Diagnosis and the treatment of eye disease
2) Diagnosis and management of glaucoma
3) Cataracts, pre-operative and post-operative care

Are these adds illegal? I don't know. Are they misleading or ambiguous? Certainly. Do they give you a feeling for the ability of Optometrists to discipline themselves?

Senators, there is no part of Senate Bill 143 which would not subject the citizens of this State to a risk of unnecessary vision loss. There is no reason, other than the expansion of the practice of Optometry, to pass any part of this bill. This is the time to say no. This is the place to say no. Draw the line. Enough is enough.

SUMMARY OF EDUCATIONAL DIFFERENCES
TAKEN FROM:

Appropriate Care for Cataract Surgery Patients Before and After Surgery Issues of Medical Safety and Appropriateness

Staff Paper prepared by the
Health Program
OFFICE OF TECHNOLOGY ASSESSMENT
U.S. CONGRESS
October 1988

- OTA found that **training of ophthalmologists and optometrists differs quantitatively and, perhaps, qualitatively** in at least three areas of potential significance to care for patients before or after surgery:

  - clinical training in evaluation and treatment of patients with a variety of medical problems;

  - clinical training in the management of patients with eye disease;

  - clinical training in the management of patients undergoing eye surgery.

- As a physician, an ophthalmologist gets 3 years of clinical training in the evaluation and tratment of patients with medical problems. At no point in an optometrist's training is comparable clinical training in the evaluation and treatment of systemic disease offered.

- Although an ophthalmologist may not actually treat a patient's systemic conditions, his training as a physician may enhance the ability to evaluate a patient's general health and make judgments about the need to refer the patient to an internist for treatment.

- 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. An optometrist gets substantial clinical training in the **performance of eye evaluations, but gets significantly less experience in the evaluation and treatment of patients with serious eye problems.**

- A person who has observed and **managed** a large number of patients with serious eye problems would be more likely to have developed skills in managing rare problems -- or, in fact all such problems -- than a person who has seen a smaller number of patients and has generally not managed their care.

- An ophthalmology resident performs cataract and other eye surgery and manages patients' post-operative care. An optometry student gets **considerably less** exposure to patients who have undergone eye surgery and **does not have responsibility for managing patients'** post-operative care.

COMPARISON OF EDUCATIONAL DIFFERENCES CONTAINED IN THE REPORT OF THE OFFICE TECHNOLOGY ASSESSMENT

Following is a comparison of ophthalmological and optometric education and training as identified by the Office of Technology Assessment (OTA) of the U.S. Congress. OTA reviewed a number of materials and made visits to the Wills Eye Hospital and Pennsylvania College of Optometry, both of which are located in Philadelphia, PA.

	Ophthalmologist	Optometist
Degree	M.D. - medical doctor	O.D. - doctor of optometry
School accreditation	Medical schools are accredited by the Liaison Committee on Medical Education, a joint committee of the American Association of Medical Colleges.	Optometry schools are accredited by the American Optometric Association Council on Optometric Education. **There is no externally imposed standard** for curriculums. Reviews assess only whether school meets its own stated goals. Optometry schools also are accredited by regional college and university accrediting agencies.
Admission requirements	**4-year undergraduate degree** to enter medical school.	**At least 2 years undergraduate education** to enter optometry school. (No national minimum requirements.)
Post-graduate education required	4 years medical school 1 year internship 3 years residency	Optometry school, which is "customarily" 4 years.

	Ophthalmologist	Optometrist
Curriculum	Medical school: **At least 5,200 hours total.** **First two years -- 1,500 to 2,000 hours of coursework**, of which at least 1,250 hours are in basic medical sciences. **Second two years -- clinical rotation** in hospital or other settings examining and evaluating patients. Includes some patient management under supervision of physicians. Average about **3,200 hours clinical rotations** of which 2,000 is in basic medical specialties.	Optometry school: **About 900 - 1,800 hours total.** Amount of didactic instruction **varies from school to school.** Includes medical sciences, ocular science, optics, lens design. At Pennsylvania College of Optometry, there is **total** of **1,800 hours of didactic instruction,** including: 700 hours basic medical sciences; 700 hours ocular science; 400 hours optics. During last two years, students are placeed in college or off-campus clinical settings where they perform eye exams and fit corrective lenses.
Residency accreditation	**Minimum national standards set** by Accrediting Council for Graduate Medical Education, sponsored by the American Board of Medical Specialties, American Hospital Association, American Medical Association, Council of Medical Specialties.	**No national minimum standards.** Programs offered are accredited by the American Optometric Association Council on Optometric Education.

	Ophthalmologist	Optometrist
Intern and residency training after medical or optometry school	• **1-year internship** required including being the "on-call" physician; 80-100 hours per week for a total of about **4,000 hours of direct patient care.**	**None required.**
	• **3-year ophthalmology residency** required, including minimum of the following (most residency programs far exceed these minimums): 360 hours didactic instruction in basic/clinical sciences in ophthalmology; 288 hours clinical conferences; 50 hours ocular pathology lectures and conferences;	
	• **Minimum patient contacts:** **3,000 outpatient visits** in broad range of ophthalmic diseases, including **major management responsibilities in at least 2,000 cases;** perform and assist in **surgery,** at least **25 cataract** and **10 strabismus** cases;	**No minimum number.**

	Ophthalmologist	Optometrist
	consultation on at least 150 patients with ophthalmic diseases and ophthalmic manifestations of systemic disease.	
	Wills Eye Hospital requires its residents to see at least 15,000 patients with disease; participate in 600 surgical cases, 350 - 400 of which the resident is the primary surgeon and is responsible for follow-up care.	Pennsylvania College of Optometry students have about 1,200 patient contacts, some with eye disease during their regular 4-year program. However, there are no minimum numbers of patient contacts required by an outside accrediting body.
Board certification	American Board of Ophthalmology: • complete medical (4 years), internship (1 year) and ophthalmology residency; (3 years); • hold valid unrestricted medical license; • pass written and oral test. [Note: Nearly 90% of ophthalmologists are Board Certified.]	

1/30/89

Amendments to Senate Bill No. 74
First Reading Copy

Requested by Senator Story

Prepared by Eddye McClure
January 27, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1/30/89
BILL NO. SB 74

1. Title, line 8.
Following: ";"
Insert: "AMENDING SECTIONS 53-5-302 AND 53-5-303, MCA;"

2. Page 3, line 6.
Following: line 5
Insert: "**Section 5.** Section 53-5-302, MCA, is amended to read:
"**53-5-302. Definitions.** As used in this part, the following definitions apply:
(1) "Adult foster family care homes" means private homes owned by one or more persons 18 years of age or older which offer for compensation light personal care or custodial care to disabled adults who are not related to the owner by blood or marriage or which offer light personal care or custodial care to aged persons.
(2) "Aged person" means a person ~~defined by the department as aged~~ 60 years of age or older.
(3) "Custodial care" means providing a sheltered, family-type setting for an aged person or disabled adult so as to provide for his basic needs of food and shelter and having a specific person available to help him meet his basic needs.
(4) "Department" means the department of family services.
(5) "Disabled adult" means a person 18 years of age or older defined by the department as disabled.
(6) "Light personal care" means assisting the aged person or disabled adult in accomplishing such personal hygiene tasks as bathing, dressing, hair grooming, and supervision of prescriptive medicine administration, but not administration of prescriptive medications.
(7) "Skilled nursing care" means 24-hour care supervised by a registered nurse or a licensed practical nurse under orders of an attending physician.

Section 6 Section 53-5-303, MCA, is amended to read:
"**53-5-303. Purpose.** (1) In order to ensure the proper care of aged persons or disabled adults in foster family care homes and to implement provisions of Title XX of the Social Security Act, Public Law 93-647, the department may obtain, license, and supervise adult foster family care homes for four or fewer aged persons or disabled adults in need of such care.
(2) Subsection (1) is not intended to apply to those persons who voluntarily live together in a private home and agree to share living expenses and reponsibilities. "
Renumber: subsequent sections.

Amendments to Senate Bill No. 146
First Reading Copy

For the Senate Public Health, Welfare
and Safety Committee

Prepared by Tom Gomez, Staff Researcher
January 30, 1989

1. Title, line 7.
Following: "WORKERS"
Insert: "AND LICENSED CHILD PLACING AGENCIES"

2. Title, lines 9 through 12.
Following: "INVESTIGATIONS;" on line 9
Strike: remainder of line 9 through ";" on line 10
Insert: "AND"
Following: "AMENDING" on line 10
Strike: "SECTIONS 17-7-502 AND"
Insert: "SECTION"
Following: "MCA" on line 11
Strike: remainder of line 11 through "DATE" on line 12.

3. Page 1, lines 16 and 17.
Following: "parents" on line 16
Strike: "-- appropriation of fees"

4. Page 3, line 16.
Following: "workers"
Insert: "and licensed child placing agencies"

5. Page 4, lines 15 through 17.
Strike: subsection (10) in its entirety

6. Page 4, line 18 through page 6, line 13.
Strike: sections 2 and 3 in their entirety.

DATE 1/30/89

COMMITTEE ON Public Health

SB #143

SENATE HEALTH & WELFARE

VISITORS' REGISTER

EXHIBIT NO.

DATE 1/30/89

BILL NO. 143

NAME	REPRESENTING	BILL #	Check One Support	Oppo
Richt Hopkins, M.D.	—	143		X
Bob Brumer MD		"		X
KENNETH YOUNGER MD		143		X
Alan Weber MD		143		X
Doug McBirdeOD		143	X	
Dan Zell OD		143	X	
Louis G. Catania OD		143	X	
W. Bruce Crew OD		143	X	
Steve Brown		143		X
Larry LeRock OD		143	X	
Roland D Pratt	MOA	143	X	
Bob Likeness	MSPA	143		X
Jim Holmes	MOA	143	X	
Loren McKerrow MD		143		X
Bill Simons OD	MOA	143	X	

(Please leave prepared statement with Secretary)

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 114 Time 2:15

NAME	YES	NO
SEN. TOM HAGER		X
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ Secretary

Sen. Tom Hager
Chairman

Motion: Motion made by Senator Lynch that SB 114 DO PASS. Senators in favor 6; Opposed 1.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time 2:25

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ D.J.
Secretary

Sen. Tom Hager
Chairman

Motion: By Senator Lynch to strike the effective date so that it corresp with the regular one.

In favor 7 Opposed 0.

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

Louise Sullivan
Secretary

Sen. Tom Hager
Chairman

Motion: By Senator Lynch that the amendments be adopted.
In Favor, 7; Opposed 0.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time

NAME	YES	NO
SEN. TOM HAGER		
SEN. TOM RASMUSSEN		
SEN. LYNCH		
SEN. HIMSL		
SEN. NORMAN		
SEN. McLANE		
SEN. PIPINICH		

~~Louise Sullivan~~ D Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Senator Himsl moved that SB 146 DO PASS AS AMENDED
In favor, 7; Opposed 0.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ D Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen. Rasmussen moved that the Committee reconsider its action on SB 146. In favor 7; opposed 0.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ D. Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Senator Lynch moved to strike all sections pertaining to Statutory Appropriation. Senators in favor 7, opposed 0.

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 146 Time

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ Secretary

Sen. Tom Hager
Chairman

Motion: Senator Rasmussen moved that SB 146 DO PASS AS AMENDED.

Senators in favor 7, opposed 0

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 1/30/89 Bill No. 181 Time 2:32

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	X	

~~Louise Sullivan~~ Secretary

Sen. Tom Hager
Chairman

Motion: Lynch moved that SB #181 do pass
On favor 7, opposed 0.

1989