# WEST VIRGINIA SECRETARY OF STATE JOE MANCHIN, III ADMINISTRATIVE LAW DIVISION

Do Not Mark in This Box

2001 JUL 27 P 3: 50

OFFICE WEST VIRGINIA SECRETARY OF STATE

Form #3

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE  AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE
AGENCY: West Virginia Bd. of Optometry TITLE NUMBER: 14
CITE AUTHORITY: Chapter 30 - Article 8 Optometrists
AMENDMENT TO AN EXISTING RULE: YES X NO
IF YES, SERIES NUMBER OF RULE BEING AMENDED:. 2
TITLE OF RULE BEING AMENDED: Expanded Prescriptive Authority
IF NO, SERIES NUMBER OF RULE BEING PROPOSED:.
TITLE OF RULE BEING PROPOSED:

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

C. Clifton Hype, C. Esp.
Adthorized Signature

# WEST VIRGINIA SECRETARY OF STATE JOE MANCHIN, III ADMINISTRATIVE LAW DIVISION

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### West Virginia Board Of Optometry

101 Michael Street

Clarksburg, West Virginia 26301-3937

Phone: (304) 627-2106

Fax: (304) 627-2282

e-mail: wvbdopt@westvirginia.net

June 26, 2001

Secretary of State State of West Virginia Building 1, Suite 157K 1900 Kanawha Blvd., East Charleston, WV 25305-0771

RE: Title 14- Series 2
Expanded Prescriptive Authority

Dear Sirs:

The Board has approved Title 14-Series 2-Expanded Prescriptive Authority as a legislative rule to consolidate the drug formulary in a single rule as requested by the standing Joint Committee on Government Organization and expand the current drug formulary.

Please fax us the cover page for this rule when the comment period begins.

Sincerely,

Clifton Tyre, OD, Clifton Hyre, O. D.

President

Enclosure CH/bp

#### CIRCUMSTANCES REQUIRING RULE TITLE 14 – SERIES 2 EXPANDED PRESCRIPTIVE AUTHORITY

This rule consolidates the drug formulary in a single rule as requested by the standing Joint Committee on Government Organization.

#### SUMMARY OF PROPOSED RULE, TITLE 14-SERIES 2 EXPANDED PRESCRIPTIVE AUTHORITY

Changes to this rule are made at the request of the standing Joint Committee on Government Organization and to expand the current drug formulary.

#### QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule.

DATE	:	June 26,2001
TO:		LEGISLATIVE RULE-MAKING REVIEW COMMITTEE
FROM:	: (Agen	cy Name, Address & Phone No.) WV Board of Optometry
	10	1 Michael St., Clarksburg, WV 25301-3937 (304) 627-2106
LEGIS	ELAT	IVE RULE TITLE: 14-2 Expanded Prescriptive Authority
1.	Aut	horizing statute(s) citation <u>Chapter 30-Article 8</u>
2.	a.	Date filed in State Register with Notice of Hearing or Public Comment Period:
		June 27, 2001 (comment period)
	b.	What other notice, including advertising, did you give of the hearing?
		Legal advertisements and interested party letters
	c.	Date of Public Hearing(s) or Public Comment Period ends:
		July 27, 2001 8:00 AM

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

3.

	Attached No comments received
e.	Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)
f.	Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)
	E. Clifton Hyre, O. D., President
	WV Board of Optometry 101 Michael Street
	Clarksburg, WV 26301-3937 (304) 636-1111
g.	Name, title, <u>address</u> and phone/fax/e-mail numbers of agency person(s) to receive all written correspondence regarding this rule: (Please type)
	Barbara L. Palmer, Administrative Secretary WV Board of Optometry 101 Michael STreet
	Clarksburg, WV 26301-3937
	· · · · · · · · · · · · · · · · · · ·
ru]	the statute under which you promulgated the submitted es requires certain findings and determinations to be le as a condition precedent to their promulgation:
a.	Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.
b.	Date of hearing or comment period:
	June 27, 2001

c.	On what date did you file in the State Register the findings and determinations required together with the reasons therefor?						
d.	Attach findings and determinations and reasons:						
	Attached						

### appendix b

#### FISCAL NOTE FOR PROPOSED RULES

Rule Title:	14-2 Expanded Prescriptive Authority					
	: X Legislative Interpretive	Procedural				
Agency:	WV Board of Optometry					
Address:	101 Michael Street					
	Clarskburg, WV 26301-3937					
	Phone: (304)627-2106					

#### 1. Effect of Proposed rule:

	ANNUAL		FIS	R	
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
ESTIMATED TOTAL COST	0	0	0	0	0
PERSONAL SERVICES	0	0	0	0	0
CURRENT EXPENSE	0	0	0	0 .	0
REPAIRS & ALTERATIONS	0	0	0	Q	n
EQUIPMENT	0	0	0	0	0
OTHER	0	0	0	0	0

2. Explanation of Above Estimates: None

3. Objectives of These Rules: To consolidate the drug formulary in a single rule as requested by the standing Joint Committee on Government Organization and expand the current drug formulary.

- 4. Explanation of Overall Economic Impact of Proposed Rule:
  - A. Economic Impact on State Government: None
  - B. Economic Impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens:

    None
  - C. Economic Impact on Citizens/Public at Large.
    None

Date: \_\_\_\_\_June 26, 2001

Signature of Agency Head or Authorized Representative:

E. Cefton Hyre, O.D.

# TITLE 14 FILED LEGISLATIVE RULES WEST VIRGINIA BOARD OF EXAMINERS IN OPTOMETRY P 3: 51

# SERIES 2 EXPANDED PRESCRIPTIVE AUTHORITY ICE WEST VIRGINIA SECRETARY OF STATE

#### 14-2-1. General.

- 1.1. Scope. This legislative rule establishes the requirements, procedures and standards for the certification and re-certification of individual optometrists, and expanded drug formulary, by the West Virginia Board of Examiners in Optometry, regarding prescriptive authority and expanded prescriptive authority, as defined in Chapter 30-8-2a. and 30-8-2b. of the West Virginia Code.
- 1.2. Authority. W. Va. Code 30-8-2a. And 30-8-2b.
- 1.3. Filing Date-
- 1.4. Effective Date-

#### 14-2-2. Certification.

- 2.1. In order to be permitted to prescribe oral drugs under the provisions of WV Code 30-8-2a and 30-8-2b, a registered optometrist shall apply to the Board for certification. In order to qualify for certification, an optometrist:
- 2.1.a. Shall have previously attained topical therapeutic certification.
- 2.1.b. Shall satisfactorily complete, and pass an examination in, a course in clinical pharmacology as applied to optometry. This course shall have particular emphasis on the administration of oral pharmaceutical agents for the purpose of examination of the human eye, and analysis of ocular functions and treatment of visual defects or abnormal conditions of the human eye and its adnexa. In addition, the course shall include instruction on the clinical use of Schedule III, IV, and V agents. This course shall consist of a minimum of 30 hours of instruction in clinical systemic pharmacology. The course shall be taught by (1) a school or college of optometry or a medical school, accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or by the United States Department of Education, (2) a federally sponsored health education center; or (3) other non-profit continuing education agencies in cooperation with appropriate optometry or medical school faculty. All courses of instruction shall be approved by the Board; and
- 2.1. c. Shall pass an examination relating to the treatment and management of ocular disease, which is prepared, administered, and graded by the National Board of Examiners in Optometry or other nationally recognized optometric organization as approved by the board.

#### 14-2-3 Re-certification.

3.1. Each optometrist applying for annual re-certification shall furnish to have available for the Board, satisfactory evidence that he or she has acquired the continuing education hours required under the Board of Optometry Rule, Rules of the West Virginia Board of Optometry, 14CSR 1, to renew his or her annual biennial registration. Of those required hours, an optometrist certified under the provisions of this rule shall furnish the Board with satisfactory evidence that at least six (6) hours of the required hours were acquired in educational optometric programs in ocular pathology or therapeutic pharmacological agents

#### 14-2-4. Insurance.

- 4.1 All optometrists certified under this rule shall carry liability insurance coverage in an amount of not less than one million dollars (\$1,000,000). No optometrist shall practice under the provisions of this rule unless and until he or she has submitted to the board evidence of the liability insurance coverage in an amount not less than one million dollars (\$1,000,000).
- 4.2 It will be the responsibility of each individual optometrist to furnish proof of current liability insurance coverage to the Board upon application for certification and re-certification.

#### 14-2-5. Procedures for Certification.

5.1. The educational and training requirements for certification by the Board shall be from a college or university accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or by the United States Department of Education.

#### 14-2-6. Fees.

- 6.1. The administrative fee for the certification of an individual optometrist for an expanded scope of practice prescriptive authority is \$200.00.
- 6.2. The administrative fee for the re-certification of an individual optometrist for an expanded scope of practice prescriptive authority is \$200.00.

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#### 14-2-7. Drug Formulary.

- 7.1. The categories of oral drugs to be considered rational to the diagnosis and treatment of visual defects or abnormal conditions of the human eye and its appendages shall include:
- 7.1.a. Analgesics: provided, that no oral narcotic analgesic shall be prescribed for a duration of more than three days; and for the purpose of treatment of visual defects or abnormal conditions of the human eye and its appendages.
- 7.1.b. Antibiotics.
- 7.1.c. Antifibrinolytics.
- 7.1.d. Antihistamines.
- 7.1.e. Anxiolytics.
- 7.1.f Carbonic anhydrase inhibitors.
- 7.1.g. Oral Corticosteroids. for a duration of no more than six days; and for the purpose of treatment of visual defects or abnormal conditions of the human eye and its appendages;
- 7.1.h. Hyperosmotics.
- 7.1.i. Imunosuppresants.
- 7.1.j. Non-steroidal anti-inflammatorys.
- 7.1.k Nutritional Supplements.

#### 14-2-8. Restrictions.

- 8.1. An optometrist may not establish a pharmacy in an optometric office or sell pharmaceutical agents prescribed in treatment unless there is a licensed pharmacist on staff and present when these prescriptions are filled. However, nothing in this section or in any other provision of law prohibits an optometrist who is certified under the provisions of this rule from administering or supplying pharmaceutical agents to a patient, without charge for the pharmaceutical agents, to initiate appropriate treatment.
- 8.2. Any optometrist practicing under the authority of this rule shall be held to the same standards of care as that of other health care practitioners providing similar services
- 8.3. No optometrist shall practice under the provisions of this rule unless and until he or she submits to the board evidence of satisfactory completion of all of the education requirements of 2.1.a., 2.1.b. and 2.1.c. of this rule and have been certified by the board as educationally qualified.



## West Virginia Board Of Optometry 101 Michael Street

Clarksburg, West Virginia 26301-3937

Phone: (304) 627-2106

Fax: (304) 627-2282

e-mail: wvbdopt@westvirginia.net

July 27, 2001

In Reply Refer To: 581/123

Mr. Ronald D. Walton Executive Director West Virginia Board of Medicine 101 Dee Drive Charleston, WV 25311

SUBJ: Optometry Title 14-2

The West Virginia Board of Optometry is in receipt of your letter of July 18, 2001, detailing your suggestions for the proposed amendments to Title 14-Series 2, Expanded Prescriptive Authority.

In careful review of your comments, the Board would like to thank Dr. Shelley Schliesser and you for taking the time to express your thoughts on this issue. In particular, the Board wants you to fully realize that it takes its responsibility very seriously to insure that the public welfare is protected and that the profession is practiced responsibly by all of the State's optometrists.

Although the Board supports the rule to include immunosuppresants, the Board recognizes Dr. Schliesser's concerns and will carefully review their level of criticality and safety to be appropriately included on the formulary.

The Board very much appreciates the considered input of the West Virginia Board of Medicine as the Board strives to constantly improve and monitor the welfare of patients who receive their eye and vision care from optometrists.

If the West Virginia Board of Optometry can provide any additional information to you, please feel free to contact us at: (304) 627-2106

Sincerely,

E. Clifton Hyre, O.D.

E. Colefton Hyre, Of

President, West Virginia Board of Optometry

Sajit Singh, M.D., President, West Virginia Board of Medicine cc:

#### MISSION STATEMENT

R. Curtis Arnold, D.P.M. South Charleston

Rev. Richard Bowyer Fairmont

Ahmed D. Faheem, M.D. Beckley

Mr. Roger Foster Morgantown

Angelo N. Georges, M.D. Wheeling

J. David Lynch, Jr., M.D. Morgantown



### State of West Virginia

West Virginia Board of Medicine 101 Dee Drive Charleston, WV 25311 Telephone (304) 558-2921 Fax (304) 558-2084

July 18, 2001

Phillip B. Mathias, M.D. Glen Dale

Mr. Jewel F. McClanahan Nitro

Carmen R. Rexrode, M.D. Moorefield

John A. Wade, Jr., M.D. Point Pleasant

S. Kenneth Wolfe, M.D. Huntington

Kenneth Dean Wright, P.A.-C. Huntington

Clifton Hyre, O.D., President West Virginia Board of Optometry 101 Michael Street Clarksburg, West Virginia 26301-3937

Re:

Your letter of July 2, 2001, enclosing proposed amendments to Title 14,

Series 2 – Expanded Prescriptive Authority.

Dear Dr. Hyre:

The above referenced proposal has been received, and the Board of Medicine determined at its regular meeting on July 9, 2001, to obtain input from a Doctor of Pharmacy consultant whose expertise has been most beneficial to the Board in other pharmaceutical matters.

Enclosed please find Dr. Schliesser's comments on your proposal, wherein she specifically notes that immunosuppressants should not be added to your proposed drug formulary due to their high potential for adverse effects and because they often require significant monitoring. Also enclosed for your information is a copy of Dr. Schliesser's resume.

Please accept the enclosed comments as comments from the West Virginia Board of Medicine. Thank you for the opportunity to review and comment on this proposal.

Sincerely,

Ronald D. Waltòr

/jsp

Enclosures

pc: Sarjit Singh, M.D., w/enclosures

July 18, 2001

Ronald D Walton Physicians Assistant Committee West Virginia Board of Medicine 101 Dee Drive Charleston, WV 25311

#### RE: Regarding the optometrist proposed expanded prescriptive authority

Dear Mr. Walton,

Thank you for allowing me to review the proposed expanded prescriptive authority for optometrists. The following agents (taken directly from the proposed document) were considered. When necessary, comments and concerns were listed next to the proposed drug class.

- 7.1. The categories of <u>oral</u> drugs to be considered rational to the diagnosis and treatment of visual defects or abnormal conditions of the human eye and its appendages shall include:
  - 7.1.a Analgesics
  - 7.1.b Antiblotics
  - 7.1.c Antifibrinolytics
  - 7.1.d Antihistamines
  - 7.1.e Anxiolytics
  - 7.1.f Carbonic anhydrase inhibitors
  - 7.1.g Oral corticosterolds
  - 7.1.h Hyperosmotics
  - 7.1.i Immunosuppressants
    (Recommend this class of agents <u>not be approved</u>; such systemic agents
    [example: methotrexate, cyclosporine] have a high potential for adverse effects
    and often require significant monitoring)
  - 7.1.j Nonsteroidal anti-inflammatories
  - 7.1.k Nutritional supplements

If you have any questions or concerns, please feel free to contact me at any of the following numbers.

Pager: 330-6294 Home phone: 727-5707

Day phone: 388-6294

Fax: 388-6735

Sincerely,

Shelley Hoppe Schliesser, PharmD

#### **CURRICULUM VITAE**

#### SHELLEY HOPPE SCHLIESSER

**ADDRESS** 

Home:

1011 Green Valley Dr

St Albans, West Virginia 25177

(304) 727-5707

Work:

Charleston Area Medical Center Pharmacy and Drug Information

501 Morris Street

Charleston, West Virginia 25326-1547

(304) 348-6294

#### PERSONAL DATA

Date of birth:

July 1, 1996 Place of birth: Akron, Ohio

Licensure:

Ohio: 03-2-17787 Kentucky: 010772

West Virginia: RP0005720

#### **EDUCATION**

1991 - 1993

Doctor of Pharmacy

The University of Toledo College of Pharmacy

Toledo, Ohio

1984 - 1989

Bachelor of Science in Pharmacy

The University of Toledo College of Pharmacy

Toledo, Ohlo

#### **CLINICAL EXPERIENCES**

1995 - present Drug Information Specialist

Charleston Area Medical Center, Charleston, West Virginia

#### Experiences include:

Directing the activities of a drug information center, answering drug information questions, reporting and impacting the decisions of the Pharmacy & Therapeutics Committee, coordinator of the Medication Use Committee (sub committee of Pharmacy & Therapeutics), coordinator of the CNS/ Autonomic/ Psychiatric Work Team (working committee of Pharmacy & Therapeutics), member of the advisory team for Alternative Health, developing and revising policies (including nonpharmacy department), education implementing, evaluating, and reporting a computerized multidisciplinary adverse drug reaction reporting program, precepting residents and students, staff development, writing information for the Professional (monthly hospital-wide newsletter), writing and editing for Medication Safety Alert and Charleston Area Medical Center Drug Information Alert (quarterly hospital-wide news memos to nursing), precepting PSAP modules, monitoring nonformulary usage, maintaining formulary

1994 - 1995

Drug Information Specialty Residency

University of Kentucky Hospital, Lexington, Kentucky

Experiences gained in clinical residency included:

Revising, writing, and preparing articles for News for Nurses and Current Topics

(monthly internal newsletters), responding to drug information questions, preparing and presenting at Pharmacy & Therapeutics monthly meetings. evaluation of formulary compliance, assisting in coordination of the adverse drug reaction program, drug policy development, leading group discussions including journal clubs

#### PROFESSIONAL EXPERIENCE

1995 - present Drug Information Specialist

Charleston Area Medical Center, Charleston, West Virginia

Responsibilities include: staff development, providing drug information, active participant in Pharmacy & Therapeutics Committee, adverse drug reaction analysis and reporting, monitoring nonformulary usage, maintenance of formulary

1993 - 1995 Resident/ Staff Pharmacist

University of Kentucky Hospital, Lexington, Kentucky

Responsibilities included: pharmaceutical care, distribution, order entry, providing drug information to physicians, nurses, and patients

1992 - 1993 Teaching Assistant

The University of Toledo, Toledo, Ohio

Responsibilities included: adverse drug reaction documentation, drug study of erythropoietin cost and quality of care

1991 - 1992 Part Time Staff Pharmacist

The Toledo Hospital, Toledo, Ohio

Responsibilities included: order entry validation, screening of medications and orders, providing drug information to physicians, nurses, and the general public

1990 – 1991 Clinical Surgery Satellite Pharmacist Akron City Hospital, Akron, Ohio

Responsibilities included: developing drug policies and procedures, training personnel, tracking medication errors, consultation for drug dosing in renal dysfunction, and drug use production.

dysfunction, and drug use evaluation

1989 – 1990 Staff Pharmacist

Akron City Hospital, Akron, Ohio

Responsibilities included: order entry validation, intravenous order entry, intravenous compounding, screening of medications and orders, providing information to physicians, nurses, and the general public

1989 - 1989

Staff Pharmacist

Finney's Drug Store, Canton, Ohio

Responsibilities included: prescription screening and dispensing, compounding, patient counseling, physician consultation, and generating nightly reports

#### PROFESSIONAL ORGANIZATIONS

West Virginia Pharmaceutical Association (1999 – 2000) American Society of Health-System Pharmacists Clinical Specialist subgroup April 1993

OKT-3 Aseptic Meningitis

Cleveland Clinic, Cleveland, Ohio

Presented to pharmacists

Continuing Education Credits Approved

March 1993

Total Parenteral Nutrition and Compatibility

Cleveland Clinic, Cleveland, Ohio

Presented to physicians, nutritionists, nurses, and pharmacists

February 1993

Cyclosporine Induced Hypertension Cleveland Clinic, Cleveland, Ohio

Presented to pharmacists

September, November, December 1992

Fluoxetine Use in Borderline Personality Disorder
University of Toledo, Toledo, Ohio
University Hospital, Cleveland, Ohio
Veterans Administration Hospital, Cleveland, Ohio
Presented to clinical faculty, staff, and PharmD candidates

#### LOCAL PUBLICATIONS

Responsible as author and editor of *Medication Safety Alerts* (initiated fall 1998 to present)

A quarterly news memo distributed via e-mail to nurses within CAMC Topics include: medication and administration errors

Responsible as author and editor of Charleston Area Medical Center Drug Information Alert (initiated fall 1998 to present)

An as needed news memo (usually quarterly) distributed via e-mail to nurses within CAMC.

Topics include: short monographs on new agents recently added to formulary, quick tips regarding drugs and administration, information relating to drugs, administration, therapeutic interchange and formulary

Co-author to Physician's News

A newsletter distributed via website to physicians and allied healthcare professionals within CAMC.

Schliesser SH, McKenna EF. Herbals and Natural Products Impact Traditional Medicine. The Professional, September 1998: 1-4.

Schliesser SH. Reporting an Adverse Drug Reaction (quick information). The Professional, May 1997: 3.

Hamrick JT, Schliesser SH. Alternative Health Products. The Professional, July 1996: 6-1996: 8.

McDevitt PW, Schliesser SH. Intravenous Use of Vitamin K1. The Professional, March 1996: 9.

#### Continuing Education credits Approved

#### March 1998

Alternative Medicine, Focus on Herbs and Other Natural Products, Natural Does Not Always Mean Safe

West Virginia University, Morgantown, West Virginia Presented to WVU pharmacy students and faculty

#### January 1998

Alternative Medicine, Focus on Herbs
Charleston Area Medical Center, Charleston, West Virginia
Presented to nurses and midwives
Continuing Education Credits Approved

#### **April 1997**

Overview of the Medication use Evaluation (MUE) Process Charleston Area Medical Center, Charleston, West Virginia Presented to pharmacists Continuing Education Credits Approved

#### March 1996

Using Drug References Effectively
Charleston Area Medical Center, Charleston, West Virginia
Presented to pharmacists
Continuing Education Credits Approved

#### January April 1995

Development, Implementation, and Evaluation of a Paperless Drug Information Data Entry System
Great Lakes Conference, Madison, Wisconsin
University of Kentucky Hospital, Lexington, Kentucky
Presented to pharmacists, students, and faculty
Continuing Education Credits Approved

#### December 1994

National Survey of the Influence of Pharmaceutical Sale Representatives on the Formulary System
American Society of Health-System Pharmacists Midyear
Clinical Meeting, Miami, Florida
Poster presentation

#### December 1994

Information Management through a Paperless System of Documenting Drug Information Requests
American Society of Health-System Pharmacist Midyear Clinical Meeting, Miami, Florida
Poster presentation

#### February March 1994

Impact of the Pharmacoutical Sales Representative on the Formulary System University of Kentucky Hospital, Lexington, Kentucky Great Lakes Conference, Toledo, Ohio Presented to pharmacists, students and faculty Continuing Education Credits Approved

West Virginia Society of Health-System Pharmacists (Regional Vice-President

1999 - present, Secretary 1996 - 1999)

Kentucky Society of Hospital Pharmacists (1993 – 1995) Ohio Society of Hospital Pharmacists (1989 – 1992)

#### **PRESENTATIONS**

March 2001

Alternative Medicines (Focus on Popular Agents and Drug Interactions)

Charleston Area Medical Center

Presented to Cardiology including Physicians, Nursing and Physical Therapy

February 2001

Drug Information on the Internet (workshop)

Charleston Area Medical Center

Presented to Pharmacists

Continuing Education Credits Approved

February 2001

Adverse Drug Reactions: Definition, evaluation, and Application

Charleston Area Medical Center Presented to Pharmacists

Continuing Education Credits Approved

October 2000

Adverse Drug Events

West Virginia Nurses Association Holiday Inn, Charleston, West Virginia

Presented to nurses

Continuing Education Credits Approved

October 2000

Alternative Medicines: Herbs and Other Dietary Supplements

Charleston District Dietetic Association and West Virginia Society of Healthcare

Food Service Administrators

Camcare's Education and Training Center, Charleston, West Virginia

Presented to registered dieticians

August 2000

Adverse Drug Events: Focus on Adverse Drug Reactions

West Virginia University, Charleston, West Virginia

Presented to physicians and pharmacists Continuing Education Credits Approved

June,

January 2000

June,

January 1999

June.

January 1998

June 1997

Adverse Drug Reactions

New Nurses In-service

Charleston Area Medical Center, Charleston, West Virginia

December 1999

Alternative Medicines in the Elderly Population

Geriatric Conference

Charleston Area Medical Center Presented to nurses and physicians

June 1999

Adverse Drug Reactions: Impact on the Patient, Institution, and Country

West Virginia Pharmaceutical Association Holiday Inn, Charleston, West Virginia

Presented to pharmacists

Continuing Education Credits Approved

May 1999

Psychiatric Medications

Masters of Nursing

Charleston Area Medical Center, Charleston, West Virginia

Presented to nurses

Continuing Education Credits Approved

May 1999

Alternative/ Complementary Medicine: Focus on Herbs and Other Natural

Products, Natural Does Not Always Mean Safe

Beni Kedem

Charleston, West Virginia

Presented to the wives of the Shriners

September 1998

Alternative/ Complementary Medicine: Focus on Herbs and Other Natural

Products, Natural Does Not Always Mean Safe

Raleigh General, Beckley, West Virginia

Presented to physicians, pharmacists, nurses and the general public

July 1998

Overview of the Medication Use Evaluation (MUE) Process

Charleston Area Medical Center, Charleston, West Virginia Presented to pharmacists and resident pharmacists

Continuing Education Credits Approved

May 1998

Adverse Drug Reactions

West Virginia University, Charleston, West Virginia

Presented to physicians and pharmacists Continuing Education Credits Approved

**April 1998** 

Alternative Medicine: Focus on Herbs

Nursing Panorama

Embassy Suites, Charleston, West Virginia

Presented to nurses

Continuing Education Credits Approved

March 1998

Alternative Medicine, Focus on Herbs

West Virginia Society of Health-System Pharmacists

Embassy Suites, Charleston, West Virginia

Presented to pharmacists

Schliesser SH. Nitrate Tolerance. The Professional, February 1996: 4.

Schliesser SH. Drug Information Questions (quick Information). The Professional, February 1996: 4.

#### NATIONAL PUBLICATIONS

Lucas KH, Schliesser SH, O'Neil MG. Shaking, Chills, Rigors with Once-Dally Gentamycin. Pharmacotherapy. 1999:

Hoppe SA, Gora Harper ML. Pharmaceutical Sale Representatives Effect on the Formulary System. American Journal of Health-System Pharmacy. 1895; 52: 1549-51

Hoppe SA, Chandler M. Constructive vs Destructive Criticism. American Journal of Health-System Pharmacy. 1995; 52: 103.

Hoppe SA, Gora Harper ML. Lactobacillus Stability. US Pharmacist, (in press).

#### CONSULTANT

Evaluated, developed, and recommended the implementation of a "For Profit" drug information center. Carolinas Poison Center, Charlotte, North Carolina - November 1998

#### **TEACHING**

1995 - present Charleston Area Medical Center

Precept pharmacy residents, BS and PharmD West Virginia University (and other miscellaneous colleges as requested) and University of Kentucky nontraditional PharmD students in the Drug Information Center

1995

University of Kentucky, College of Pharmacy **Drug Literature Evaluation** 

Giving slide, overhead, and poster presentations

1994

University of Kentucky, College of Pharmacy

PHR 874 Drug Literature Evaluation

Study design

Pharmacoepidemiologic analysis

Surveys analysis

1994

University of Kentucky, College of Pharmacy

Assisted in the experiential training of PharmD students and Pharmacy Practice residents in the Drug Information Center

#### PROJECTS

Completed or in progress at Charleston Area Medical Center, Charleston, West Virginia Implementing and continually maintaining formulary on the intranet and ensuring the pharmacy computer and CAMC formulary are equivalent. Identifying ways to improve the system. (1999 -

Maintaining and implementing therapeutic interchange as approved by Pharmacy & Therapeutics and Medical Executive committees hospital wide (1998 - present)

Developing pathways to meet the Medication Use Indicators by JCAHO (1998)

Developing a standardized method to evaluate creatinine clearance on patients greater than 60 years and those with a SCr greater or equal to 1.5. Taking this information on renal function and monitoring appropriate medication dosage in such patients. (1998 – present)

Assisting and advising (to a pharmacy practice resident) in the development, committee manipulation, and completion of a Medication Use Evaluation involving cisapride use in patients with contraindications and precautions. (1998 – 1999)

Development and implementation of CliniTrend. A computer base program that allows documentation of all clinical interventions provided by pharmacists. (1997 – 1998)

Development of a standardized teaching manual and tests for pharmacokinetics services provided by pharmacists. (1997-1998)

Updating the services provided by an existing drug information center including: computerized documentation of drug information requests, training center for pharmacy staff and residents, managing formulary reviews, assisting the Pharmacy & Therapeutics Committee in formulary management and policy issues, providing drug information to pharmacists and the healthcare institution, reporting and analysis center for adverse drug reactions. (1995 – present)

Revising the adverse drug reaction reporting to be a hospital-wide multidisciplinary program including: development, teaching, going through the appropriate committees, management, analysis, and reporting. (1995 – present)

Completed at the University of Kentucky Hospital, Lexington, Kentucky Assisting in a quality of life and pharmacoepidemiologic study with the University Hospital Consortium on antiemetic use in hospitalized cancer chemotherapy patients. (completed)

Revising the Pharmaceutical Sale Representative Policy within the University of Kentucky Hospital. (completed)

Aiding in the design, implementation, evaluation, and teaching of Drug Information Management Computer System. (completed)

Aiding in the creation of Meter Magic, a computer based game that teaches children how to use their inhalers appropriately. (completed)

#### REFERENCES

Available on request



## West Virginia Board Of Optometry 101 Michael Street

Clarksburg, West Virginia 26301-3937

Phone: (304) 627-2106 Fax: (304) 627-2282

e-mail: wvbdopt@westvirginia.net

July 27, 2001

In Reply Refer To: 581/123

Robert O'Connor, M.D. 1306 Kanawha Boulevard East Charleston, WV 25301

SUBJ: Optometry Title 14-2

Dear Dr. O'Connor,

The West Virginia Board of Optometry is in receipt of your letter of July 21, 2001, detailing your concerns with the proposed amendments to Title 14-Series 2, Expanded Prescriptive Authority.

In careful review of your comments, the Board would like to thank you for taking the time to express your thoughts on this issue. In particular, the Board wants you to fully realize that it takes its responsibility very seriously to insure that the public welfare is protected and that the profession is practiced responsibly by all of the State's optometrists.

The Board would like to clarify several possible misconceptions that may exist. First, this amendment relates only to Title 14-Series 2, not Chapter 30, Article 8, as your letter referenced. Secondly, no optometry expanded prescriptive authority or scope of practice issues were addressed in the 2001 Legislative session. Hence, the Board is unable to respond to the assertion that "...this proposed rule go far beyond every discussion, signed agreement and recent considerations to this issue in the 2001 Legislative session."

Two members of the West Virginia Board of Optometry recently had the opportunity to appear before the Subcommittee B of the Joint Standing Committee on Government Organization. When Ms. Priscilla Gay asked the President of the Board if the Board was willing to offer changes to Title 14-2, he responded in the affirmative. He explained to the Subcommittee, Ms. Gay, and other concerned citizens in the audience that the Board agreed that it was appropriate and timely for the Rule to be periodically updated. That is what the Board has attempted to do with the proposed amendment.

As you point out in your delineation of the seven changes being recommended by the West Virginia Board of Optometry, several relate to eliminating very restrictive language that was an unnecessary hardship to the citizens of West Virginia needing eyecare. For example, the

#### MISSION STATEMENT

West Virginia Board of Optometry Robert O'Connor, M.D.

restriction of 3 and 6 days for narcotic analgesics and corticosteroids were deemed by the Board to be arbitrary and interferes with sound optometric practice. In addition, there is no rational, logical reason why patients seeking optometric care should be burdened by these types of discriminative restrictions that are not imposed on patients seeking dental, pediatric, medical, or osteopathic care. The other changes that you listed describe the potential adverse reactions that these medications may cause. The basics of pharmacology and physiology for understanding the physiological response and potential side effects and drug interactions have been a part of the scope of optometric education and practice for numerous decades.

The legislative process is a critical and paramount issue to the West Virginia Board of Optometry. Through the wisdom of the legislatures, a well-considered process was developed in Chapter 30-8-2b in which the optometry drug formulary can be augmented as necessary to protect the welfare of the public. This is exactly what this amendment accomplishes.

The Board appreciates your considered input as the Board strives to constantly improve and monitor the welfare of patients who receive their eye and vision care from optometrists.

If the West Virginia Board of Optometry can provide any additional information to you, please feel free to contact us at: (304) 627-2106

Sincerely,

E. Clifton Hyre, O.D.

President, West Virginia Board of Optometry

Rec'd Bd Office

Robert E. O'Connor, M.D. 1306 Kanawha Blvd. East Charleston, WV, 25301

7-20-2001

WV Board of Optometry 101 Michael Street Clarksburg, WV, 26301-3937

To Whom It May Concern:

I have just received a copy of the proposed rule changes regarding Chapter 30, Article 8 of the Optometry practice act.

The changes submitted in this bill go far beyond every discussion, every signed agreement and all recent considerations given to this issue during the 2001 Legislative session. The members of the Board have tried to expand the scope of practice in such a manner as to nullify the changes that had been proposed to "clean up" the existing law. It is clear that the authors of the changes in this bill have attempted to deceitfully change the agreed upon wording of the bill made by the Health Committee in the Senate and the Government Organization Committee in the House.

There are multiple changes made in the bill language since the last legislative session where an agreement had been reached. Specifically, the bill changes would result in significant expansion of the scope of practice that were not agreed to in following ways:

- 1) Deletes the patient protections relating to the 3 day limit on narcotic analgesics
- Adds antifibrinolytics which puts patients at risk for potential side effects of such drugs to include but not limited to clot busting effects
- 3) Adds Anxiolytics which was specifically eliminated from the signed compromise to avoid addicting potential of drugs such as valium with minimal or no use in treating eye disease
- 4) Deletes patient protections relating to a 6 day limit on steroids exposing patients to potential severe systemic effects
- 5) Adds hyperosmotics which can result in severe fluid imbalance problems as related to heart disease and precipitate diabetic complications
- 6) Adds immunosuppressants which can expose individuals to the life threatening effects of a compromised immune system
- 7) Adds Nutritional Supplements which has never been discussed

Rec'd Bd. Office

JUL 23 2001

If you want to use dangerous drugs in these ways why don't you consider going to medical school where you can be properly taught their use. Then you can prescribe any drug in the US Pharmacopaeia.

If the intent of the recent legislative initiative was to clean up the language and have the bill correspond to the rule (as was explained to the legislators and concerned citizens) then indeed, that should be done. I respectfully submit that the above 7 points should be deleted from the proposed changes to respect the legislative process and to protect the public.

Sincerely,

Robert E. O'Connor, M.D.



## West Virginia Board Of Optometry 101 Michael Street

Clarksburg, West Virginia 26301-3937

Phone: (304) 627-2106 Fax: (304) 627-2282

e-mail: wvbdopt@westvirginia.net

July 27, 2001

In Reply Refer To: 581/123

Stephen R. Powell, M.D. 1255 Pineview Drive Morgantown, WV 26505

SUBJ: Optometry Title 14-2

Dear Dr. Powell,

The West Virginia Board of Optometry is in receipt of your letter of July 21, 2001, detailing your concerns with the proposed amendments to Title 14-Series 2, Expanded Prescriptive Authority.

In careful review of your comments, the Board would like to thank you for taking the time to express your thoughts on this issue. In particular, the Board wants you to fully realize that it takes its responsibility very seriously to insure that the public welfare is protected and that the profession is practiced responsibly by all of the State's optometrists.

The Board would like to clarify several possible misconceptions that may exist. First, this amendment relates only to Title 14-Series 2, not Chapter 30, Article 8, as your letter referenced. Secondly, no optometry expanded prescriptive authority or scope of practice issues were addressed in the 2001 Legislative session. Hence, the Board is unable to respond to the assertion that "...this proposed rule go far beyond every discussion, signed agreement and recent considerations to this issue in the 2001 Legislative session."

Two members of the West Virginia Board of Optometry recently had the opportunity to appear before Subcommittee B of the Joint Standing Committee on Government Organization. When Ms. Priscilla Gay asked the President of the Board if the Board was willing to offer changes to Title 14-2, he responded in the affirmative. He explained to the Subcommittee, Ms. Gay, and other concerned citizens in the audience that the Board agreed that it was appropriate and timely for the Rule to be periodically updated. That is what the Board has attempted to do with the proposed amendment.

As you point out in your delineation of the seven changes being recommended by the West Virginia Board of Optometry, several relate to eliminating very restrictive language that was an unnecessary hardship to the citizens of West Virginia needing eyecare. For example, the

#### MISSION STATEMENT

restriction of 3 and 6 days for narcotic analgesics and corticosteroids were deemed by the Board to be arbitrary and interferes with sound optometric practice. In addition, there is no rational, logical reason why patients seeking optometric care should be burdened by these types of discriminative restrictions that are not imposed on patients seeking dental, pediatric, medical, or osteopathic care. The other changes that you listed describe the potential adverse reactions that these medications may cause. The basics of pharmacology and physiology for understanding the physiological response and potential side effects and drug interactions have been a part of the scope of optometric education and practice for numerous decades.

The legislative process is a critical and paramount issue to the West Virginia Board of Optometry. Through the wisdom of the legislatures, a well-considered process was developed in Chapter 30-8-2b in which the optometry drug formulary can be augmented as necessary to protect the welfare of the public. This is exactly what this amendment accomplishes.

The Board appreciates your considered input as the Board strives to constantly improve and monitor the welfare of patients who receive their eye and vision care from optometrists.

If the West Virginia Board of Optometry can provide any additional information to you, please feel free to contact us at: (304) 627-2106

Sincerely,

E. Clifton Hyre, O.D.

President, West Virginia Board of Optometry

cc: The Honorable Vicki V. Douglas

E. L. lefton Hyre, Olds

The Honorable Roman Prezioso

Stephen R. Powell, M.D. 1255 Pineview Dr. Morgantown, WV, 26505

7-21-2001

WV Board of Optometry 101 Michael Street Clarksburg, WV, 26301-3937

To Whom It May Concern:

Several days ago I sent comments regarding proposed rule changes to Chapter 20, Article 8, Expanded Prescriptive Authority.

I inadvertently sent the 1<sup>st</sup> draft of the letter to your office, instead of the final letter. While this only effects the editorial composition and references to the rule, I wanted to provide you with a follow-up corrected letter. Please accept this corrected letter.

Thank you for your attention in this matter.

Sincerely,

Stephen R. Powell, M.D.

Stephen R. Powell, M.D. 1255 Pineview Dr. Morgantown, WV, 26505

7-21-2001

WV Board of Optometry 101 Michael Street Clarksburg, WV, 26301-3937

To Whom It May Concern:

I have just received a copy of the proposed rule changes regarding Chapter 30, Article 8 of the Optometry practice act.

The changes submitted in this proposed rule go far beyond every discussion, signed agreement and recent considerations given to this issue in the 2001 Legislative session. It is truly inconceivable that members of the Board would try to expand the scope of practice in such a manner after just reassuring the legislature that the changes that had been proposed were to "clean up" existing law. It is clear that the authors of the requested changes in this proposed rule have attempted to seize an opportunity that goes far beyond the intent of the good faith effort and changes made by the Health Committee in the Senate and the Government Organization Committee in the House.

There are multiple substantive changes that have been made in the proposed rule language since the last legislative session where an agreement had been reached. Specifically, the proposed rule changes would result in significant expansion of the scope of practice in following ways:

- 1) Deletes the patient protections relating to the 3 day limit on narcotic analgesics
- 2) Adds Antifibrinolytics which puts patients at risk for potential side effects of such drugs to include but not limited to clot busting effects
- 3) Adds Anxiolytics which was specifically eliminated from the signed compromise to avoid addicting potential of drugs such as valium with minimal or no use in treating eye disease
- 4) Deletes patient protections relating to a 6 day limit on steroids exposing patients to potential severe systemic effects
- 5) Adds hyperosmotics which can result in severe fluid imbalance problems as related to heart disease and precipitate diabetic complications
- 6) Adds immunosuppressants which can expose individuals to the life threatening effects of a compromised immune system
- 7) Adds Nutritional Supplements which has never been discussed

If the intent of the recent legislative initiative was to clean up the language of the proposed rule and have it correspond to the bill (as was explained to the legislators and concerned citizens), then indeed, that should be done. I respectfully submit that the above 7 points should be deleted from the proposed changes to the rule to respect the legislative process and to protect the public.

Sincerely, Hyphul Jowella

Stephen R. Powell, M.D.

cc: Vicki V. Douglas Roman W. Prezioso

### West Virginia State Medical Association

Rec'd Rd Office

June 25, 2001

Clifton Hyre, OD President WV Board of Optometry 101 Michael Street Clarksburg, WV 26301-3937

Dear Dr. Hyre,

This letter is in response to the WV Board of Optometry's proposed rules filed on June 27, 2001 effecting Title 14-2-1 through 14-2-8. After a thorough review of the proposed changes we feel compelled to respond on behalf of the West Virginia State Medical Association (WVSMA). The WV Board of Optometry was asked by the Government Organization Subcommittee B to re-write the rule relating to "Expanded Prescriptive Authority" due to conflicts between the rule and the current code (§30-8-2a). The WVSMA feels the Board has gone beyond its direction and has used this opportunity to expand of the Optometry scope of practice.

The various changes that have been submitted in the proposed rule reach beyond the realm of any agreement entered into or discussed over the past few years among the key interest groups and the legislature. In particular it is specifically contrary to agreements made by the medical community (i.e. ophthalmologists and optometrists) when the "clean-up bill" was before the Senate Health Committee and the House Government Organization Committee during the 2001 legislative session.

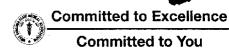
WV Code §30-8-2a currently allows the Board to grant <u>qualified</u> optometrists to prescribe the following drugs: oral antibiotics, oral nonsteriodal anti-inflammatory drugs and oral carbonic anhydrase inhibitors in conjunction with rules approved according to Chapter 29 of the WV Code. The proposed rule attempts to greatly expand this authority. The following are the changes proposed in the rule:

- A) Deletes the restriction of "oral" from antibiotics;
- B) Adds Antifibrinolytics to the classes of drugs allowed to be prescribed;
- C) Adds Anxiolytics--these are narcotic drugs, which should only be prescribed by a physician (i.e. MD or DO);
- D) Adds Hyperosmotics--There are systematic side effects to this type of drug that need careful monitoring from a physician. Inappropriate application of the drugs can result in hypertension and other serious medical problems.
- E) Adds Nutritional Supplements—this issue has never been discussed among the interest groups.

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**WVSMA** 

### West Virginia State Medical Association

Recol Bd Office JUL 26 2001

Page 2

- F) Deletes the three-day agreed upon time limit for prescribing Analgesics.
- G) Deletes the requirement that Analgesics be used for the "treatment of visual defects or abnormal conditions of the human eye and its appendages."
- H) Deletes the agreed six-day time limit for prescribing Corticosteroids and deletes the reference that they be oral only.
- I) Deletes the reference that the purpose of the treatment is for visual defects or abnormal conditions of the human eye and its appendages.

Specifically, the proposed rule would allow optometrists the authority to prescribe medications for uses other than the human eye and its appendages, and goes far beyond the pharmacological training of optometrists. In addition, the proposed rule would essentially expand WV optometrists' prescriptive authority beyond what all other states allow. The WVSMA believes that the authority to prescribe medications is a serious one and, as such, should include the responsibility to monitor the effects of the medication, its interactions with other medications the patient is taking, and to attend to problems associated with the use of the medication. Prescribing drugs necessitates providing patients with the appropriate follow-up care. It is a possibility that a patient may suffer an adverse reaction and/or interaction to a prescribed medication(s) that must be properly diagnosed and treated. Such responsibility, diagnosis and treatment necessitates further training and pharmacological education than optometrists receive in their 4 years of schooling.

For the reasons stated, the West Virginia State Medical Association is opposed to these proposed changes. This Association respectfully recommends the agreed upon prescriptive limits set out in 1997-98 and suggests that the Board amend the rules to incorporate <u>only</u> what the Government Organization Committee has directed you to do.

Respectfully,

John D. Holloway, MD

President

Cc: Legislative Rule-Making Review Committee Members

The Honorable Ed Bowman
The Honorable Vicki Douglas
The Honorable Roman Prezioso



# West Virginia Board Of Optometry 101 Michael Street

Clarksburg, West Virginia 26301-3937

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July 27, 2001

In Reply Refer To: 581/123

John D. Holloway, M.D. West Virginia State Medical Association 4307 MacCorkle Avenue, S.E. Charleston, WV 25304

SUBJ: Optometry Title 14-2

Dear Dr. Holloway,

The West Virginia Board of Optometry is in receipt of your letter of July 21, 2001, detailing your concerns with the proposed amendments to Title 14-Series 2, Expanded Prescriptive Authority.

In careful review of your comments, the Board would like to thank you for taking the time to express your thoughts on this issue. In particular, the Board wants you to fully realize that it takes its responsibility very seriously to insure that the public welfare is protected and that the profession is practiced responsibly by all of the State's optometrists.

The Board would like to clarify several possible misconceptions that may exist. First, this amendment relates only to Title 14-Series 2, not Chapter 30, Article 8, as your letter referenced. Secondly, no optometry expanded prescriptive authority or scope of practice issues were addressed in the 2001 Legislative session. Hence, the Board is unable to respond to the assertion that "...this proposed rule go far beyond every discussion, signed agreement and recent considerations to this issue in the 2001 Legislative session." Thirdly, there is concern that the proposed rule would allow optomtrists the authority to prescribe medications for uses other than the human eye and its appendages. The West Virginia Board of Optometry totally agrees with your concerns. However, this is not the intent or the context of this proposed admendment. To reduce any possible confusion, the Board prepared Section 7.1 which states: "7.1. The categories of oral drugs to be considered rational to the diagnosis and treatment of visual defects or abnormal conditions of the human eye and its appendages shall include..."

Two members of the West Virginia Board of Optometry recently had the opportunity to appear before Subcommittee B of the Joint Standing Committee on Government Organization. When Ms. Priscilla Gay asked the President of the Board if the Board was willing to offer changes to Title 14-2, he responded in the affirmative. He explained to the Subcommittee, Ms. Gay, and

#### MISSION STATEMENT

other concerned citizens in the audience that the Board agreed that it was appropriate and timely for the Rule to be periodically updated. That is what the Board has attempted to do with the proposed amendment.

As you point out in your delineation of the seven changes being recommended by the West Virginia Board of Optometry, several relate to eliminating very restrictive language that was an unnecessary hardship to the citizens of West Virginia needing eyecare. For example, the restriction of 3 and 6 days for narcotic analgesics and corticosteroids were deemed by the Board to be arbitrary and interferes with sound optometric practice. In addition, there is no rational, logical reason why patients seeking optometric care should be burdened by these types of discriminative restrictions that are not imposed on patients seeking dental, pediatric, medical, or osteopathic care. The other changes that you listed describe the potential adverse reactions that these medications may cause. The basics of pharmacology and physiology for understanding the physiological response and potential side effects and drug interactions have been a part of the scope of optometric education and practice for numerous decades including appropriate follow-up and monitoring.

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If the West Virginia Board of Optometry can provide any additional information to you, please feel free to contact us at: (304) 627-2106

Sincerely,

E. Clifton Hyre, Ch., E. Clifton Hyre, O.D.

President, West Virginia Board of Optometry

cc: Legislative Rule-Making Review Committee Members

The Honorable Ed Bowman
The Honorable Vicki V. Douglas
The Honorable Roman Prezioso



### West Virginia Board Of Optometry 101 Michael Street

Clarksburg, West Virginia 26301-3937

Phone: (304) 627-2106 Fax: (304) 627-2282

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July 27, 2001

In Reply Refer To: 581/123

John D. Holloway, M.D. West Virginia State Medical Association 4307 MacCorkle Avenue, S.E. Charleston, WV 25304

SUBJ: Optometry Title 14-2

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#### MISSION STATEMENT

West Virginia Board of Optometry John D. Holloway, M.D.

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If the West Virginia Board of Optometry can provide any additional information to you, please feel free to contact us at: (304) 627-2106

Sincerely,

E. Clifton Hyre, O.D.

President, West Virginia Board of Optometry

cc: Legislative Rule-Making Review Committee Members

The Honorable Ed Bowman

The Honorable Vicki V. Douglas

The Honorable Roman Prezioso