



CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 10, 1999.

Amy A. Campbell, Kansas State Ophthalmological Society, testified on **HB 2117**, stating the bill emerged as a solution to the question of whether or not optometrists should be permitted to treat glaucoma. Ophthalmologists take this issue very seriously. There are many ophthalmologists who are not supportive of this concept. Some have set aside their concerns in the interest of cooperation, others are holding their judgment until after its implementation. The KSOS has agreed to this compromise to avoid placing the Legislature in the middle of a scope of practice argument, and especially to encourage continued cooperation between these three professional organizations to the benefit of patients. This is a compromise and ask that you refrain from adding any amendments which might upset the current agreement. (See Attachment #5)

Representative Wells moved and Representative Haley seconded to move **HB 2117** out favorably.

Representative Long moved and Representative Geringer seconded to amend page 1, line 39 and change "or" to "of". The motion carried.

Representative Geringer moved and Representative Wells seconded to move **HB 2117** out favorably as amended. The motion carried.

The Chairperson asked what the Committee wished to do on **HB 2033**.

Representative Gilmore moved and Representative Geringer seconded to move **HB 2033** out favorably

Representative Flaharty moved and Representative Morrison seconded to amend and add "those eligible for a temporary license as a professional counselor person who are waiting to take the required examination."

Representative Geringer moved and Representative Long seconded to move **HB 2033** out favorably as amended. The motion carried.

Representative Gilmore reported the sub-committee on **HB 2074** would meet on Monday, February 15 at 9:00 a.m. in Room 521-S and anticipate adjourning no later than 10:30 a.m. and hope to take some action. It will be determined at that time if another meeting would be needed.

The Chairperson announced the meeting on February 11 would be at the Dillon House.

The meeting adjourned at 2:30 p.m. The next meeting will be February 11.

**HEALTH AND HUMAN SERVICES**

Date: February 10, 1999

Chuck Engel	Lapele, KS
Larry Stinson	Kearney Law Office
LARRY FROELICH	Ks Board of Pharmacy
Pat Johnson	Ks Board of Nursing
April Allen	Oswatimie, KS
TUCK DUNCAN	KS Occupational Therapy Assn
Maury Ellen Amlee	Via Christi Health System
Geoffrey Robbins	KS Optometric Assoc
John Stubbins	Ks Optometric Assn
Ron Hein	Ks Optometric Ass'n
Randy Forbes	Ks Board of Optometry
Rich Pittman	Health Midwest
KETHA R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Ashley Stainbrook	Doug Walker's Gov Class from Oswatimie
Steffany Zahn	Doug Walker's Government Class Oswatimie High School
Tara Smith	" "
Melissa Snyder	" "
Jody L. McKoon	" "
Worrie Brewer	" "
Shelley A. King	McGill, Gracher, & Assoc.,
BOB ALDERSON	KANSAS PHARMACISTS ASSOCIATION
Wendy Hildnerland	KS Occupational Therapy Assn
Stacy Solder	Hein & Klein Chdrl.
Max Draper	KS Medical Society
Jerry Glangsten	"



# Kansas Optometric Association

1266 SW Topeka Blvd., Topeka, KS 66612  
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TESTIMONY  
HOUSE HEALTH & HUMAN SERVICES COMMITTEE  
FEBRUARY 10, 1999

I am Gary Robbins, Executive Director of the Kansas Optometric Association. I appreciate the opportunity to appear in support of House Bill 2117. During the 1996 Legislature, Senate Bill 684 was enacted which authorized the creation of an Interprofessional Advisory Committee (IAC) under the State Board of Examiners in Optometry. This advisory committee was composed of three optometrists and three ophthalmologists with a member of the State Board of Examiners in Optometry serving as the non-voting chair of the committee. The Interprofessional Advisory Committee was given the responsibility to assist with the implementation of legislation authorizing optometrists to treat glaucoma and to study the advisability of allowing optometrists to prescribe oral drugs for the treatment of ocular conditions. In late December, the IAC Report was submitted by the State Board of Examiners in Optometry to the 1999 Legislature.

H.B. 2117 will allow us to update the optometry law to reflect changes in the training and education of optometrists over the last twenty years. Currently, thirty-four states allow optometrists to prescribe some oral drugs for the treatment of ocular conditions. I am pleased that Dr. Gilan Cockrell of Emporia, the President of the Kansas Optometric Association, could be available to answer technical questions about the bill or the negotiation process. I have prepared an explanation of the bill, which is attached to my testimony.

The 1996 update to the optometry law was negotiated between the Kansas Medical Society, Kansas Optometric Association and the Kansas State Ophthalmological Society. With the last two years of hard work and communication by the Interprofessional Advisory Committee serving as a foundation, all three professional organizations were again able to work out compromise legislation involving complex and difficult issues.

Healthcare professionals need to work together in order to achieve quality health care. Collaboration, not antagonism, between providers will help keep Kansas on the cutting edge of health care delivery. When providers work together on issues such as this, it is a win-win for the patients, the state policy makers, and the providers.

We wish to acknowledge the hard work and patience of KMS Executive Director Jerry Slaughter, KMS Lobbyist Meg Draper and KSOS Executive Director Amy Campbell in this two-year process along with their respective Boards of Directors and the State Board of Examiners in Optometry.

I also wish to acknowledge the cooperation of Via Christi Medical Center, Kansas Medical Society, Kansas Occupational Therapy Association, Kansas Physical Therapists Association and the Kansas State Nurses Association in preparing the low vision rehabilitation language. Finally, I want to thank Revisor of Statutes Norm Furse for his assistance in drafting the final low vision amendment. Thank you for your attention, and we would ask for your support of this compromise legislation.

## Explanation of House Bill 2117

House Bill 2117 represents two years' of ongoing communication, discussion and negotiation between the Kansas Medical Society, Kansas Optometric Association, and the Kansas State Ophthalmological Society. The bill, a product of a difficult but positive process, is a compromise supported by the three organizations. This process was initiated by legislation enacted by the 1996 Kansas Legislature allowing optometrists to treat glaucoma. That legislation authorized the State Board of Examiners in Optometry to appoint an Interprofessional Advisory Committee of three optometrists and three ophthalmologists to assist and monitor the implementation of the glaucoma legislation and study the issue of optometrists prescribing oral drugs to treat ocular conditions. In late December, the IAC Report was submitted by the State Board of Examiners in Optometry to the 1999 Legislature.

The key provisions of H.B. 2117 include the following:

1. Therapeutic licensees can prescribe oral antibacterial drugs, oral antiviral drugs, oral antihistamines and oral analgesic drugs for ocular conditions. Oral steroids and oral antiglaucoma agents for ocular conditions must be prescribed in consultation with an ophthalmologist.
2. Optometrists could not prescribe oral drugs for children under 6 years of age. The Interprofessional Advisory Committee (IAC) must review this requirement for possible sunset, and submit a report to the legislature on this issue by January 1, 2002.
3. The continuing education requirements for optometrists increase from 20 hours annually to 24 hours annually, five of which should be in ocular pharmacology, therapeutics or related topics of study approved by the State Board of Examiners in Optometry. Therapeutic licensees must complete a 15-hour course on the use of oral drugs in ocular therapeutics before May 31, 2000.
4. Optometrists may give orders to a licensed professional nurse, licensed practical nurse, registered physical therapist and registered occupational therapist in the provision of low vision rehabilitation services. This section was added at the request of Via Christi who operates a low vision rehabilitation clinic in Wichita. This section will give them greater flexibility in offering low vision services to the patients of both optometrists and ophthalmologists.
5. The State Board of Examiners in Optometry requested several changes to this legislation which were agreeable to all parties involved. The major change requires all out-of-state optometrists seeking to practice in Kansas under reciprocity to be therapeutic licensees. Under the code of "unprofessional competence section," the Board seeks language defining the prescribing, purchasing, administering, selling or giving away prescription drugs for other than legal and legitimate purposes. This is similar language to the Healing Arts Act. The optometry law is also updated to reflect 1998 legislation permitting professionals to form limited liability companies. The final change gives the Board civil fining authority against licensees similar to other licensing boards, i.e. healing arts, dental board and board of pharmacy.
6. On page 12, the language sunsetting the Interprofessional Advisory Committee on January 1, 2001 is deleted to allow the IAC to continue its work.



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MEMORANDUM

TO: House Committee on Health and Human Services

FROM: R.E. "Tuck" Duncan *RED*  
Kansas Occupational Therapy Association

RE: House Bill 2117

DATE: February 10, 1999

The Kansas Occupational Therapy Association supports HB 2117. Services provided by occupational therapists will be under the direct supervision of persons licensed under the optometry law.

Thank you for your attention to and consideration of this matter.

RED:amv

HHS  
2-10-99  
Atch #2

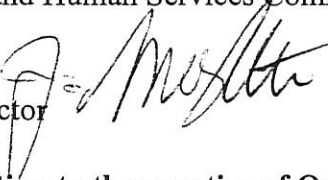


# KANSAS MEDICAL SOCIETY

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February 10, 1999

**To:** House Health and Human Services Committee

**From:** Jerry Slaughter  
Executive Director 

**Subject:** **HB 2117; relating to the practice of Optometry**

The Kansas Medical Society appreciates the opportunity to appear in support of HB 2117, which amends the optometry act to allow optometrists to prescribe oral drugs under certain conditions.

This legislation is the result of several months of meetings between our organization, the Kansas Society of Ophthalmologists, and the Kansas Optometric Association. I think it is safe to say that no one is completely happy with HB 2117. Each side made significant concessions during the discussions we had over the proposal. Undoubtedly you may hear from some physicians that the proposal goes too far, just as you may hear from some optometrists that the proposal does not go far enough. However, we do believe that, on balance, the bill is a reasonable approach to addressing the concerns expressed by optometrists over the past year on this issue.

I think the process we and the optometrists engaged in over the past year demonstrates that two health professions with some overlapping scopes of practice can work out their differences if both sides are reasonable and willing to listen to each other. I would like to especially note the contributions and work of Gary Robbins, KOA president Dr. Gilan Cockrell, and their committee. Everyone involved in the process worked hard and kept the discussions going forward, which was at times challenging.

We do support the bill before you, and would urge its favorable consideration without amendments. Thank you.

HHS  
2.10-99  
Atch #3





Via Christi  
Health System

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## TESTIMONY PRESENTED TO HEALTH AND HUMAN SERVICES

**FEBRUARY 10, 1999**

**RE: HB 2117**

Chairman Boston, members of the committee, I am Mary Ellen Conlee, representing Team Vision, an eye care organization that is owned by Via Christi Health System. Team Vision provides surgical and clinical eye care to the community with 90% of its revenue from Medicare and Medicaid patients. As part of the clinical care, Team Vision operates a low vision rehabilitation center, where patients may learn how to continue with activities of daily living while dealing with the challenges of visual impairment. Trained professionals work with clients to help them learn to their use residual vision to their highest capability. As a result many of the clients are able to stay in their own homes, instead of being forced into a nursing home environment.

Our problem is a Medicare and Medicaid billing problem. While a trained nurse, occupational or physical therapist is both the most appropriate and most cost effective professional to work with low vision clients, Medicare continues to deny payment for such services. The direction from the medical billing intermediary requires that the optometrist actually provide the services. Yet, in some states and regions the professionals listed above are paid under Medicare and Medicaid regulations. The difference seems to be whether or not the optometrist has the statutory authority to delegate low vision rehabilitation services to other trained health care professionals.

The proposed solution to our problem in HB 2117 would amend K.S.A. 65-1501 with the language proposed in (e). This language would allow our optometrist to give orders to a nurse, an occupational therapist or a physical therapist to assist in the delivery of low vision rehabilitation services. With this statutory change we believe that Team Vision could then receive reimbursement from Medicare and Medicaid for the services provided.

Thank you for the opportunity to present this problem and proposed solution to you.



**Testimony presented by Amy A. Campbell to the  
House Health and Welfare Committee  
on behalf of the  
Kansas State Ophthalmological Society**

February 10, 1999

Thank you, Mr. Chairman, for the opportunity to speak to you today on behalf of the Kansas State Ophthalmological Society (KSOS).

The 1996 Legislature passed Senate Bill 684 - relating to the practice of optometry. The bill emerged as a solution to the question of whether or not optometrists should be permitted to treat glaucoma, and was the result of a cooperative drafting process with the Kansas Medical Society, the Kansas Optometric Association, and the Kansas State Ophthalmological Society. Senate Bill 684 established the Interprofessional Advisory Committee (IAC) to implement the provisions of co-management for the treatment of adult open-angle glaucoma and to research and report to the Legislature on the advisability of expanding optometric scope of practice to include the use of oral pharmaceutical drugs. The bill set out the requirements to be met by applicants for glaucoma licensure, including evidence of professional liability insurance, completion of a prescribed course of instruction, and co-management with an ophthalmologist for a specified period and a specified minimum number of diagnoses.

Since 1996, the IAC has been meeting on a regular basis. These meetings have involved long hours of discussion, tedious review of reporting forms, and lively debate regarding the issue of oral drugs. You have each received a copy of the report issued by the IAC and the State Board of Examiners in Optometry. If you have any questions about the implementation of glaucoma co-management, you can probably find an answer in its pages.

A significant result of the Interprofessional Advisory Committee has been the open communication and cooperation of its members, a process which unites professionals toward a common goal, the implementation of glaucoma co-management to the benefit of Kansas eye care patients. This is not unlike the working relationships between most ophthalmologists and optometrists across the state of Kansas.

Although the IAC did not recommend expanding the scope of practice of optometrists to include prescribing oral drugs, the members of the IAC recognized the value of negotiating issues among professionals and avoiding potential political battle. Following the IAC summer meetings, representatives of the Kansas State Ophthalmological Society and Kansas Medical Society sat down with members of the Kansas Optometric Association to find a common ground on the issue of oral pharmaceuticals. This is the agreement before you. It is truly a major compromise on an extremely contentious issue.

Ophthalmologists take this issue very seriously. There are many ophthalmologists who are not supportive of this concept. Some have set aside their concerns in the interest of cooperation, others are holding their judgment until after its implementation. The KSOS has agreed to this compromise to avoid placing the Legislature in the middle of a scope of practice argument, and especially to encourage continued cooperation between these three professional organizations to the benefit of our patients.

Thank you for your consideration of HB 2117. We appreciate your understanding of the nature of this compromise and ask that you refrain from adding any amendments which might upset the current agreement. A list of our officers has been included on the back of this testimony for your information.

HHS  
2-10-99  
Atch#5

**Please direct questions to any of the following individuals:**

Amy A. Campbell, Executive Director - 785-234-9719

P.O. Box 4103, Topeka, KS 66604

Jemshed A. Khan, M.D., President - 816-931-4733

Kansas City

Bill Clifford, M.D., Vice President - 316-275-7248

Garden City

Michael G. Reynolds, M.D., Secretary Treasurer - 785-342-6989

Emporia

Joseph T. Philipp, M.D., Legislative Chair - 785-537-7373

Manhattan

Frank Griffith, M.D., Legislative Committee - 785-827-0488

Salina

Perry N. Schuetz, M.D., AAO Councillor - 316-793-8414

Great Bend

### **What is an Ophthalmologist?**

An ophthalmologist is a physician (doctor of medicine, MD, or doctor of osteopathy, DO) who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury.

An ophthalmologist has completed:

- four or more years of college premedical education,
- four or more years of medical school,
  - one year of internship and
- three or more years of specialized medical and surgical and refractive training and experience in eye care.

An ophthalmologist is a specialist who is qualified by lengthy medical education, training and experience to diagnose, treat and manage all eye and visual systems and is licensed by a state regulatory board to practice medicine and surgery.

An ophthalmologist is a medically trained specialist who can deliver total eye care: primary, secondary and tertiary (i.e., vision services, contact lenses, eye examinations, medical eye care and surgical eye care), diagnose general diseases of the body and treat ocular manifestations of systemic diseases.

An ophthalmologist is an Eye M.D.