

FINAL Report for Preliminary Findings and Recommendations

By the

Technical Committee for the
Review of the Application for a
Change in Scope of Practice for Optometry

to

the Nebraska Department of Health,
the Nebraska Board of Health,
the Director of Health,
and the
Nebraska Legislature

November 6, 1989

The members appointed by Gregg F. Wright, M.D., M.Ed., Director of Health on the Optometry Technical Committee and as follows:

Lawrence D. Lefler, D.P.M. (Chairperson), private practitioner (Fremont)

Jack Clark, R.P., McCook Community Hospital (McCook)

Charles J. Dougherty, Ph.D., Director, Center for Health Policy and Ethics, Creighton University (Omaha)

Connie T. Tussing, R.D.H., M.B.A., Self-employed Dental Hygiene Consultant (Lincoln)

Linda Walsh, R.T., Mary Lanning Memorial Hospital (Hastings)

Robert Livingston, O.D., Mid-Plains Eyecare Center (Nebraska City)

Peter Whitted, M.D., Filkins Eye Consultants (Omaha)

INTRODUCTION

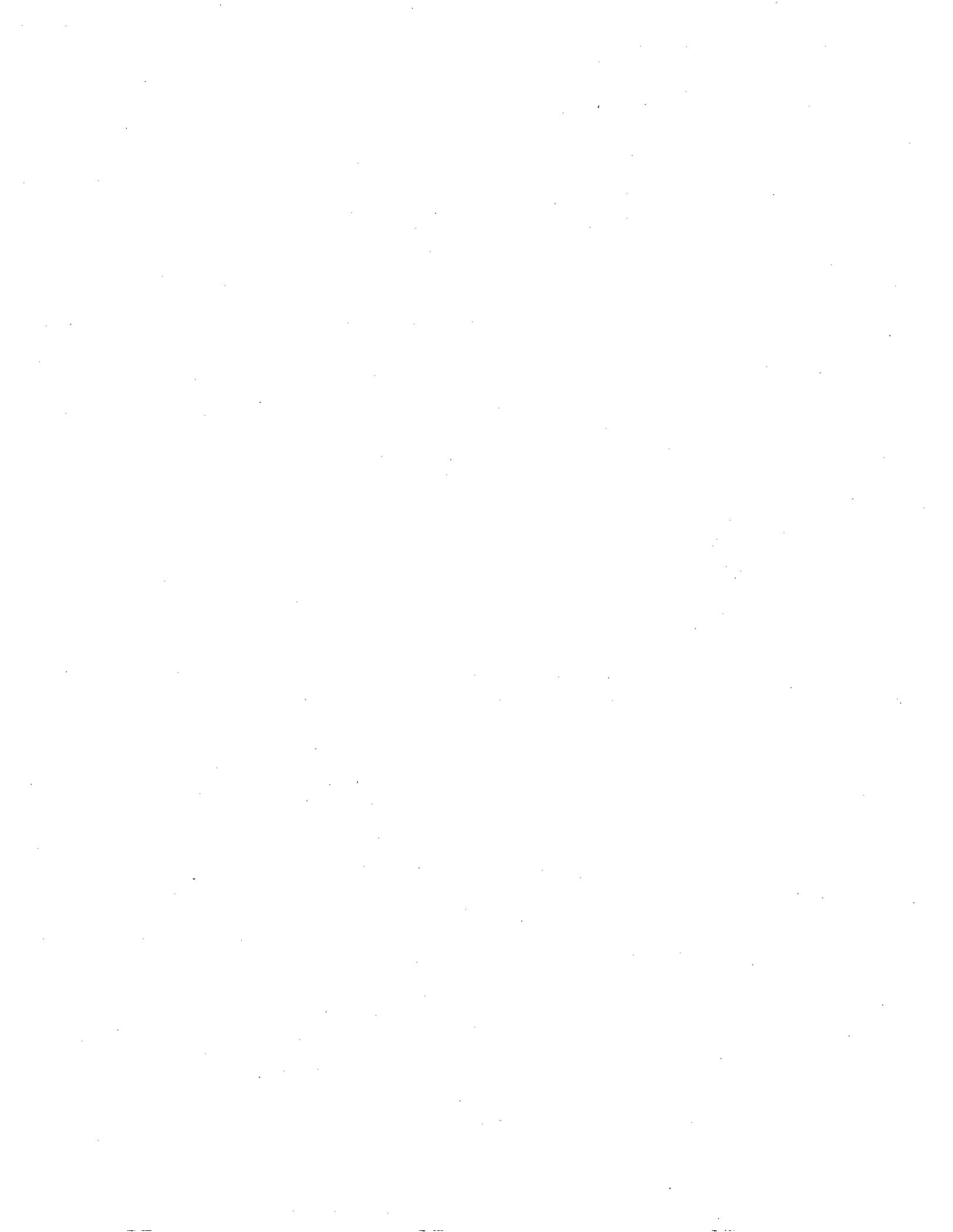
The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) in 1985, is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for the review and recommendations. All recommendations are then forwarded to the Legislature.

SUMMARY OF COMMITTEE RECOMMENDATIONS AND CONCLUSIONS

The committee recommended approval of the proposal to allow qualified optometrists to prescribe oral medications to treat eye diseases, to provide clear authorization for optometrists to remove superficial foreign bodies from the eye, and to remove the prohibition on the treatment of glaucoma by optometrists, except that an optometrist could use oral and topical antiglaucoma agents only in communication and collaboration with an ophthalmologist.

The committee also recommended that patients be fully informed about the educational background and qualifications of those who provide eye care.



SUMMARY OF THE PROPOSAL

The applicants' original proposal seeks to provide doctors of optometry with the right to treat abnormal conditions of the human eye or lid with oral medications. The proposal would also remove the current statutory restriction on the use of antiglaucoma oral and topical medications. The proposal would allow optometrists to prescribe oral medications in the treatment of eye infections, inflammations, superficial abrasions or abnormal conditions of the human eye or lid.

As subsequently amended, the proposal contains all of the elements noted above, except that optometrists would be permitted to use oral and topical antiglaucoma agents only after communication and collaboration with an ophthalmologist.

ISSUES RAISED BY THE OPTOMETRY PROPOSAL

What is the harm to the Public Inherent in the Current Practice Situation of Optometry?

Applicant Comments

The applicants in their proposal stated that the current statutory restrictions on optometry which prohibit optometrists from using oral medications to treat eye disease is harmful to the public health and welfare because these restrictions create the potential for delays in treatment of patients' problems. The applicants stated that such delays can occur because these restrictions force optometrists to refer patient who have such serious eye diseases as glaucoma to ophthalmologists, rather than providing their patients with treatments for these diseases themselves. The applicants stated that such delays in treatment can result in scarring or loss of vision that in turn could result in the need for surgery, or in conditions delayed too long to be corrected.

(The Applicants' Proposal, pp. 21 and 22)

The applicants stated that the current restrictions on optometric scope of practice are also a source of unnecessary cost and inconvenience to patients. The applicants stated that ophthalmologists are not as well distributed in Nebraska as are optometrists. As a result, when patients in areas underserved by ophthalmologists must be referred by their optometrists to an ophthalmologist in order to treat an eye problem or eye disease, the patient is often forced to endure costly and time-consuming travel in order to get the needed treatment. The applicants stated that one purpose of their proposal is to provide those patients in areas underserved by ophthalmologists with a choice of practitioners as

regards the treatment of such eye diseases as glaucoma in order to eliminate some of the high cost and inconvenience associated with travel to see an Ophthalmologist. (The Applicants' Proposal, p. 20)

The applicants stated that current health care statutes protect a monopoly in the treatment of serious eye diseases for the medical community. The applicants stated that as a result of this monopoly, the patient has had to pay more for eye care than would be the case if Nebraska law were to allow greater competition between ophthalmologists and optometrists in the provision of eye care. The applicants felt that increased competition in the area of the treatment of serious eye diseases would lower the cost of eye care for Nebraskans. (The Applicants' Proposal, Exhibit B).

Opposition Comments

The opponents of the proposal presented evidence and testimony purporting to show that ophthalmologic practitioners are as accessible to Nebraska consumers as are optometric practitioners. The opponents submitted maps of Nebraska comparing the geographical distribution of optometric and ophthalmologic practitioners. These maps were based upon information from the Bureau of Examining Boards of the Nebraska Department of Health. According to the opponents, these maps show that there are few counties in Nebraska where there is not an overlap in coverage between optometrists and ophthalmologists. (The Transcript of the Public Hearing, pp. 63 and 64; and maps entitled "Distribution of D and T Licensed Optometrists", "Distribution of Ophthalmologists", and "Location By County of Medical Eye Care Versus Optometric Eye Care.")

The opponents stated that ophthalmologists in rural areas regularly travel to satellite offices to see patients. These ophthalmologists

travel to any satellite office that they are requested to visit. The opponents stated that these satellite office visits enable them to serve the same towns and communities as the optometrists. (The Transcript of the Public Hearing, pp. 86 and 87)

The opponents stated that the removal of current statutory restrictions on the use of oral medications by optometrists would not significantly benefit the public health and welfare because oral medications are often not particularly effective in treating such serious eye diseases as glaucoma. They stated that such eye disease eventually require surgical intervention, and that nothing in the optometric proposal would permit optometric practitioners to do surgery.

The opponents expressed concern that if the proposal were approved, there would be a tendency for delay in referral to ophthalmologists for definitive care for patients with such disease as glaucoma. (The Transcript of the Public Hearing, P. 75.)

Is there Potential for Harm Inherent in the Proposal?

Comments by the Opponents of the Proposal

The opponents of the proposal stated that optometrists do not receive sufficient training in such basic sciences as biochemistry, physiology, microbiology, and pharmacology in order to adequately evaluate the contraindications, side effects, drug interactions and toxicities of oral medications.

The opponents also stated that optometrists do not have sufficient medical training or clinical experience adequately to gauge the effects of specific antiglaucomal drugs on the cardiovascular, respiratory, gastrointestinal, renal, urinary, and neurological systems of patients. One opponent testifier stated that there is no such thing as "doing medicine on the eye" in isolation from the rest of the body. This testifier stated that beta blockers used to treat eye disease can cause or exacerbate congestive heart failure, especially in elderly patients. He stated that beta blockers decrease the ability of the heart to pump. He added that beta blockers also can cause headaches and depression, and that suicides have been attributed to the use of these drugs. This testifier stated that medical practitioners must be aware of any possible allergic reactions that a given patient may have to such drugs as beta blockers. The medical practitioner must be aware of and understand the complex interactions of any medications that his or her patients have already taken in order to assess the overall impact of antiglaucomal drugs that he or she might want to prescribe. (The Transcript of the Public Hearing, p. 80.)

One opponent testifier stated that optometric students do not see a sufficient number of patients during their clinical training to give them

an adequate understanding of the complexities of such eye diseases as glaucoma. This testifier stated that a medical student will see as many as 5,000 patients during his or her clinical training, whereas an optometric student will see only about 1,500 patients by the time he or she graduates. (The Transcript of the Public Hearing, pp. 72-74, 84.)

Another opponent testifier stated that the vast majority of the patients that an optometry student sees during his or her clinical training do not have any significant ocular disease. (The Transcript of the Public Hearing, p. 75.)

The opponents stated that even the training and clinical experience of a medical doctor is "taxed" by the great complexity of such eye diseases as glaucoma. One opponent testifier stated that there are more than 100 different types of glaucoma, and that the treatment of this disease requires much more training and clinical experience than most optometrists possess. (The Transcript of the Public Hearing, p. 91) The opponents stated that the additional 44 hours of clinical training for optometrists to receive a special certification to use oral medications would not be sufficient to compensate for the deficiencies in the clinical and academic training of optometry students. (The Transcript of the Public Hearing, p. 85.)

The opponents also stated that the treatment of such progressive eye diseases as glaucoma eventually requires surgical intervention. They added that some glaucoma cases require surgery right away. The opponents stated that since surgery is beyond the scope of optometric practice only medical doctors can provide patients with the kind of care needed to arrest the development of glaucoma. (The Transcript of the Public Hearing, pp. 92-94.)

Applicant Group Comments

The applicant group stated that the fundamental philosophy of professional optometric education is equivalent to that of such health professions as medicine, dentistry, osteopathy, and podiatry. They stated that all of the basic sciences are taught in the classroom, and are applied in clinics, and refined through internships, externships, and residencies. The applicants stated that the basic science requirements for optometry students are essentially the same as those for medical, dental, osteopathic, and podiatric students. These basic science courses include gross anatomy, histology, human physiology, general biochemistry, general and systemic pathology, microbiology, and neuro-sciences. Optometric students also receive training in endocrinology and neurology. One proponent testifier stated that this curriculum is designed to provide the optometric student with greater understanding of systemic diseases. This testifier went on to state that optometrists learn to deal with medical emergencies in courses taught by medical doctors. These courses include the management of patients with systemic diseases. In these courses optometrists are taught to recognize systemic diseases through medical history, patient interview, direct observation, and by observing clinical tests. (The Transcript of the Public Hearing, pp. 25-27.)

The proponents presented evidence and testimony purporting to show that the number of classroom hours devoted to pharmacology in optometric schools is equal to or greater than the number of hours devoted to pharmacology in medical, dental, osteopathic, and podiatric schools. (The "Fact Sheet", and the Transcript of the Public Hearing, p. 27.)

The proponents went on to state that greater emphasis is placed on ocular pharmacology in optometric schools than is the case in other health professional schools, and that because of this, optometrists have a better background in ocular pharmacology than the members of the other health professions. They added that optometric pharmacology courses emphasize the systemic manifestations of ocular drugs, ocular manifestations of systemic drugs, and the possible toxicities and adverse reactions that can occur from ocular drugs. (The Transcript of the Public Hearing, pp. 27-28.)

The proponents stated that ocular disease diagnosis and treatment is covered more extensively in optometry schools than in the schools of any other health profession. The proponents stated that the course work includes extensive discussion on the history, symptoms, clinical picture, etiology, prognosis, and management of ocular diseases. Special emphasis is placed on the potentially life-threatening aspects of those systemic diseases that manifest themselves through ocular symptoms. The optometrist is taught to recognize early versus advanced conditions, simple versus complicated conditions, conditions that respond well to treatment versus those which do not, and to make appropriate referrals for conditions requiring surgical intervention. The proponents added that schools of optometry employ highly-qualified, board-certified ophthalmologists. (The Transcript of the Public Hearing, pp. 28-29; and a document comparing ophthalmological and optometric training.)

The proponents addressed concerns about their clinical training and experience by stating that clinical training programs at colleges of optometry begin during the first year of the curriculum, but that the most intensive clinical experiences occur during the last two years prior

to graduation. The proponents stated that all optometry schools have multidisciplinary faculties of medicine, optometry, ophthalmology, social psychology, and various rehabilitative specialists. All of these practitioners teach optometry students how to apply their knowledge and skills to real patients in actual clinical settings. In addition to internship programs, optometry programs provide "externships" for their students. These externships can occur at ophthalmological clinics, health maintenance organizations, VA hospitals, public health hospitals, teaching hospitals, and multidisciplinary clinics. (The Transcript of the Public Hearing, pp. 29-30.)

The proponents presented evidence which purports to show that the number of hours of clinical experience acquired by optometric students is comparable to that of ophthalmological students. (Survey comparing Education at Pennsylvania College of Optometry, Southern College of Optometry, and Eastern Virginia Graduate School of Medicine, Ophthalmology Residency.) The proponents felt that this demonstrated that optometrists possess sufficient clinical training and experience to prescribe oral medications.

The proponents responded to opponent assertions that 44 hours of clinical training would not be sufficient to prepare optometrists to prescribe oral medications by stating that 44 hours of concentrated course work that is both academic and clinical will provide optometrists with the latest information on drugs, technologies, and techniques pertinent to eye disease. The applicants stated that such a course will serve to refine the already-considerable clinical capabilities of optometrists, and thereby assist them to do a better job of treating

their patients' eye problems than would otherwise be the case. (The Transcript of the Public Hearing, pp. 33-37.)

One proponent testifier stated that the record of the optometric profession in Iowa, where the profession has been allowed to prescribe oral medications since 1985, has been exemplary. This proponent stated that there has been no disciplinary action taken against any optometrist for violation of Iowa's pharmaceutical statutes. This testifier stated that there is no differential in malpractice insurance rates charged to optometrists who practice in states that allow therapeutic drug usage as compared to those optometrists who practice in states that do not allow optometrists to prescribe drugs. This testifier added that there is also no significant difference in litigation as regards optometry practice between states which allow optometrists to prescribe oral medications and those states which do not. (The Transcript of the Public Hearing, pp. 13-15.)

The applicants submitted documentation from the Board of Optometric Examiners of the state of Kentucky, which has allowed optometrists to prescribe oral medications since 1986, which stated that in Kentucky there has been no increase in complaints from the general public since the passage of the bill giving optometrists the privilege of using oral medications. This document went on to state that insurance rates for optometrists have actually decreased, and that overall costs to patients for eye care have decreased as well. (Letter to Senator Robert Ney of Ohio from J.C. Schertzinger, O.D., of the Board of Optometric Examiners of Kentucky.)

Would the Public Benefit from the Proposal?

Opponent Comments

The opponents of the proposal submitted evidence and testimony which purports to show that the proposal to allow optometrists to prescribe oral medications to treat serious eye disease is an attempt to solve a problem that doesn't exist. The opponents presented the committee with maps of Nebraska showing the comparative distribution of optometrists and ophthalmologists. The maps in question indicated that there was not significant difference in the distribution of the practitioners of these two professions in Nebraska. The opponents stated that this evidence demonstrates that the proposal would not improve access to eye care for Nebraskans.

The opponents stated that the present system of eye care in Nebraska has not caused an increase in liability suits, but that the opposite has been the case. They felt that this evidence suggests that the current system of eye care is adequately serving the people of Nebraska. (The Transcript of the Public Hearing, pp. 88-89.)

The opponents stated that their system of satellite clinics has allowed ophthalmologists to provide service to nearly all counties in Nebraska, and that such coverage is at least as efficient as that of the optometric community. (The Transcript of the Public Hearing, pp. 86-87.)

They felt that this system obviates the need for other eye care professions to get deeply involved in the treatment of eye diseases.

Finally, the opponents argued that oral medications do not control such progressive diseases as glaucoma. Such medications only delay inevitable blindness. They stated that only surgery holds out the prospect of arresting the progress of such diseases as glaucoma, and

since only medical doctors can perform surgery, medical doctors remain the only practitioners that can provide glaucoma patients with the kind of care that can arrest this deadly disease. (The Transcript of the Public Hearing, pp. 92-94.) For these reasons, the opponents concluded that the current optometric proposal would not significantly benefit the public health and welfare.

Proponent Comments

The proponents stated that their proposal would benefit the public by paving the way for less expensive, more accessible eye care for all Nebraskans. They stated that their proposal would end the monopoly in the treatment of serious eye diseases currently enjoyed by ophthalmologists. The proponents felt that involving optometric practitioners in the treatment of serious eye diseases such as glaucoma would lower the costs of eye care. The proponents stated that this would facilitate easier access to this health care, given that there is a greater number of optometrists in Nebraska than of ophthalmologists. The proponents also stated that their proposal would enable patients to avoid some of the double-billing that is often associated with referring a patient to an ophthalmologist.

The proponents argued that many Nebraska optometrists are prepared to uphold the additional responsibilities associated with the proposed changes in scope of practice. The proponents stated that approximately 120 practicing optometrists currently have completed certification courses needed to meet the new standards of practice defined in this proposal. The proponents also stated that most new graduates have been trained and certified in the areas, and that an additional 60 or 70 currently licensed optometrists will comply with the new standards within

the next two years. (The Applicants' Proposal, p. 24.) For these reasons, the proponents concluded that their proposal would greatly benefit the public health and welfare of Nebraskans.

Are Optometrists Held to the Same Standard of Care as Medical Doctors?

The applicants stated that current statutory restrictions on optometry do not allow optometrists to practice the standard of care that is expected of them. One optometrist stated that the courts have frequently ruled that optometrists must be held to the same standard of care applicable to such other health professionals as medical doctors and dentists. This optometrist stated that current statutes defining optometric scope of practice must be modified so as to reflect the standard of care that has come to be expected of them. (The Transcript of the Public Hearing, pp. 16-18.)

The opponents responded to the applicants statements about court opinions imposing medical standards for optometrists by stating that these court opinions are not germane to the current review. The opponents stated that these opinions pertain only to diagnostic issues, not to issues pertinent to optometric therapeutics. One of the proponents responded to opponent statements about these court cases by stating that if courts are ruling that optometric diagnosis is to be held to medical standards, then optometric therapeutics should also be held to medical standards of care. This proponent stated that when a Nebraska optometrist treats conjunctivitis, or uveitis, or iritis, or a corneal ulcer, he or she is held to a medical standard of care. This proponent stated that the proof of negligence for treatment is the same as the proof of negligence for diagnosis in cases involving optometry. (The Transcript for the Public Hearing, p. 132.)

COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

At their fourth meeting, the technical committee members took action on the four criteria of the credentialing review statute as they pertain to the proposed change in scope of practice for optometry. The first criterion states: "The present scope of practice or limitations on the scope of practice create a situation of harm or danger to the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument."

A majority of the committee members determined that the original proposal satisfied this criterion. In a subsequent vote, a majority of committee members determined that an amended version of the proposal also satisfied this criterion.

During the discussion on this criterion, one committee member stated that the applicants had not demonstrated that the current limitations on the scope of practice of optometry were harmful to the public health and welfare. This committee member stated that no evidence had been presented which showed that Nebraskans aren't getting quality eye care. This committee member also stated that the applicants greatly exaggerated the degree to which frequent physician visits are important in glaucoma cases. This person stated that for the most common types of glaucoma, such as primary open-angle glaucoma, a visit to the physician once every three or four months should be sufficient. In the opinion of this committee member, such infrequent visits do not merit the kind of concern for accessibility that was expressed in the applicants' proposal. Additionally, the occurrence of angle-closure glaucoma is a relatively rare event. (The Minutes of the Fourth Meeting, October 23, 1989.)

The representative of the applicant group on the committee responded to these concerns by stating that there are emergencies in eye care. This committee member explained that angle closure glaucoma requires immediate attention. He stated that optometrists need to be given the statutory authority to use oral medications to relieve the pain and suffering of those patients suffering from angle closure glaucoma. He stated that the current restrictions on optometric scope of practice which requires referral of all glaucoma cases to ophthalmologists "ties the hands" of optometrists as regards the treatment of such emergency cases, and creates greater potential for critical delays in the delivery of eye care to Nebraskans. (The Minutes of the Fourth Meeting, October 23, 1989.)

Other committee members expressed concerns about the ability of optometrists to do management of cases involving patients with chronic progressive glaucoma. These committee members stated that they perceived a significant difference between acute glaucoma care done in an emergency situation to relieve pain and suffering, and the treatment of chronic glaucoma requiring the long-term medical management of a patient's condition. These committee members were concerned that optometrists may lack the necessary clinical training and experience to do this safely and effectively. (The Minutes of the Fourth Meeting, October 23, 1989.)

The representative of the applicant group on the committee responded to these concerns by stating that optometrists in states such as Iowa have been doing management of all types of glaucoma cases since 1985, and that no problems have been reported regarding these services. He stated that optometrists are trained to perform this kind of service and that

the public has been well-served by optometry wherever such service is allowed. (The Minutes of the Fourth Meeting, October 23, 1989.)

Some committee members expressed the concern that there is a need to clarify the current statutory authority of optometrists to remove foreign bodies from the eye. These committee members stated that the public needs the services of optometry in this area, and that a clearer delineation of what they can do in this area would benefit the public. Regarding foreign body removal, the representative of the opponents of the proposal on the committee stated that the conceptual boundary between the removal of foreign bodies and surgery is difficult to define. He also stated that there is potential for harm in the use of some technologies used in the removal of foreign bodies, and that the committee should be careful not to expand optometric scope of practice in this area beyond the point where it is currently. This committee member added that the current situation of eye care in Nebraska has worked well, and that there is no compelling reason to change it. (The Minutes of the Fourth Meeting, October 23, 1989.)

Each committee member briefly explained the rationale for his or her vote on criterion one. Those who voted in favor of the proposal on this criterion stated that access to care was their principal concern. They were the majority of committee members. Those who voted against the proposal on this criterion stated that quality of care was their principal concern.

The second criterion states, "The proposed change in scope of practice does not create a significant new danger to the health, safety or welfare of the public." The committee members determined that the original proposal did not satisfy this criterion. However, the applicant

group, at the suggestion of the technical committee, amended the proposal so as to require optometrists to communicate and collaborate with ophthalmologists before prescribing or using oral and topical agents in the treatment of glaucoma. A majority of committee members agreed that the proposal as amended satisfies the second criterion. (The Minutes of the Fourth Meeting, October 23, 1989.)

During the discussion on this criterion, the representative of the opponents stated that the lack of adequate clinical experience on the part of optometrists makes the current proposal a source of harm to the public health and welfare. This committee member stated that optometrists do not see enough glaucoma cases to acquire the necessary experience needed to treat the disease safely and effectively. This committee member also stated that optometrists lack sufficient experience with antiglaucoma drugs to adequately gauge their systemic effects on the patient. Another committee member expressed reservations about optometrists' use of oral medications to treat eye diseases. These committee members were concerned about the systemic effects of beta blockers and various oral antibiotics. They stated that such drugs are inherently dangerous, and that alternatives to their use should always be pursued if this is possible. (The Minutes of the Fourth Meeting, October 23, 1989.)

Another committee member was concerned that optometry lacks a clear "track record" as regards the use of oral medications in order to gauge the degree to which the profession can safely and effectively perform these functions. This committee member stated that few states have laws in place allowing optometrists to prescribe oral medications or treat

glaucoma, and states which have such laws have had them for too short a time for a sufficient track record to be established.

The representative of the applicant group on the committee responded to these concerns by stating that optometrists are routinely involved in the diagnosis of glaucomas of all kinds. This committee member stated that optometrists are trained to be aware of the systemic effects of all medications that are used to treat eye disease. He stated that optometrists are trained to be cautious and prudent in the use of oral medications.

Committee members who voted against the proposal on this criterion briefly explained their vote by citing the absence of a "track record" for optometry as regards the use of oral medications, a concern about the systemic effects of oral medications, and the absence of a need to alter the status quo as regards the treatment of eye diseases in Nebraska. Committee members who voted in favor of the proposal on this criterion briefly explained their vote by stating that there is no evidence of harm from optometrists using oral medications in those states where the law allows such practice. One of these committee members added that the evidence he has seen indicates that optometry compares favorably with other health professions as regards training and experience in the application of oral medications. (The Minutes of the Fourth Meeting, October 23, 1989.)

The third criterion states, "Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public." A majority of the committee members determined that the proposal satisfies this criterion.

During the discussion on this criterion, the representative of the opponents of the proposal on the committee stated that since there is no harm to the public inherent in the current situation, no benefit to the public could come from the current proposal. In his judgment, the current proposal is an effort to solve a problem that doesn't exist. The representative of the applicant group stated that the approval of the proposal would remove inappropriate restrictions on optometric scope of practice, and would free optometrists to provide their patients with timely, critically important eye care. (The Minutes of the Fourth meeting, October 23, 1989.)

The fourth criterion states, "The public cannot be effectively protected by other means in a more cost-effective manner." A majority of the committee members determined that there is no alternative to the proposal that could address the harm identified any better than the proposal.

During the discussion on this criterion, the representative of the opponents on the committee stated that the current system of eye care in Nebraska has served the public very well, and that there is no need to change it.

The committee members then recommended that patients be fully informed about the educational background and qualifications of those who provide eye care.

OVERVIEW OF COMMITTEE PROCEEDINGS

The Optometry Technical Committee first convened on August 24, 1989 in Lincoln at the Nebraska State Office Building. An orientation session given by the staff focused specifically on the role, duties, and responsibilities of the committee under the credentialing review process. Other areas touched upon were the charge to the committee, the four criteria for credentialing contained within Section 21 of the Credentialing Review Statute and potential problems that the committee might confront while proceeding through the review.

The second meeting of the committee was held on September 14, 1989 in Lincoln at the Nebraska State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee formulated a set of questions and issues it felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee felt was needed before any decisions were made.

The committee convened on September 28, 1989 in Lincoln at the Nebraska State Office Building for the public hearing. Proponents, opponents, and neutral parties were given the opportunity to express their views on questions raised by the committee members at their second meeting. Interested parties were given ten days to submit final comments to the committee.

The committee met for the fourth meeting on October 23, 1989, in Lincoln at the Nebraska State Office Building. At this meeting, the committee formulated tentative recommendations on the proposal. This was

done by taking action on each of the four criteria of the credentialing review statute as they relate to the proposal. Dr. Livingston moved that, "The present scope of practice or limitations on the scope of practice create a situation of harm or danger to the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument." Jack Clark seconded the motion. Voting aye were Dougherty, Livingston, Tussing, and Lefler. Voting nay were Clark, Walsh, and Whitted. By this vote the committee determined that the proposal satisfies the first criterion.

Dr. Livingston moved that, "The proposed change in scope of practice does not create a significant new danger to the health, safety or welfare of the public." Connie Tussing seconded the motion. Voting aye were Dougherty and Livingston. Voting nay were Clark, Tussing, Walsh, and Whitted. Lefler abstained from voting. By those vote the committee determined that the proposal does not satisfy the second criterion.

Connie Tussing then moved that the committee members reconsider their votes on the second criterion in order to give the committee the opportunity to amend the proposal in accordance with certain committee concerns about the proposal. Dr. Livingston seconded the motion. Voting aye were Clark, Dougherty, Livingston, Tussing, and Walsh. Voting nay was Whitted. Lefler abstained from voting.

Connie Tussing then moved that the technical committee propose the following to the applicant group: that the proposal be amended in such a way that optometrists would be required to communicate and collaborate with ophthalmologists prior to prescribing oral and topical medications for the treatment of glaucoma. Dr. Livingston seconded the motion. Voting aye were Dougherty, Livingston, Tussing, and Walsh. Voting nay

were Clark and Whitted. Lefler abstained from voting. Dr. Livingston stated that the applicant group would accept this amendment to their proposal. By this action, the proposal was amended as indicated by the motion of Connie Tussing.

Linda Walsh then moved that the technical committee propose the following to the applicant group: that the proposal be amended in such a way as to eliminate all oral medications except antiglaucoma agents. Dr. Whitted seconded the motion. Voting aye were Clark and Whitted. Voting nay were Dougherty, Livingston, Tussing, and Walsh. Lefler abstained from voting. By this action, the amendment failed.

Since the application was amended, previous votes on criteria one and two were no longer valid and the committee proceeded to vote on the criteria as they applied to the amended application. On criterion one, Dr. Livingston moved and Dr. Dougherty seconded that the proposal as amended satisfies criterion one. Voting aye were Dougherty, Livingston, Tussing, and Walsh. Voting nay were Clark and Whitted. Lefler abstained from voting. By this action, the committee determined that the proposal satisfies the first criterion.

The committee members then reconsidered their votes on the second criterion. Dr. Livingston moved and Connie Tussing seconded that the proposal as amended satisfies criterion two. Voting aye were Dougherty, Livingston, Tussing, and Walsh. Voting nay were Clark and Whitted. Lefler abstained from voting. By this action the committee determined that the proposal as amended satisfies criterion two.

The committee members then took up the third and fourth criteria. On the third criterion, Dr. Dougherty moved that, "Enactment of the proposed change in scope of practice would benefit the health, safety, or

welfare of the public." Connie Tussing seconded the motion. Voting aye were Dougherty, Livingston, Tussing, and Walsh. Voting nay were Clark and Whitted. Lefler abstained from voting. By this action the committee determined that the proposal as amended satisfies criterion three.

Dr. Livingston then moved that, "The public cannot be effectively protected by other means in a more cost-effective manner." Dr. Dougherty seconded the motion. Voting aye were Dougherty, Livingston, Tussing, and Walsh. Voting nay were Clark and Whitted. Lefler abstained from voting. By this action the committee had decided to recommend approval of the proposal as amended.

Dr. Whitted then moved that the committee recommend that patients be fully informed about the educational background and qualifications of those who provide eye care. Jack Clark seconded the motion. Voting aye were Clark, Dougherty, Livingston, Tussing, Walsh, and Whitted. Lefler abstained from voting.