

assume, one, they'd have to make a diagnosis of what was wrong, and then they would prescribe some medication to take care of that. That would be true, too.

SENATOR MOORE: Similar to what they already do, yes.

SENATOR KRISTENSEN: Okay, but 429 does expand what they are doing and you feel that they would have sufficient training to take care of that expansion?

SENATOR MOORE: It expands what they can prescribe. It does not expand what they can diagnose. That's the glaucoma bill.

SENATOR KRISTENSEN: Okay, let's exclude glaucoma, okay, for the moment, because that's right, but let's talk about other diseases or injuries. We're giving them more leeway for prescriptions, thus means that there is probably a little more leeway in what they are going to be treating too, because they've not treated those in the past, they are going to treat new things. Wouldn't that be a fair statement?

SENATOR MOORE: Yes, and with the committee amendments, you significantly lessened the area, I think rightfully so, you significantly lessened the areas they can be doing anything about, and give oral prescriptions to.

SENATOR KRISTENSEN: But in the areas that they are going to give oral prescriptions to, if they are going to give the prescription for it, they're probably trained to make the diagnosis to give that prescription. I think that's fair, don't you?

SENATOR MOORE: Yes.

SENATOR KRISTENSEN: Okay, and if they've got continuing education, we've heard this morning that also adds to their qualifications, wouldn't you think as well towards being able to handle these diagnosis and giving these prescriptions?

SENATOR MOORE: You're going to have to ask that one again.

SENATOR KRISTENSEN: Would their continuing education we heard about this morning also add to their ability to make the diagnosis and the treatment?