MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2199

2001 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2199

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2199

Senate Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date January 24, 2001

Tape Number	Side A	Side B	Meter #
1		x	34.0 to end
2	x		0 to 19.1
2		x	3.5 to 7.9
Committee Clerk Signature	Doris E Perez		

Minutes:

The meeting was called to order. All committee members present. Hearing was opened on SB2199 relating to optometrist treatment of primary open-angle glaucoma.

NANCY KOPP, ND Optometric Association, in favor. This bill eliminates the mandatory ophthalmologist consultation within 72 hours of initiating treatment. It is not always easy to contact the ophthalmologist, and if deemed necessary they would be consulted anyhow.

TED BECKER, OD, ND State Board of Optometry, the board supports this legislation. It allows the optometrist discretion in treatment and consultation

DORI CARLSON, ND Optometry Assn. Favor this bill. Written testimony attached.

DAVID PESKE, ND Medical Assn., Against this bill. Concern: patient safety. There are no parameters or guidelines regarding what they will be able to treat.

DR. GARY HEINE, MD Ophthalmologist, oppose this bill. Glaucoma is an insidious disease and treatment is difficult. It requires the experience and education physicians have. Why do physicians have to meet so many requirements to treat glaucoma and optometrist don't.

STEVE BAGAN, MD, written testimony opposing this bill.

Hearing concluded.

Committee reconvened. Tape 2 side b meter 3.5 to 7.9.

Discussion held.

SENATOR KREBSBACH: Motion: Do Pass. SENATOR KLEIN: Seconded

Roll call vote: 7 yes; 0 no; 0 absent. Carrier: SENATOR KLEIN.

Date: 1/24/01
Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB2199

Senate Senate Industry, Business and Labor Committee

☐ Subcommittee on .....
or
☐ Conference Committee

Legislative Council Amendment Number .....

Action Taken Do Pass

Motion Made By S Krebsbach Seconded By S Klein

Senators	Yes	No	Senators	Yes	No
Senator Mutch - Chairman	✓		Senator Every	✓	
Senator Klein - Vice Chairman	✓		Senator Mathern	✓	
Senator Espegard	✓				
Senator Krebsbach	✓				
Senator Tollefson	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment S Klein

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2199: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2199 was placed on the Eleventh order on the calendar.

2001 HOUSE HUMAN SERVICES

SB 2199

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2199

House Human Services Committee

☐ Conference Committee

Hearing Date February 13, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		2065 to end
Tape 1		X	0 to 960
Tape 2	X		0 to 560
Committee Clerk Signature	Connie Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: Open the hearing on SB 2199.

Rep. Rae Ann Kelsch: SB 2199 is a very straight forward piece of legislation that would simply eliminate a requirement that certified Optometrists now have to consult with an Ophthalmologist within 72 hours after initiating treatment for glaucoma. I will defer to those that are in attendance to explain the details.

Nancy Kopp: Executive Director, N.D. Optometry Association. I appear for you in support of SB 2199. This is not a scope of practice enhancement. Optometrists across the state provide the majority of non-surgical eye care and have continuing education requirements that ensure

professional competency that keeps them updated on the latest technology and eye care procedures. This bill receives a very favorable support in the Senate IBL Committee.

Ted Becker: President of the North Dakota State Board of Optometry. Ours is the board that polices and enforces the rules passed by the Legislature. We regulate the practice of optometry in the State of North Dakota. I our board is fairly active. We have not found any problems with optometrists or complaints within the treatment of glaucoma. As of January 1, 2001 we required all optometrists to be both diagnostically and therapeutically certified in the treatment of diseases. The State Board has voted we would favor the passage of this bill.

Chairman Price: Currently they have to consult within 72 hours with their proposed treatment plan, how often is it that the Ophthalmologist changes that proposed treatment plan?

Ted Becker: In my experience, rarely.

Rep. Pollert: With the Board's responsibility, so there has never been a complaint to the board as far as the treatment of the glaucoma? To eliminate the extra step, you don't feel it is going to be a problem?

Ted Becker: No.

Rep. Weisz: You're still required to consult? It takes away the 72 hours?

Ted Becker: It is my understanding that it will remove the 72 hour requirement, and I do not believe there would be consultation.

Rep. Galvin: Does this consultation with an Ophthalmologist result in an extra charge for the patient?

Ted Becker: Generally not. It is generally done with a telephone call.

Rep. Weiler: Can you explain the liability situation in this?

Ted Becker: From the Board's point of view there would be a difficulty with liability. Certainly we are going to hold the optometrist responsible irrespectively. I would suspect that the medical board might be willing to look at the ophthalmologist and if something went wrong, then I would expect liability for the ophthalmologist.

Rep. Weiler: If this bill passes, is it going to take the ophthalmologist out of the picture as far as liability?

Ted Becker: They are out of the picture up until the point they see the patient.

Dr. Dori Carlson: Optometrist. (See support of SB 2199 in written testimony.) Optometrists have been diagnosing glaucoma for many years now and in forty five states they have been treating it. Our main goal is to be able to treat glaucoma independently without the need for mandatory consultation and assume full responsibility for our patient's care. A yes vote on SB 2199 would be appreciated.

Rep. Porter: When you first diagnose someone with glaucoma and you start the treatment, when is it typical that they would come back the following checkup? How does the treatment progress?

Dr. Dori Carlson: A lot of times glaucoma can be first treated with eye drops. If it doesn't respond, there are other methods of treatment. Usually I will have them back a week or two weeks later, sometimes three depending on their situation and see how that eye drop is working.

Dr. Avery Jones: Optometrist. (See support of SB 2199 in written testimony.) It is important to understand that doctors of optometry assume full liability for all their decisions and actions. This is true for glaucoma and all other diseases they diagnose and treat. Frankly, I think most ophthalmologists are uncomfortable with this glaucoma consultation requirement because it

increases their exposure to liability and they don't examine or follow the patient themselves.

Please vote DO PASS on SB 2199.

Chairman Price: When you make that call to the ophthalmologists, what do you tell them and what do they ask you?

Dr. Avery Jones: The case history of the patient and their physical exam findings, and this is what I propose to do. I will ask them if they have any suggestions or alterations to the treatments that I have already started.

Chairman Price: To date no ophthalmologist has changed your treatment plan?

Dr. Avery Jones: No.

David Peske: North Dakota Medical Association. In the Senate Hearing the Academy of Eye Surgeons opposed this bill. I will hand you his testimony. They felt they wanted to take that position to preserve the safety of patients in North Dakota. We're glad to hear that the optometrists with the whom the ophthalmologists work definitely on a daily basis, close collaboration, and in the same clinic in many cases. They are not opposed the concept in SB 2199 - the issue is not the collaborative practice part but taking that away in this bill is not what the ophthalmologists are opposed to. The bill from the 1999 Session put in the position we are in today. On page 1 of that bill under the second definition "diagnosis and treatment", the last line removes the treat of glaucoma - it is not permitted under this chapter, and that is what opened this up to treatment of glaucoma by optometrists. On the back of that bill you can see the new language was added and that is the exact language that is being removed under SB 2199 today. It specifies that when they treat primary open angle glaucoma the following conditions must be met, and the required consultation within 72 hours is not the issue that we're dealing with or have an objection to. The second page of the handout is the current rules of the Board of

Optometry dealing with the treatment of glaucoma. We feel that if the language is removed, then these rules may go away. They are not necessary. That might open things up a little bit farther than you as regulators might want. I'd also like to pass out a list of how other states treat this issue. The State of Minnesota was referenced in having no consultation requirements. Again to clarify we're not opposed to the removal of that consultation request. Glaucoma is a disease that has many facets and various states regulate the treatment of glaucoma in various ways. What we'd like to propose to you is an amendment to make the law specify how this is to be treated. We feel that it is important for all the licensing boards that are involved here needs to have a clear statement in the law so that they know what is permitted and isn't permitted so that it can be interpreted, not only by them, but by the courts if necessary. The amendment we are proposing amends the definition, diagnosis and treatment and at the end clearly states what we think is a patient protection issue. Given the fact that in the statutes it says "optometrist may not treat laser surgery" - that is a clarifying statement. They removed the statement that "optometrists may not treat glaucoma" in 1997. We would like to remove this statement so that everyone is clear. I have an ophthalmologist from Bismarck I would like to introduced to you, Dr. Henry Reichert.

Dr. Henry Reichert: Retired Ophthalmologist. I am retired and have practiced for 30 years in the state. I am not here as a member of an ophthalmology organization but as a citizen. Back in the '80s I was involved in negotiations relative to the first therapeutic bill. We work very well with the optometrists and this is not an adversarial issue. This is an issue of patient safety and what is best allowed for optometry, and what is best treated by ophthaologists. If you notice in the present regulation it says "primary open angle glaucoma", 90% of those patients that come into your office will have this type of glaucoma. They can adequately and do adequately take

care of this problem. I also understand that the present restriction for consultation can be burdensome at times. I would not have a problem with that being removed. I would concur with Mr. Peske's recommendation that the statute be changed so that we can allow the optometrist to not have to report if that is their recommendation.

Rep. Porter: On the 10% of the cases that would be surgical in nature, either laser or other surgical methods, if it was left out of this legislation as far as this primary open angle glaucoma, and an optometrist was trying to treat that 10% category, wouldn't it exceed their scope of training and scope of practice and put them in a medical malpractice situation regardless if it is in the law or not?

Dr. Reichert: Yes it would, but what is important was that I said 90% of the patients will be treated with medication. Those people, if they become surgical problems, do so after medicine has been a failure. Most optometrists have a very good relationship with ophthalmologists and that would be taken care of. Emergency situations need to be seen by a ophthalmologist right away without any delay.

Rep. Metcalf: Is it easy to diagnose the different between open angle glaucoma and other types?

Dr. Reichert: I would expect the optometrist would know the difference and we would expect that. The issue isn't always in the diagnosis, the issue is in the treatment.

Rep. Weisz: Mr. Peske, your proposed amendment, did you offer that on the Senate side?

David Peske: It was not offered on the Senate side. At that point the ophthalmologists who were directing the issue felt that it was important that they get on record in opposition to the concept.

Rep. Cleary: May I ask the optometrists if they agree with this amendment?

Chairman Price: Who wants to speak for the group?

Nancy Kopp: Yes, we have seen that amendment. Bruce Levi did share that with us yesterday. The association at this point feels that this is not necessary. Those treatments that are out of the hands of the optometrists are already referred to us. Back in 1997 the glaucoma language was struck and we do allow optometrists to treat glaucoma, period. The consultation was the eleventh hour amendment, and how the open angle glaucoma got in I'm not quite sure. But again that is 90% of the glaucoma that is treated.

Rep. Weisz: Do some of these 90% also required to have surgery?

Nancy Kopp: I will defer that question.

Dr. Jones: A day to day in the trenches point of view, there are some of those patients with primary open angle glaucoma that are going to require surgery. The cases that don't respond to therapeutic intervention or pharmaceutical intervention, the optometrists have the clinical expertise to determine which patients need future treatment.

Rep. Porter: Is there any schools that you are aware of training optometrists in laser procedures and the treatment of glaucoma?

Dr. Jones: I think there are, yes. It would be Oklahoma - Northeastern State University.

Chairman Price: Close hearing on SB 2199.

COMMITTEE WORK:

CHAIRMAN PRICE: Discussion on SB 2199.

REP. WEILER: The open angle glaucoma is about 90% of the business? Is an optometrist is treating someone with open angle glaucoma under this amendment, do they have to do the consultation?

CHAIRMAN PRICE: No. If the amendment is passed, they still don't have to do the consult but that is the only type of treatment they can do.

REP. WEISZ: They were worried about the 10% of glaucoma cases because it involved surgery, but yet they admitted that some of the 90% also would have to be required to have surgery and they didn't seem to be concerned that the optometrist would have to refer those cases for surgery. So why would there be a concern of the last 10% that the optometrist wasn't going to refer them properly for surgery? In reality what difference does it make. If some of those have to be referred, why can't the other 10%. Why aren't they now capable of referring that small group?

REP. CLEARY: I think the optometrists are perfectly capable. It sounds like they have a pretty good relationship with the ophthalmologist, and I don't think we should do anything to destroy that.

REP. METCALF: I don't believe this amendment is doing anything whatsoever, because I asked directly if it is easily diagnosed with the open angle glaucoma and I didn't get a decent answer.

REP. KLEIN: I think a lot of this is about money. The 10% is where they are making the money doing the surgery. They aren't making very much money passing out eye drops. They want the 10% of the surgery.

REP. PORTER: I move a Do Pass.

VICE CHAIRMAN DEVLIN: Second.

CHAIRMAN PRICE: We have a motion on the bill for a DO PASS and a second. Further discussion? The clerk will read the roll on a **DO PASS.**

14 YES 0 NO 0 ABSENT CARRIED BY REP. WEISZ

Date: 2-13-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2199

House Human Services Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS

Motion Made By Rep. Porter Seconded By Rep. Devlin

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 14 No _____

Absent _____

Floor Assignment Rep. Weisz

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 13, 2001 4:12 p.m.

Module No: HR-26-3258
Carrier: Weisz
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2199: Human Services Committee (Rep. Price, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2199 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

SB 2199

SB 2199
Senate Industry Business and Labor Committee
January 24, 2001

Mr. Chairman, Honorable Senators:

What I intend to do today is provide you with a brief history of who I am, a brief overview of glaucoma and what it is, and then state our reason for coming before you today.

I am Dr. Dori Carlson. I have practiced Optometry for the last ten years in the Park River and Grafton areas with my partner who is also my husband. My practice serves the area primarily in the northeastern corner of North Dakota and also draws some from the Minnesota side of the Red River. I graduated in 1989 from Pacific University College of Optometry in Oregon and am a Fellow of the American Academy of Optometry. After graduation I was accepted into a residency program at the Veterans Administration Medical Center in Seattle and Tacoma, Washington. During my time at the VA I was trained alongside the ophthalmology residents and treated glaucoma on a daily basis.

I also co-authored two chapters on glaucoma medications and their use entitled "Ocular Adrenergic Agents" and "Ocular Cholinergic Agents" in the Clinical Optometric Pharmacology and Therapeutics textbook. After my residency I was offered a position with a glaucoma specialist in Seattle however chose to return to North Dakota instead.

In addition to my North Dakota license I also hold a license in Minnesota. My license in Minnesota allows me to treat glaucoma without any restrictions.

Glaucoma is an eye disease that affects approximately two million people in the United States. Glaucoma is thought to be the fifth leading cause of blindness in white Americans and is the leading cause of blindness in African Americans. It rarely causes damage before the age of 50. In 1980 it was estimated that glaucoma accounted for 3,000,000 office visits. While there are different types of glaucoma the most common type is where the fluid pressure inside the eye gets too high and it begins to press on the blood vessels around the optic nerve inside the eye. It acts in a similar fashion to standing on a garden hose and not letting the water get through. In the case of the eye the pressure restricts the flow of blood to the optic nerve. Whenever you lose the blood flow to a part of the body it begins to die. So the optic nerve begins to die and as a result a person can lose vision. Most people who have glaucoma are managed with eye drops. Glaucoma is not a disease that can be cured but like high blood pressure in most cases it can be controlled.

Now you might ask how optometrists fit into this discussion. It is often the public's perception that optometrists are the eye doctors that fit glasses. We, in fact, do much more than that. On a daily basis any of the optometrists that provide full time primary eye care to 39 of North Dakota's 53 counties encounter some form of eye disease that needs to be treated or managed in some sort way. Since the ophthalmologists in the state only have full time clinics in only seven of those fifty three counties optometrists have a great deal of responsibility for providing the primary eye care to most North Dakotans. This includes initiating treatment for a variety of other eye diseases that do not require consultation.

Currently 45 states in the United States allow optometrists to treat glaucoma. North Dakota belongs to the nine-state North Central Region of which North Dakota is the only state that requires consultation with an ophthalmologist. As I stated earlier, my license in Minnesota allows me to treat glaucoma without mandatory consultation or any other restriction.

In 1997 Legislation was passed that allows optometrists to treat glaucoma and prescribe some controlled substances. The consultation language was a compromise with ophthalmology when we appeared before the legislature to enhance the scope of practice. Since that time, most of the consults have taken place by telephone with few reports of the optometrist's treatment plans being changed. It is time to delete this language. A continuing argument against optometry treating glaucoma is that certain glaucoma medications, specifically those known as beta blockers, could cause respiratory arrest or heart failure. There have been few reports of harm to patients as a result of optometrists treating glaucoma. All optometrists are required to diagnose eye diseases including glaucoma, whether they chose to treat it or not. All optometrists are held to the same standard of care as an MD in the diagnosis and treatment of eye disease. Furthermore, all optometrists already are required to consult with an MD when any eye disease does not respond to treatment, not just glaucoma.

While it is our view that optometrists should be able to shoulder the responsibility of their patients' care, the language also can make consultation difficult to comply with. Here's an example of how this consultation works in the real world. Late afternoon of Wednesday, January 10th, I initiated treatment for glaucoma for a patient I have been seeing for several years. I wanted to consult with the ophthalmologist who had seen her in the past and had done her cataract surgery, not someone across the state. Since it was very late in the day and I knew this particular ophthalmologist was not available at that time, there was no time to call. I was scheduled to leave on a plane at 5:25 AM the next day (Thursday) and would not return until late Friday leaving the first chance for consultation to take place the following Monday. Since this would have effectively had me breaking the law in our scope of practice act, I had to arrange for my partner to do the consultation for me. I even went so far as to call back to my office to make sure the consultation had taken place. Thankfully I had someone to do this for me, but what if I hadn't?

In summary, optometrists have been diagnosing glaucoma for many years now and in forty five states they have been treating it. Our main goal is be able to treat glaucoma independently without the need for mandatory consultation and assume full responsibility for our patient's care.

A yes vote on Senate Bill 2199 would be appreciated.

STEVEN M. BAGAN MD PC
Ophthalmologist · Eye Surgeon

Independent Physician

JEANNE FOOTITT
Office Manager

JOANN HOFF
Ophthalmic Technician

PAM HOEKSTRA
Ophthalmic Assistant

ROBIN VCULEK
Optometric Technician

January 22, 2001

Senate Industry, Business, and Labor Committee Members
Senator Duane Mutch — Senator Ben Tollefson — re: SB 2199
Senator Jerry Klein — Senator Michael Every
Senator Duaine Espegard — Senator Deb Mathern
Senator Karen Krebsbach

I am very concerned about this measure, and do not feel it should pass. I am an ophthalmologist who has been practicing in Fargo for 21 years. I have worked together with optometrists all those years, and an optometrist currently works with me in my office. This measure would allow optometrists to have unrestricted rights to diagnose and treat all the various types of glaucoma without supervision by a physician.
I'll try to make several important points as succintly as possible:

- I can't see how this will benefit the citizens/patients of our State in any way, and this should be the primary consideration. This is because:
- The fact that optometrists are required to consult with an ophthalmologist (who is an M.D.) implies the undisputed fact that ophthalmologists have far more training and experience in treating the myriad forms of these often complex diseases. I, for example, had six months of full-time glaucoma training at Mayo Clinic and Hospitals, in addition to the daily experience in treating glaucoma coincident with other eye diseases during the other two-and one-half years at Mayo. How will changing that standard benefit our citizens?
- Access to care is not an issue. I've attached a map illustrating the towns and cities in North Dakota that I know of (I may have missed some) that are currently serviced by ophthalmologists holding regularly scheduled clinics. If we arbitrarily draw a 40 mile circumference around each of these, we see that there are few areas without easy access to ophthalmic care.
- I have asked Blue Cross/Blue Shield to compare the costs of treating glaucoma by O.D.s and by M.D.s in our State, but because of the very short (three days) notice I had of this meeting, I still need several days to compile this data. It's typical for health care providers not accustomed to a disease problem to use more tests and office visits than an experienced practitioner.

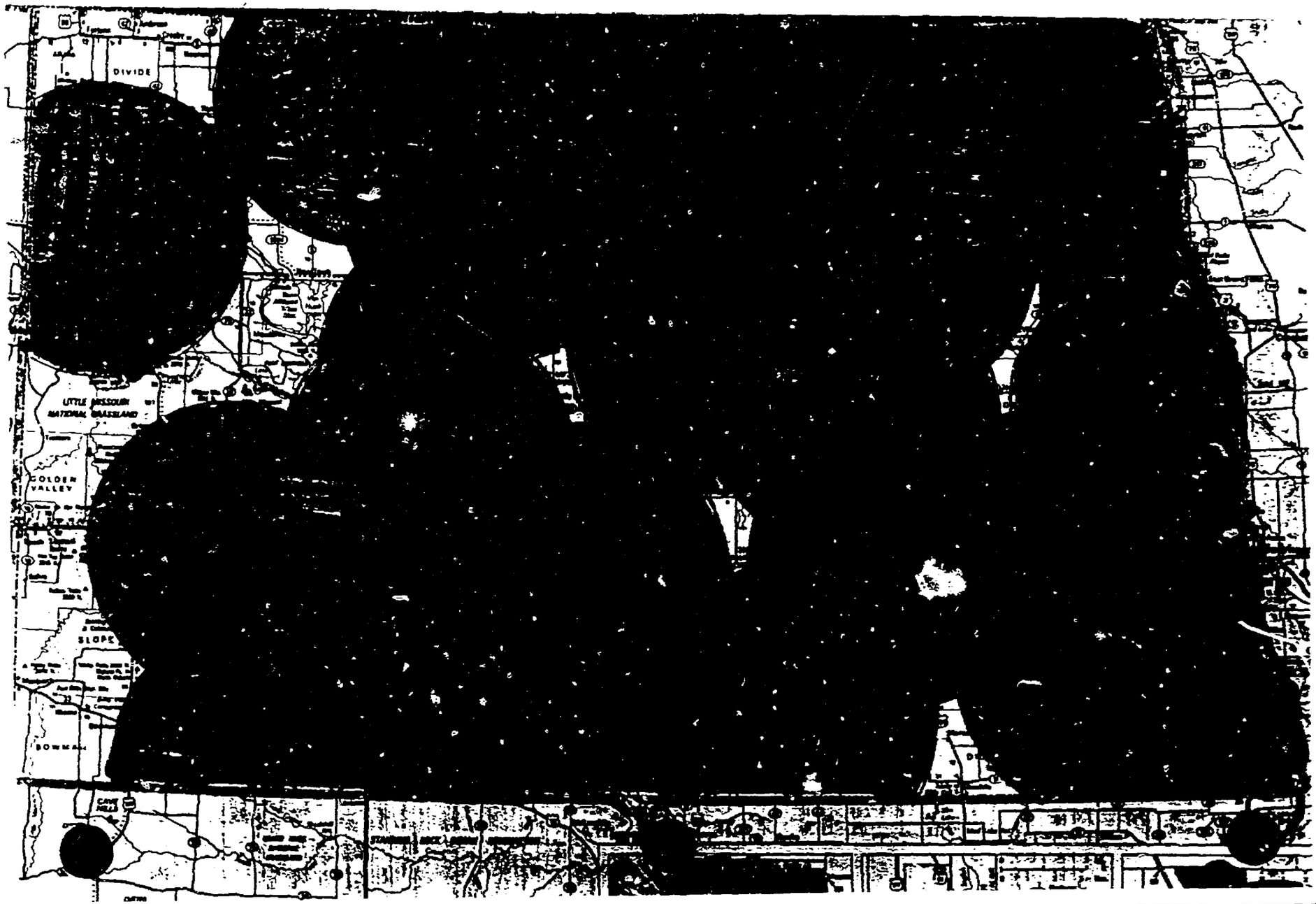
Certainly there are many optometrists in the State who are very careful and conscientious, but in general, I don't think this bill would be an advantage for our citizens. There has been no need shown to create a separate class of physicians.
I am asking other ophthalmologists in the State to send in their concerns over this issue, but, again, that will take several days. There are fewer than 30 ophthalmologists in the state, so if I can get even a few to respond on one day's notice, that will be significant. Please vote against this measure, or at least defer your vote to give a few days to gather pertinent data. Thank you.

Sincerely,
Steve Bagan, MD

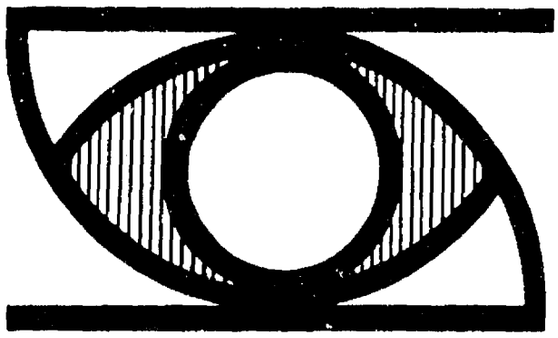
100 South Fourth Street • Suite 204 • Fargo ND 58103
(701) 293-8242 • ND WATS 1-800-342-4313 • MN SD WATS 1-800-521-6638

NORTH DAKOTA, 24 JANUARY 2001

SHADING INDICATES AREAS KNOWN TO BE WITHIN 40 MILES OF OPHTHALMOLOGIC (MD) CARE



An index of the various types of glaucoma



THE GLAUCOMAS

edited by

Robert Ritch, M.D.

Professor of Clinical Ophthalmology, The New York Medical College, Valhalla, New York; Chief, Glaucoma Service, the New York Eye and Ear Infirmary, New York, New York

M. Bruce Shields, M.D.

Professor of Ophthalmology; Director, Glaucoma Service, Duke University Eye Center, Durham, North Carolina

Theodore Krupin, M.D.

Professor of Ophthalmology; Chief, Glaucoma Service, Scheie Eye Institute, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania

with 1220 illustrations, including 37 illustrations in 4 color plates

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North Dakota Society of Eye Physicians and Surgeons

Position on Enlargement of Optometric Practice to Include Independent Treatment of Glaucoma
SB 2199
24 January 2001

Training

In the early 20th century, US medical education was scrutinized under the auspices of the AMA and Carnegie Foundation. Over half of the existing medical schools were closed and the value of postgraduate training (internship and residency) was recognized. Internships and residencies are unlike the clinical clerkships that take place in medical schools and some optometric schools. In clinical clerkships, the student looks on passively. In internships and residencies, young physicians have the authority to make and execute medical decisions, later submitting them to their superiors for review. The value of this kind of training has already been recognized by the legislature of North Dakota, which -- like all other states -- requires postgraduate training for MD licensure. In this bill, it is now proposed that some diseases -- such as glaucoma -- should be treated without the benefit of postgraduate training. Glaucoma is not simply elevated eye pressure. Determining when it is -- or is not -- present requires the appreciation of subtle findings, not the least of which are visual field changes, the interpretation of which is developed in supervised, postgraduate training (residency).

Call

It is traditional for physicians (MD's) to provide 24-hour coverage of their medical practices. We are not aware that this coverage is universal -- or even common -- among optometrists. If independent management of medical eye diseases is to be contemplated, will optometrists provide 24-hour on-call service ? Will this be required ?

Community Need

Active ophthalmology practices are located in Williston, Minot, Devils Lake, Grand Forks, Dickinson, Bismarck, Jamestown, and Fargo. Ophthalmologists travel regularly to satellite clinics in a dozen or more other cities and towns. We are unaware of a significant gap in access to care by ophthalmolgists (MD's).

Unanimity

Until the year 2000, North Dakota was one of only two states lacking an independent professional society for ophthalmology. The North Dakota Society of Eye Physicians and Surgeons was organized this year to accomplish a variety of purposes, of which one was to develop a collective position regarding enlargement of optometric practice. The membership of the North Dakota Society of Eye Physicians and Surgeons includes 26 of the roughly 30 active ophthalmologists in the state. The leadership of this developing society requested input from the state's ophthalmologists, and arrived at a consensus viewpoint on the scope of optometric practice. Some respondents objected to the present system on grounds that the requirement for glaucoma consultation by optometrists has been executed inconsistently, is mildly burdensome, and might unnecessarily extend liability to the "consulting" ophthalmologist unfairly. Outside of this objection to the current law, the prevailing opinion was heavily against the independent treatment of glaucoma by optometrists. We are aware that some ophthalmologists, whose practices are dependent on referrals from optometrists, may have softened their opposition considerably, when talking directly to the Optometric Association.

Recommendation

The change proposed in SB 2199, permitting unregulated treatment of glaucoma by optometrists, is unnecessary. This bill does not enhance the medical well-being of the citizens of this state. The North Dakota Society of Eye Physicans and Surgeons recommends "DO NOT PASS" on SB 2199.

Fifty-fifth Legislative Assembly, State of North Dakota, begun in the Capitol in the City of Bismarck, on Monday, the sixth day of January, one thousand nine hundred and ninety-seven

HOUSE BILL NO. 1334
(Representatives Gorder, Froseth, Christopherson)
(Senators Andrist, Kinnoin, Yockim)

AN ACT to create and enact a new subsection to section 43-13-13.3 of the North Dakota Century Code, relating to consultations with a licensed ophthalmologist; and to amend and reenact sections 43-13-01 and 43-13-22 of the North Dakota Century Code, relating to definitions and licenses in the practice of optometry.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-13-01 of the North Dakota Century Code is amended and reenacted as follows:

43-13-01. Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Board" means the North Dakota state board of optometry.

2. "Diagnosis and treatment" means the determination, interpretation, and treatment of any visual, muscular, neurological, or anatomical anomaly of the eye which may be aided, relieved, or corrected through visual training procedures or through the use of lenses, prisms, filters, ophthalmic instruments, pharmaceutical agents, or combinations thereof, held either in contact with the eye, or in frames or mountings, as further authorized by this chapter. Laser therapy and the use of invasive surgery are not permitted under this chapter, except superficial foreign bodies may be removed and primary care procedures may be performed. ~~The treatment of glaucoma is not permitted under this chapter.~~

3. "Optometry" means a primary health care profession whose practitioners are engaged in the evaluation of disorders of the human eye and the examination, diagnosis, and treatment thereof, together with its appendages.

4. "Pharmaceutical agent" means diagnostic pharmaceutical agents or therapeutic pharmaceutical agents. The term ~~does not include~~ includes nonscheduled pharmaceutical agents, except for acetaminophen with thirty milligrams of codeine, that have ~~no~~ documented use in the treatment of ocular-related disorders or diseases. ~~oral corticosteroids, and controlled substances, as defined in chapter 19-03.1~~. As used in this subsection:

   a. "Diagnostic pharmaceutical agents" means pharmaceutical agents administered for the evaluation and diagnosis of disorders of the human eye including anesthetics, mydriatics, myotics, cycloplegics, diagnostic dyes, diagnostic stains, and pharmaceutical agents to evaluate abnormal pupil responses.

   b. "Therapeutic pharmaceutical agents" ~~means~~ includes topically administered and prescribed pharmaceutical agents for treatment of ocular-related disease, locally administered pharmaceutical agents for primary eye care procedures, oral anti-infective agents, oral antihistaminic agents, and oral analgesics for the treatment of ocular-related disorders or diseases. The dispensing of therapeutic pharmaceutical agents is not permitted under this chapter.

5. "Practicing optometry" means:

   a. Displaying a sign or in any way advertising as an optometrist.

b. Employing any means for the measurement of the powers of vision or the adaptation of lenses for the aid thereof.

c. Engaging in any manner in the practice of optometry.

SECTION 2. A new subsection to section 43-13-13.3 of the North Dakota Century Code is created and enacted as follows:

After initiating treatment for primary open-angle glaucoma, the therapeutically certified optometrist shall consult with a licensed ophthalmologist within seventy-two hours. A treatment plan for each individual patient must be cooperatively identified in accordance with the currently accepted standard of care. In treating and managing glaucoma, if no progress is achieved in realizing the selected range of pressure considered unlikely to cause further optic nerve damage or resulting in further visual field loss, a referral must be made to a licensed ophthalmologist without delay.

SECTION 3. AMENDMENT. Section 43-13-22 of the North Dakota Century Code is amended and reenacted as follows:

43-13-22. License - When revoked. The board may revoke or suspend any license granted by it under the provisions of this chapter when it appears to the satisfaction of the majority of the members that the holder of the license:

1. Has violated any provisions of this chapter, the rules and regulations of the board, or committed an offense determined by the board to have a direct bearing upon a holder's ability to serve the public as an optometrist, or when the board determines, following conviction of a holder for any other offense, that the holder is not sufficiently rehabilitated under section 12.1-33-02.1;

2. Has ~~prescribed,~~ sold, ~~administered,~~ or distributed, ~~or given~~ any drug legally classified as a controlled substance or as an addictive or dangerous drug;

3. Has been addicted to the excessive use of intoxicating liquor or a controlled substance for at least six months immediately prior to the filing of the charges;

4. Is afflicted with any contagious or infectious disease;

5. Is grossly incompetent to discharge the holder's duties in connection with the practice of optometry;

6. Has employed fraud, deceit, misrepresentation, or fraudulent advertising in the practice of optometry; or

7. Is engaged in the practice of optometry by being directly or indirectly employed by any person other than one who holds a valid unrevoked license as an optometrist in this state and who has an actual legal residence within this state.

Any person whose license has been revoked or suspended may have the same reinstated upon satisfactory proof that the disqualification has ceased or that the disability has been removed and upon such conditions as established by the board.

Approved March 23, 1997
Filed March 24, 1997

56-02-05-08. **CERTIFICATION TO TREAT GLAUCOMA.** No optometrist may treat glaucoma until certified to do so as a therapeutically certified optometrist by the North Dakota State Board of Optometry.

History: Amended effective _____
General Authority: N.D.C.C. 43-13-13
Law Implemented: N.D.C.C. 43-13-01 and N.D.C.C. 43-13-13.3

56-02-05-09. **GLAUCOMA TREATMENT CERTIFICATION REQUIREMENTS.** Before being certified to treat glaucoma an optometrist must have either 1) received a passing score on the Clinical Science Part (Part II) of the Comprehensive Examination given by the National Board of Examiners in Optometry, or 2) received a passing score dated after January 1, 1992, on the Treatment and Management of Ocular Disease Special Examination (TMOD) given by the National Board of Examiners in Optometry, or 3) received a passing score in a course of study approved by the Board equivalent to either the TMOD or Part II.

History: Amended effective _____
General Authority: N.D.C.C. 43-13-13
Law Implemented: N.D.C.C. 43-13-01 and N.D.C.C. 43-13-13.3

56-02-05-10. **GLAUCOMA TREATMENT CONSULTATION.** After initiating treatment for primary open angle glaucoma treatment, the therapeutically certified optometrist shall consult with a licensed ophthalmologist within seventy-two hours. The name of the ophthalmologist consulted and the treatment plan shall be immediately entered in the patient's record.

History: Amended effective _____
General Authority: N.D.C.C. 43-13-13
Law Implemented: N.D.C.C. 43-13-01 and N.D.C.C. 43-13-13.3

SB 2199
Senate Industry Business and Labor Committee
February 13, 2001

Madame Chair, Honorable Representatives:

What I intend to do today is provide you with a brief history of who I am, a brief overview of glaucoma and what it is, and then state our reason for coming before you today.

I am Dr. Dori Carlson. I have practiced Optometry for the last ten years in the Park River and Grafton areas with my partner who is also my husband. My practice serves the area primarily in the northeastern corner of North Dakota and also draws some from the Minnesota side of the Red River. I, like all optometrists, received my bachelor of science degree. I then attended optometry school which entails four additional years of post graduate education. During optometry school course work includes, but is not limited to, the eye, diseases of the eye, total body health and pharmacology. I graduated in 1989 from Pacific University College of Optometry in Oregon and am a Fellow of the American Academy of Optometry. After graduation I was accepted into a one year residency program at the Veterans Administration Medical Center in Seattle and Tacoma, Washington. While residencies are not required to become licensed as an optometrist they are becoming more common. During my time at the VA I was trained alongside the ophthalmology residents and treated glaucoma on a daily basis.

I also co-authored two chapters on glaucoma medications and their use entitled "Ocular Adrenergic Agents" and "Ocular Cholinergic Agents" in the Clinical Optometric Pharmacology and Therapeutics textbook. After my residency I was offered a position with a glaucoma specialist in Seattle however chose to return to North Dakota instead.

In addition to my North Dakota license I also hold a license in Minnesota. My license in Minnesota allows me to treat glaucoma without any restrictions.

Glaucoma is an eye disease that affects approximately two million people in the United States. Glaucoma is thought to be the fifth leading cause of blindness in white Americans and is the leading cause of blindness in African Americans. It rarely causes damage before the age of 50. In 1980 it was estimated that glaucoma accounted for 3,000,000 office visits. While there are different types of glaucoma the most common type is where the fluid pressure inside the eye gets too high and it begins to press on the blood vessels around the optic nerve inside the eye. It acts in a similar fashion to standing on a garden hose and not letting the water get through. In the case of the eye the pressure restricts the flow of blood to the optic nerve. Whenever you loose the blood flow to a part of the body it begins to die. So the optic nerve begins to die and as a result a person can lose vision. Most people who have glaucoma are managed with eye drops. Glaucoma is not a disease that can be cured but like high blood pressure in most cases it can be controlled. Please be aware that some would like to confuse you by categorizing the different types of glaucoma and claiming optometrists are not trained to treat the other types. That is simply not the case.

Now you might ask how optometrists fit into this discussion. It is often the public's perception that optometrists are the eye doctors that fit glasses. We, in fact, do much more than that. On a daily basis any of the optometrists that provide full time primary eye care to 39 of North Dakota's 53 counties encounter some form of eye disease that needs to be treated or managed in some sort way. Since the ophthalmologists in the state only have full time clinics in only seven of those fifty three counties optometrists have a great deal of responsibility for providing the primary eye care to most North Dakotans. This includes initiating treatment for a variety of other eye diseases that do not require consultation.

Currently 45 states in the United States allow optometrists to treat glaucoma. North Dakota belongs to the nine-state North Central Region of which North Dakota is the only state that requires consultation with an ophthalmologist. As I stated earlier, my license in Minnesota allows me to treat glaucoma without mandatory consultation or any other restriction.

In 1997 legislation was passed that allows optometrists to treat glaucoma and prescribe some controlled substances. The consultation language was a compromise with ophthalmology. Since that time, most of the consults have taken place by telephone with few reports of the optometrist's treatment plans being changed. It is time to delete this language. A continuing argument against optometry treating glaucoma is that certain glaucoma medications, specifically those known as beta blockers, could cause respiratory arrest or heart failure. There have been no reports of harm to patients as a result of optometrists treating glaucoma. I repeat, there have been no reports of harm to patients as a result of optometrists treating glaucoma. All optometrists are required to diagnose eye diseases including glaucoma, whether they chose to treat it or not. All optometrists are held to the same standard of care as an MD in the diagnosis and treatment of eye disease. Furthermore, all optometrists already are required to consult with an MD when any eye disease does not respond to treatment, not just glaucoma.

While it is our view that optometrists should be able to shoulder the responsibility of their patients' care, the language also can make consultation difficult to comply with. Here's an example of how this consultation works in the real world. Late afternoon of Wednesday, January 10th, I initiated treatment for glaucoma for a patient I have been seeing for several years. I wanted to consult with the ophthalmologist who had seen her in the past and had done her cataract surgery, not someone across the state. Since it was very late in the day and I knew this particular ophthalmologist was not available at that time, there was no time to call. I was scheduled to leave on a plane at 5:25 AM the next day (Thursday) and would not return until late Friday leaving the first chance for consultation to take place the following Monday. Since this would have effectively had me breaking the law in our scope of practice act, I had to arrange for my partner to do the consultation for me. I even went so far as to call back to my office to make sure the consultation had taken place. Thankfully I had someone to do this for me, but what if I hadn't?

In summary, optometrists have been diagnosing glaucoma for many years now and in forty five states they have been treating it. Our main goal is be able to treat glaucoma independently without the need for mandatory consultation and assume full responsibility for our patient's care. A yes vote on Senate Bill 2199 would be appreciated.

SB 2199
House Human Services Committee
February 13, 2001

Good morning Madame Chairman and committee members.

I am Dr. Avery Jones and reside in District 43, Grand Forks, North Dakota. I have practiced optometry in Grand Forks since 1981 and am currently a member of the North Dakota State Board of Optometry. My professional experience includes being Chief of Eye Services at the USAF Hospital, Grand Forks AFB and an Adjunct Professor for Ferris State University from 1981 to 1985; being in private practice from 1985 to 1990; and being in group practice at Valley Vision Clinic from 1990 to present.

Senate Bill 2199 is straightforward and direct in that it eliminates the current requirement that optometrists consult with ophthalmologists within seventy-two hours of initiating the treatment of glaucoma in their patients. Doctors of optometry provide the majority of eye care for North Dakota's citizens in an exemplary fashion. They diagnose, treat, and manage all other diseases of the eye without any mandatory consultation. Examples of these diseases or disorders include eye infections and inflammations, injuries and trauma, cataracts and macular degeneration, and diabetic retinopathy. They currently diagnose and treat glaucoma independently with this consultation requirement. As a member of the North Dakota State Board of Optometry for the past six years, I have not seen any complaints of improper glaucoma treatment from either patients or doctors presented to the board. Across the river from me, doctors of optometry in Minnesota treat glaucoma without any required consultation.

I feel it is important to understand that optometrists consult with ophthalmologists, neurologists, family practitioners, and other clinicians on a daily basis. They do not practice in isolation. Optometrists arrange consultations for their patients because they want the best care possible for their patients, not because it's an arbitrary requirement. If a doctor of optometry feels a consultation is needed for a glaucoma patient, he or she will not hesitate to recommend it and arrange it. This is the same judgment used in all other diseases and disorders that optometrists treat, and is the same methodology used by all other health care providers. Examples of consultation that occur in optometrists' offices all around North Dakota every day include the following:

1. Mrs. White presents with symptoms of flashes and floaters. On examining her retina, her doctor of optometry finds two tears at the ten o'clock position past the equator of her retina beginning to allow fluid to leak underneath. Her optometrist calls the retinal surgeon, an ophthalmologist who specializes in retinal surgery, to discuss these findings and arrange the proper time for surgical treatment and follow up care. There is no part of the optometric practice act that requires this optometrist to make this specific consult and referral.

2. Mr. Green presents with symptoms of sudden vision loss in his left eye that comes and goes over the past six weeks, and his overall vision has been much worse the past week. His doctor of optometry finds his best corrected acuity to be 20/80 in his left eye and on examining the internal structures of that eye finds significant swelling of his optic nerve and scattered flame shaped areas of hemorrhaging as well. Mr. Green's blood pressure is 210/120. His optometrist calls his family practitioner or internist and sends Mr. Green immediately to that clinician to treat his blood pressure. This action will allow the bleeding and swelling in his eye to improve, as well as reduce the risk of stroke. There is no part of the North Dakota Century Code that requires this optometrist to make this specific consult and referral.
3. Mrs. Blue presents with symptoms of her vision not being "just right". On examination by her doctor of optometry, it's noted that she takes about 600 mg hydroxychloroquine per day for her severe rheumatoid arthritis. On color testing, she confuses certain colors. Her internal ocular exam shows a classic appearance of hydroxychoroquine maculopathy. Her doctor of optometry calls her rheumatologist to discuss these findings and recommend altering the arthritis treatment to decrease the toxic effects found in both eyes. There is no part of the optometric practice act that requires this optometrist to make this specific consult and referral.

Doctors of optometry are real doctors in every sense of the word and care for their patients with the expertise parallel to physicians and dentists. They make "doctorly" decisions on the treatment of their patients, North Dakota's citizens, every day. Glaucoma, like the other eye diseases discussed above, is treated by optometrists on the same basis—with professional judgment and experience. Mandatory consultation is not necessary for proper patient care to occur.

It is also important to understand that doctors of optometry assume full liability for all their decisions and actions. This is true for glaucoma and all other diseases they diagnose and treat. Frankly, I think most ophthalmologists are uncomfortable with this glaucoma consultation requirement because it increases their exposure to liability and they don't examine or follow the patient themselves.

In summary, SB 2199 allows doctors of optometry to diagnose and treat glaucoma in exactly the same way they treat all other eye diseases. Please vote "DO PASS" on SB 2199. Thank you.

56-02-05-09. Certification to treat glaucoma

No optometrist may treat glaucoma until certified to do so as a therapeutically certified optometrist by the North Dakota state board of optometry.

History: Effective November 1, 1997.

General Authority: NDCC 43-13-13

Law Implemented: NDCC 43-13-01, 43-13-13.3

56-02-05-10. Glaucoma treatment certification requirements

Before being certified to treat glaucoma an optometrist must have:

1. Received a passing score on the clinical science part (part II) of the comprehensive examination given by the national board of examiners in optometry;

2. Received a passing score dated after January 1, 1992, on the treatment and management of ocular disease special examination given by the national board of examiners in optometry; or

3. Received a passing score in a course of study approved by the board equivalent to either the treatment and management of ocular disease or part II.

History: Effective November 1, 1997.

General Authority: NDCC 43-13-13

Law Implemented: NDCC 43-13-01, 43-13-13.3

56-02-05-11. Glaucoma treatment consultation

After initiating treatment for primary open angle glaucoma treatment, the therapeutically certified optometrist shall consult with a licensed ophthalmologist within seventy-two hours. The name of the ophthalmologist consulted and the treatment plan must be immediately entered in the patient's record.

History: Effective November 1, 1997.

General Authority: NDCC 43-13-13

Law Implemented: NDCC 43-13-01, 43-13-13.3

Prohibitions on the Treatment of Glaucoma and the Use of Topical and Oral Antiglaucoma Drugs

- 13 states prohibit or limit the use of topical glaucoma drugs.
  - 6 states prohibit the use of all antiglaucoma drugs
  - 6 additional states limit the use of topical antiglaucoma drugs
- 26 states prohibit the use of all oral antiglaucoma drugs.
  - 9 additional states limit the use of oral antiglaucoma drugs
- 14 states limit the types of glaucoma that can be treated.
- 6 states require optometrists to co-manage before treating glaucoma independently

Topicals and Orals	Prohibits All Antiglaucoma Drugs	HW;MA;NH;PA;PR;VT	6
Topicals	Requires OD to refer patient to an Eye M.D. if requested by the patient, if treatment goals are not achieved with the use of two topical medications. A combination medication that contains two agents shall be considered two medications.	CA	1
	Prohibits ODs from using more than two concurrent topical medications		
	Prohibits treatment with beta blockers, unless physical first completed by physician w/i last year.	GA	1
	Prohibits treatment with beta blockers, unless OD consults with physician with patient's consent.	RI	
	Prohibits treatment with beta blockers unless OD consults with or refers to physician.	SC	1
	Prohibits treatment with beta blockers, unless physical first completed by physician w/i six months.	TX	1
	Prohibits treatment with beta blockers, unless persons with heart disease first examined by physician.	GA;TX	2
Orals	Prohibits use of all Oral Antiglaucoma drugs	AK;CA;FL;GA;HW;IL;LA;MA;MD;ME;MI ;MN;MS;ND;NE;NH;NJ;NY;OR;PA;PR;RI; SD;VA;VT;WA	26
	Prohibits Oral Antiglaucoma Drugs, except in case of emergency	CT;DC	2
	Prohibits Oral Anti-glaucoma drugs, without consultation with Eye M.D.	KS	1
	Prohibits Oral Anti-glaucoma drugs administered for more than 48 hours	WY	1
	Prohibits Oral Anti-glaucoma drugs, except oral carbonic anhydrase inhibitors	WV	1
	Prohibits Oral osmotic agents	AK;CA;FL;GA;HW;IL;LA;MA;ME;MD;MI	27

		;MN;MS;ND;NE;NH;NM;NJ;NY;OR;PA;PR;RI;SD;VA;VT;WA	
	Prohibits Oral Carbonic Anhydrase Inhibitor	AK;AZ;CA;FL;GA;HW;IL;LA;MA;MD;ME;MI;MN;MS;ND;NE;NH;NJ;NY;OR;PA;PR;RI;SD;VA;VT;WA	27
	Prohibits Oral Carbonic Anhydrase Inhibitor except in case of emergency and requires immediate referral to Eye M.D.	TX	1
Open Angle	Prohibits treatment of all glaucomas except for open-angle glaucoma	CA;MD;ND	2
Angle Closure/ Narrow Angle	Requires OD to refer patient to an Eye M.D. if requested by the patient, if indications of narrow angle glaucoma develop.	CA	1
	Prohibits treatment of angle closure glaucoma	CT;FL;GA;TX	4
	Prohibits oral agent for treatment of closed angle glaucoma attack	AZ	1
	Prohibits treatment of angle closure, except for initiation of immediate or emergency treatment.	DC;NV;RI;SC;VA	5
	Prohibits acute closed angle glaucoma treatment, unless consultation with MD is made w/l 24 hours of initial treatment.	CO	1
Malignant Glaucoma	Prohibits treatment of malignant glaucoma and requires referral to Eye M.D.	NV;TX	2
Neovascular Glaucoma	Prohibits treatment of neovascular glaucoma and requires referral to Eye M.D.	NV;TX	2
Diabetes	Prohibits treatment of glaucoma patient who has diabetes, unless OD consults in writing with the physician treating the patient's diabetes in developing the glaucoma treatment plan. The physician shall provide written confirmation of these notifications.	CA	1
	Prohibits treatment of glaucoma patient who has diabetes, unless OD notifies the physician treating the patient's diabetes in writing of any changes in the patient's glaucoma. The physician shall provide written confirmation of these notifications.	CA	1
	Prohibits treatment of glaucoma caused by diabetic complication if consulting Eye M.D. or physician determine that a referral is required.	NV;TX	2
Age Limitations	Prohibits treatment of infantile or congenital glaucoma	FL;NE;RI;VA	4
	Requires referral to Eye M.D. or other physician if faced with pediatric glaucoma	CT	1
	Prohibits treatment of glaucoma in persons under 18 years.	CA	1

	Prohibits treatment of glaucoma in persons under 16 years.	NV;TX	2
Secondary	Requires OD to refer patient to an Eye M.D. if requested by the patient, if indications of secondary glaucoma develop.	CA	1
	Requires referral to Eye M.D. or other physician in case of secondary glaucoma	CT	1
Co-management Period	Prohibits independent glaucoma treatment, unless OD co-manages 50 glaucoma patients for a period of 2 years for each patient. Afterwards, OD must be certified by board to treat open angle glaucoma. The original patients may treated independently after OD has received certified by the board, with written consent of the patient.	CA	1
	Prohibits independent glaucoma treatment, unless OD co-manages 20 cases over a 2 year period; recent grads may be exempted.	KS	1
	Prohibits independent glaucoma treatment, unless OD provides evidence of 20 glaucoma referrals to MDs and 30 glaucoma consultations with MD. New graduates may be exempted.	ME	1
	Prohibits glaucoma treatment unless OD consults on 15 patients with Eye M.D. for at least 1 year.	NV	1
	Prohibits independent glaucoma and ocular hypertension treatment, unless OD co-manages 75 cases or co-manages for three years; recent grads may be exempted.	NY	1
	Prohibits independent glaucoma treatment, unless OD co-manages 20 cases for at least a 1 year period or until the patients have stabilized whichever is longer; new grads may be exempted.	RI	1
Initial Consultation	Prohibits treatment until OD makes a provisional diagnosis of glaucoma and the OD and the patient identifies a collaborating Eye MD during co-management period.	CA	1
	Prohibits treatment until OD transmits relevant information from the provisional examination and history of the patient along with the treatment plan to the collaborating Eye MD during co-management period.	CA	1
	Prohibits glaucoma treatment w/o prior consultation with physician.	CO;DC;OR;VA	4
	Prohibits glaucoma treatment unless OD consults with Eye M.D. w/i 72 hours of initiating treatment.	ND	1

	Prohibits glaucoma treatment, w/o written consultation with MD when diagnosis made; during co-management period.	NY	1
Confirmation of Diagnosis	Prohibits treatment unless Eye MD confirms the diagnosis during co-management period. Eye MD shall refute or confirm the diagnosis w/I 30 days by performing a physical examination of the patient.	CA	1
	Prohibits glaucoma treatment, unless Eye M.D. confirms diagnosis during co-management period.	KS;ME;NV;RI;NY	5
	Prohibits glaucoma treatment, without confirmation of diagnosis by Eye M.D.	MD;TX	2
Treatment Plan	Prohibits treat, unless OD develops treatment plan which considers target intraocular pressures, optic nerve appearance, visual field testing, and an initial proposal for therapy.	CA	1
	Prohibits treatment unless Eye MD approves the treatment plan in writing during co-management period.	CA	1
	Prohibits glaucoma treatment, unless consultation with Eye M.D. to develop written treatment plan during co-management period.	KS;ME;NY;RI	4
	Prohibits glaucoma treatment, unless OD jointly and promptly develops written treatment plan with Eye M.D. and can only be changed by joint agreement of OD and Eye M.D.	MD	1
	Prohibits glaucoma treatment unless OD and Eye M.D. develop treatment plan in accordance with the currently accepted standard of care.	ND	1
	Prohibits glaucoma treatment, unless consultation with Eye M.D. w/i 30 days of diagnosis to develop treatment plan.	TX	1
Target Pressure	Requires referral to Eye M.D. or other physician if interocular pressure exceeds 35	CT	1
	Requires referral to Eye M.D. if target pressure is not met in 60 days.	SC	1
	Requires consultation with Eye M.D. if target pressure in treatment plan is not reached.	MD	1
	Requires referral to Eye M.D. if not progress achieved in realizing the selected pressure range considered unlikely to cause further optic nerve damage or result in further visual field loss.	ND	1
	Requires consultation and/or referral to Eye	TX	1

	M.D. if patent does not respond to target pressure which is 80% of initial intraocular pressure.		
Review of Patient's Progress	Requires OD to notify Eye MD in writing if there is any change in medication used to treat the patient during co-management period.	CA	1
	Requires OD to annually provide a written report to Eye MD about the achievement of goals contained in the treatment plan during co-management period. The Eye MD shall acknowledge receipt of the report in writing w/I 10 days.	CA	1
	Permits the Eye MD to periodically examine the patient at his or her discretion during co-management period.	CA	1
	Prohibits glaucoma treatment, unless optometrist consults annually with Eye M.D.	OR	1
	Prohibits glaucoma treatment w/o periodic review of the patient's progress by Eye M.D.	TX	1
	Prohibits glaucoma treatment, unless Eye M.D. examines the patient once a year.	MD	1
	Requires referral to Eye M.D. or other physician if no substantial improvement in condition.	CT	1
	Requires consultation with Eye M.D. if there is worsening in a patient's visual field or optic nerve head.	MD	1
	Requires consultation with Eye M.D. if patient does not have expected response to treatment.	MD;ND	2
	Requires tests or photos to be provided to Eye M.D. for his or her review	MD	1
Notice to Patient	Requires OD, during co-management period, to provide the following information to the patient in writing: nature of the working suspected diagnosis, consultation evaluation by Eye MD, treatment plan goals, expected followup care, and a description of the referral requirements. The document shall be dated by both the OD and Eye MD and maintained in their files.	CA	1
	Requires OD to inform patient of seriousness of glaucoma.	FL	1
	Requires OD to inform patient that disease will be confirmed and co-managed by Eye M.D. and must post notice in office; recent grads may be exempted	NY	1
	Requires OD to inform patient that disease will be confirmed and co-managed by Eye	TX	1

	M.D.		
Education	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment and co-management of open angle glaucoma; new grads may be exempted.	CA	1
	Prohibits orals unless OD completes 44 hours of continuing education in glaucoma and use of oral drugs	IA	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment and co-management of open angle glaucoma	KS	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in treatment of : glaucoma; new grads may be exempted. Six hours of continuing education in glaucoma annually to be sunsetted after 10 years.	MO	1
	Prohibits glaucoma treatment unless OD completes additional education requirements determined by the board; new grads exempted.	NE	1
	Prohibits glaucoma treatment, unless OD completes 100 hours of clinical training; recent grads and ODs independently treating for five years in another state exempted.	NY	1
	Prohibits glaucoma treatment, unless OD completes 24 hour course in use of therapeutics, including 14 hours on glaucoma.	RI	1
Oversight	Corroborating proof of completion of co-management requirement shall be supplied by Eye MD. before OD can be certified to treat open angle glaucoma independently by OD board.	CA	1
	Requires interprofessional committee to review evidence of glaucoma consultations	ME	1
	Requires interprofessional committee to set clinical training and education requirements for treatment of glaucoma and must be approved by Medical Board	TX	1

PROPOSED AMENDMENTS TO SB 2199

Page 1, line 1, after "reenact" insert "subsection 2 of section 43-13-01 and"
Page 1, after line 3, insert:

"**SECTION 1. AMENDMENT.** Subsection 2 of section 43-13-01 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

2. "Diagnosis and treatment" means the determination, interpretation, and treatment of any visual, muscular, neurological, or anatomical anomaly of the eye which may be aided, relieved, or corrected through visual training procedures or through the use of lenses, prisms, filters, ophthalmic instruments, pharmaceutical agents, or combinations thereof, held either in contact with the eye, or in frames or mountings, as further authorized by this chapter. Laser therapy and the use of invasive surgery are not permitted under this chapter, except superficial foreign bodies may be removed and primary care procedures may be performed. An optometrist who is therapeutically certified by the board to treat glaucoma may treat only primary open-angle glaucoma under this chapter."

Renumber accordingly

North Dakota Society of Eye Physicians and Surgeons

Position on Enlargement of Optometric Practice to Include Independent Treatment of Glaucoma
SB 2199
24 January 2001

Training

In the early 20th century, US medical education was scrutinized under the auspices of the AMA and Carnegie Foundation. Over half of the existing medical schools were closed and the value of postgraduate training (internship and residency) was recognized. Internships and residencies are unlike the clinical clerkships that take place in medical schools and some optometric schools. In clinical clerkships, the student looks on passively. In internships and residencies, young physicians have the authority to make and execute medical decisions, later submitting them to their superiors for review. The value of this kind of training has already been recognized by the legislature of North Dakota, which -- like all other states -- requires postgraduate training for MD licensure. In this bill, it is now proposed that some diseases -- such as glaucoma -- should be treated without the benefit of postgraduate training. Glaucoma is not simply elevated eye pressure. Determining when it is -- or is not -- present requires the appreciation of subtle findings, not the least of which are visual field changes, the interpretation of which is developed in supervised, postgraduate training (residency).

Call

It is traditional for physicians (MD's) to provide 24-hour coverage of their medical practices. We are not aware that this coverage is universal -- or even common -- among optometrists. If independent management of medical eye diseases is to be contemplated, will optometrists provide 24-hour on-call service ? Will this be required ?

Community Need

Active ophthalmology practices are located in Williston, Minot, Devils Lake, Grand Forks, Dickinson, Bismarck, Jamestown, and Fargo. Ophthalmologists travel regularly to satellite clinics in a dozen or more other cities and towns. We are unaware of a significant gap in access to care by ophthalmolgists (MD's).

Unanimity

Until the year 2000, North Dakota was one of only two states lacking an independent professional society for ophthalmology. The North Dakota Society of Eye Physicians and Surgeons was organized this year to accomplish a variety of purposes, of which one was to develop a collective position regarding enlargement of optometric practice. The membership of the North Dakota Society of Eye Physicians and Surgeons includes 26 of the roughly 30 active ophthalmologists in the state. The leadership of this developing society requested input from the state's ophthalmologists, and arrived at a consensus viewpoint on the scope of optometric practice. Some respondents objected to the present system on grounds that the requirement for glaucoma consultation by optometrists has been executed inconsistently, is mildly burdensome, and might unnecessarily extend liability to the "consulting" ophthalmologist unfairly. Outside of this objection to the current law, the prevailing opinion was heavily against the independent treatment of glaucoma by optometrists. We are aware that some ophthalmologists, whose practices are dependent on referrals from optometrists, may have softened their opposition considerably, when talking directly to the Optometric Association.

Recommendation

The change proposed in SB 2199, permitting unregulated treatment of glaucoma by optometrists, is unnecessary. This bill does not enhance the medical well-being of the citizens of this state. The North Dakota Society of Eye Physicans and Surgeons recommends "DO NOT PASS" on SB 2199.