

**BOARD OF OPTOMETRY
LEGISLATIVE/REGULATORY REVIEW COMMITTEE MEETING
JANUARY 21, 2005
RICHMOND, VA**

TIME AND PLACE: The meeting was called to order at 1:45 p.m. on Friday, January 21, 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.
Bill Ferguson, Board for Opticians
Betty S. Graumlich, NAOO
Bruce Keeney, VOA
Cal Whitehead, VSO

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

PUBLIC COMMENT: No public comment was presented.

REQUEST FROM VSO FOR AMENDMENT TO THE REGULATIONS: **Request for Amendments to the TPA formulary and treatment guidelines**
Dr. Hettler reported that the Legislative/Regulatory Review Committee had been requested to review a letter from the Virginia Society of Ophthalmology. It was noted that the letter addressed issues discussed at the TPA Formulary Committee's previous meetings. Documents that the Committee referenced are incorporated into the minutes as Attachment 1.

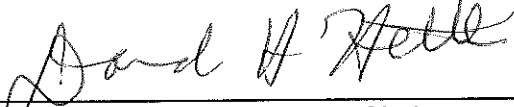
Dr. Hettler requested further documentation and clarification regarding the proposed amendments. Specifically, he requested that Mr. Whitehead obtain the following documentation: references for standards of care relating to narrow angle glaucoma, content from the medical books that the VSO edited for their decision making regarding the insertion of "interior" before "uveitis". Upon receipt of the additional documentation, the Committee will convene to discuss and consider the proposed amendments.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

On properly seconded motion by Dr. Smart, the meeting adjourned at 2:15 p.m.



Thomas R. Cheezum, O.D., Chairman
David H. Hettler, O.D. Current Chair



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

Attachment 1

D. Calloway Whitehead III
Whitehead Consulting, LLC
Government Relations & Public Affairs
707 East Franklin Street, Suite C
Richmond, Virginia 23218
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December 1, 2004

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 submit public comments regarding the proposed amended regulations governing Therapeutic Pharmaceutical Agent (TPA) certification, the TPA formulary, and treatment guidelines. Our members are troubled by the manner in which the TPA Formulary Committee deliberations and recommendations have been handled. We assert that input from the physician and pharmacist members of the committee was not given serious consideration. In fact, the majority of the committee and the full Board of Optometry have attempted, sometimes over the objections of Board counsel and staff, to adopt regulations that exceed the scope and ignore the legislative intent of HB 856.

Please consider our positions on the following proposed amended regulations:

1. 18 VAC 105-20-46: That "anterior" be re-inserted in B. 4 before "uveitis". The proposed is inconsistent with the TPA Committee's recommendation and greatly expands the treatment guidelines.
2. 18 VAC 105-20-46 C. 1.: We object to this definition of "angle closure glaucoma" and insist that the definition of any serious condition that requires emergency medical attention must be crafted with input from physicians. The proposed definition is clearly attempting to circumvent the prohibition included in HB 856.
3. 18 VAC 105-20-47 Topically Administered Schedule VI Agents: That "immunosuppressive agents" be excluded from the list of medications that can be prescribed and administered by optometrists, as recommended by a majority of the TPA Committee.

Please contact Cal Whitehead at (804) 644-4424 or cwhitehead@whiteheadconsulting.net if you have questions or comments.

Sincerely,

Richard Morton, MD
President

WHITEHEAD CONSULTING, LLC

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

December 1, 2004

Bruce Keeney
Executive Director
Virginia Optometric Association
118 N. Eighth Street
Richmond, VA 23219

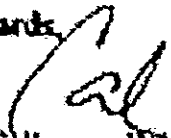
Dear Bruce:

The lengthy and often contentious regulation writing process which has followed the passage of HB 856 has highlighted many of the concerns ophthalmologists have about the broad expansion of optometrists' prescriptive authority. The Virginia Society of Ophthalmology (VSO) is troubled by the manner in which the TPA Formulary Committee deliberations and recommendations have been handled. We assert that input from the physician and pharmacist members of the committee was not given serious consideration. In fact, the majority of the committee and the full Board of Optometry attempted on numerous occasions, sometimes over the objections of Board counsel and staff, to adopt regulations that exceed the scope and ignore the legislative intent of HB 856. For these reasons, VSO is seeking to clarify § 54.1-3200 et seq. to ensure that the many hours of negotiation during the 2004 General Assembly spent by legislators and advocates to strengthen patient protections are not wasted.

Consistently, the members of the Board of Optometry use ophthalmologic standards of care, education and training when defining and outlining the practice parameters for optometrists. VSO finds it to be illogical and impossible to use such standards for the practice of optometry. In order to more clearly distinguish appropriate practice boundaries, it is our intention to introduce legislation that will clarify the definitions of ocular "adnexa" and "angle closure glaucoma". In drafting language we are using the most recognized medical authorities in ophthalmology and will include appropriate conditions for the practice of optometry under current Virginia law.

Please respond with comments, questions, or suggestions by Wednesday, December 10. I can be reached at (804) 644-4424 or dwhitehead@whiteheadconsulting.net.

Regards,


D. Calloway Whitehead III
VSO Legislative Director

Cc: VSO Board of Directors
Emily Wingfield, Office of the Attorney General
The Honorable S. Chris Jones
Ralph E. Small, PharmD
Board of Optometry

December 6, 2004

For Board of Optometry consideration:

Definition of Ocular Adnexa:

18VAC105-20-46. Treatment guidelines for TPA[~~certification~~ certified optometrists].

A. TPA-certified optometrists may treat diseases and abnormal conditions of the [following structures of the] human eye and its adnexa which may be [appropriately] treated with [medically appropriate] pharmaceutical agents as referenced in 18VAC105-20-47. [The adnexa is defined as orbital contents specifically including the cornea, conjunctiva, episclera, orbital fat, extraocular muscles, lacrimal gland and the eyelid, eyelashes, and lacrimal drainage system. Nothing in these guidelines shall permit the treatment of the paranasal sinuses, the brain, the oropharyngeal cavity and systemic disease processes including but not limited to hypertension, diabetes, and collagen vascular diseases.

Definitions and Treatment Guidelines for Angle Closure and Narrow Angle Glaucoma

C. The [definitions and] protocol for treatment of angle closure [and narrow angle] glaucoma shall be as follows:

1. As used in this chapter, angle closure glaucoma shall mean a closed angle in the involved eye with significantly increased intraocular pressure, and corneal microcystic edema.]

2. Treatment shall be limited to the initiation of immediate emergency care with appropriate pharmaceutical agents as prescribed by this chapter;

3. Once the diagnosis of [acute] angle closure glaucoma has been established by the optometrist, the ophthalmologist to whom the patient is to be referred should be contacted immediately;

4. If there are no medical contraindications, an oral osmotic agent may be administered as well as an oral carbonic anhydrase inhibitor and any other medically accepted, Schedule III, IV or VI, oral antiglaucomic agent as may become available; and

5. Proper topical medications as appropriate may also be administered by the optometrist.

6. As used in this chapter, narrow angle glaucoma shall mean a decreased angle in the involved eye with acute, sub-acute, latent, intermittent or chronic elevated intraocular pressure. [Treatment shall include timely referral to an ophthalmologist for consideration of preventive invasive procedures.]

7. Once the diagnosis of narrow angle glaucoma has been established by the optometrist, the ophthalmologist to whom the patient is to be referred should be contacted.