

of practice. There is the Board of Health and there's about 15 or 16 individuals on the Board of Health, then they review the issue, make their recommendation, then the Director of Health who is always a physician, that's required by statute, reviews the issue and makes their recommendation. So, essentially, the Legislature gets three sets of recommendations on every scope of practice change, and then the issue comes before the Legislature. We aren't supposed to get those issues before they get reviewed through the 407 review process, and they will take anywhere from six to twelve months to go through this review. So it's quite an extensive process. So, in 1989, the issue that's before us with LB 429 was brought to the Health Department under the 407 review process. There they have found the following recommendations. The first level, the Technical Committee said, yes, we think that optometrists should be able to do oral medications for the treatment of eye diseases, and they also said that there should be a right of optometrists to treat glaucoma with oral and topical agents in collaboration with and consultation with ophthalmologists. And, again, optometrist and ophthalmologist, ophthalmologist is a physician with a specialty in eye disease, and an optometrist is an individual dealing with various eye activities and responsibilities. So the Technical Committee said, yes. Then they went to the Board of Health and the Board of Health looked at this and they agreed with the Technical Committee, said, yes, we think optometrists should be able to do both oral medication for the treatment of eye diseases and be able to treat glaucoma with oral and topical agents as long as they're in collaboration and consultation with an ophthalmologist. Then they went to the Director of Health, Gregg Wright, at that time, who in February, 1990, disagreed with the other two recommendations and said, no, I do not agree with this proposal and he had concerns about the need for the change and the safety of the change, the training of the individuals to be able to do this. So if you have three strikes, you're out. There weren't three strikes. There were two hits and then a strike, so to speak. Two yeses, one no on this process, and then the bill came to the Legislature, I believe in 1990. So now it's 1993 and we've had this issue before us for three years. This time it came to us in two different bills, LB 429 which addressed the issue of oral medications for the treatment of eye disease, and then LB 636 which is a bill that takes that other issue of treating glaucoma with oral and topical agents and that bill, 636, was killed by the committee because 429 was advanced by the committee and we didn't want to mix up the two issues and so that's why that