BOARD OF OPTOMETRY
LEGISLATIVE/REGULATORY REVIEW COMMITTEE MEETING
MARCH 8, 2005
RICHMOND, VA

TIME AND PLACE: The meeting was called to order at 11:45 a.m. on Tuesday, March 8, 2005 at the Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 3, Richmond, Virginia.

PRESIDING CHAIRMAN: David H. Hettler, O.D.

MEMBERS PRESENT: Martha N. Gilbert
William T. Tillar, O.D.

STAFF PRESENT: Emily Wingfield, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Regulatory Analyst
Elizabeth A. Carter, Ph.D.
Carol Stamey, Administrative Assistant

OTHERS PRESENT: W. Ernest Schlabach, O.D.
Zelda Dugger, Board for Opticians
Betty S. Graumlich, NAOO
C. Cannaday, VSO

QUORUM: With all members of the Committee present, a quorum was established.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: On properly seconded motion by Dr. Tillar, the committee voted unanimously to approve the minutes of the January 21, 2005 meeting.

DISCUSSION ITEMS:

Receive and consider comment from VSO, Cal Whitehead, regarding proposed amendments to the Treatment Guidelines for TPA certified optometrists, 18 VAC 105-20-46

Dr. Hettler reported that Dr. Richard Morton had submitted additional information supporting previous documentation on the definition of "angle closure". The information is incorporated into the minutes as Attachment 1.

Upon careful review, the committee requested that a letter be drafted to Dr. Morton and Mr. Whitehead requesting further explanation as to how the proposed changes in definition affect standard of care (see documentation on definitive treatment for narrow angle as an iridectomy). Additionally, the Committee requested that a meeting be scheduled with Dr. Morton or another ophthalmologist member from VSO. Rather than to continue communicating through correspondence, with the attendant lag time for response, it is the Committee's desire to dialog

directly with someone from VSO with the clinical expertise required to adequately speak to the healthcare issues relevant to the regulatory changes VSO has requested.

NEW BUSINESS: No new business was presented.

ADJOURNMENT: The meeting adjourned at noon.

David H. Hettler, O.D., Chair

Elizabeth A. Carter, Ph.D., Executive Director

Attachment 1

WHITEHEAD CONSULTING, LLC

Government Relations and Public Affairs
707 East Franklin Street, Suite C - Richmond, Virginia 23219
www.whitcheadconsulting.net

FACSIMILE

Date: Monday, March 07, 2005

To: Elizabeth Carter PhD

From: Cal Whitehead
(804) 644-4424 office
(804) 644-7331 fax
cwhitehead@whiteheadconsulting.net

Re: Dr. Carter, attached please find Dr. Morton's letter for the Board's Reg-Leg committee. I have a schedule conflict and I don't think I will be able to attend but I'll try to make out there for any discussion (not sure I can add much as a lay person). Please contact me if there is any follow-up requested by Dr. Hettler.

Thanks... Cal Whitehead

Virginia Society of Ophthalmology

PO Box 3268, Glen Allen, VA 23058-3268
Phone: 804-261-9890 Fax: 804-261-9891
Web Address: www.vaeyemd.org

EYE MDs of VIRGINIA

March 7, 2005

Elizabeth A. Carter PhD
Executive Director
Board of Optometry
6603 West Broad St., 5th Fl.
Richmond, VA 23230-1712

Dear Dr. Carter:

The Virginia Society of Ophthalmology (VSO) appreciates the opportunity to provide additional information to support our recommendations on the definition of "angle closure" and other serious forms of glaucoma. We believe that definitions used in the Optometric Practice Act treatment guidelines should support the highest standards for patient care and safety. Per Dr. Hettler's request, supporting information and explanation can be found below.

We urge the Board of Optometry to adopt language that would provide for the following:

1. A definition for "narrow angle glaucoma":
   "Narrow angle glaucoma" means an abnormal or decreased angle in the involved eye with acute, subacute, latent, intermittent, or chronic elevated intraocular pressure.

2. A treatment guideline for narrow angle glaucoma that is consistent with the medical standard of care and will encourage providers and patients to recommend the definitive treatment course to prevent further damage to vision.
   "Treatment of narrow angle glaucoma shall include timely referral to an ophthalmologist for consideration of preventive invasive procedures."

Because angle closure glaucoma includes a broad subset of conditions, we recommend that the Board of Optometry define narrow angle glaucoma and its treatment guideline to require a referral as the definitive treatment is an iridectomy, a surgical procedure. The recommendations are based on The American Academy of Ophthalmology's Basic and Clinical Science Course, 2004-2005. Please see the attached for supporting excerpts.

Thank you for your consideration.

Sincerely,

Richard Morton MD

Richard Morton, MD
President

Excerpts from the American Academy of Ophthalmology's Basic and Clinical Science Course, 2004-2005 on angle closure and related glaucoma:

"Primary angle closure glaucoma has been called the most common form of glaucoma in the world, and the leading cause of bilateral blindness....

"... The angle-closure glaucomas include a large and diversified group of diseases, which are unified by the presence of peripheral anterior synechia and/or iridotrabecular apposition. Their presentation can be acute, with profound symptoms, or chronic, with asymptomatic visual field loss.... Early diagnosis and treatment in most forms of angle-closure glaucoma can be invaluable, if not curative..."

"... The definitive treatment for acute angle closure is an iridectomy, laser or surgical..."

"... Laser iridectomy is the treatment of choice in subacute angle closure...

"...The diagnosis of chronic angle-closure glaucoma is frequently overlooked, and it is commonly confused with chronic open-angle glaucoma... Even if miotics and other agents lower the intraocular pressure, an iridectomy is necessary to relieve the pupillary block component and reduce the potential for further permanent synechial angle closure. Without an iridectomy, the closure of the angle usually progresses and makes the glaucoma more difficult to control."

"...The treatment of pupillary-block angle closure glaucoma and infantile glaucoma is primarily surgical, either laser or incisional, with medical therapy taking a secondary role."