

prescribing medicine and when that happens...when medicine is prescribed, I want it to be done by somebody that has had the full range of training and, as Senator Kristensen pointed out, medical, clinical experience to understand the full ramifications and all aspects of treatment of disease and all aspects of interaction of the body with various types of medication. I am not comfortable at this point. I'm not quite comfortable...

SPEAKER BAACK: One minute.

SENATOR WITHEM: ...saying because we haven't heard horror stories we ought to go ahead and do it, which seems to be some of the rhetoric floating around here. I think we need to have conclusive proof and evidence that this is, in fact, a safe practice before we make the change. So, for all of those reasons, I am going to be supporting Senator Kristensen's amendment, so I would urge other members to do so also.

SPEAKER BAACK: Thank you, Senator Withem. Senator Horgan.

SENATOR HORGAN: Thank you, Mr. Speaker, and members, I would rise in opposition to Senator Kristensen's amendment, not because I don't necessarily think the amendment is a good one, but simply because I think that, as a body, we, as lay people, are not well trained, obviously, in this area. And, serving on the Health Committee this year, this issue is an extremely complicated one. And Senator Dierks, I think, did a good job of explaining the training and background that optometrists have and, quite frankly, Senator Dierks, I think, is the only one on the committee that can pronounce some of these medical terms and so for the rest of us to be sitting and making judgment on whether or not this is good policy or not good policy is nearly impossible for us to do. Do I think optometrists should be doing things beyond the scope of their background and training? Absolutely not. If I had a medical problem with my eye or one of my children had a problem or somebody close to me, I would want them to see someone who was best trained to deal with that problem. But do I understand that in some cases of eye disease that an oral antibiotic is perhaps a more reasonable way to go than a topical? And what happens in Nebraska now, particularly, I understand in rural areas, is the optometrist calls the ophthalmologist and the ophthalmologist, without seeing the patient, will oftentimes prescribe the oral antibiotic, relying upon the ophthalmologist...or the optometrist. The other thing