

VETOES

This bill would allow an optometrist to administer topical ocular diagnostic pharmaceutical agents (eye drops) for diagnostic purposes, but not for purposes of treatment. The Board of Examiners of Optomology would certify a licensed optometrist as qualified to administer eye drops only upon completion of a Board approved 70 hour course in pharmacology. The Department of Health and Mental Hygiene would authorize the specific drugs that an optometrist may use.

I have received hundreds of letters and telephone calls from both proponents and opponents of House Bill 619. I am acutely aware of the arguments both for and against the bill and I have reached my decision on this bill only after a very difficult and personal evaluation of the issues.

Proponents of this bill argue that it is necessary to use topical ocular diagnostic pharmaceutical agents in order to satisfactorily examine the interior of the eye. And as the primary providers of eye care, allowing optometrists to administer these agents would lead to the early detection of eye diseases.

The early detection of eye disease is clearly important, but the question arises as to who is best qualified to administer pharmaceutical agents. An optometrist receives four years of education in optometric school that includes a study of pharmacology. The primary role of the optometrist is to measure vision, perform refraction, and prescribe glasses and contact lenses. And while optometrists are well qualified to perform these services, it is not an adequate substitute for the intensive training required of an ophthalmologist. An ophthalmologist is required to undergo four years of medical school, one year of internship, and three years of residency specializing in eye pathology. During this period, an ophthalmologist may treat thousands of patients with general eye diseases. In addition, ophthalmologists are medically trained to detect subtle ocular symptoms of neurological disorders, impending stroke, or other systemic body diseases that could be overlooked by a person lacking the appropriate medical background.

Although I recognize that this bill has been characterized as a turf battle between optometrists and ophthalmologists, I have been impressed by the number of members in the General Assembly and prominent representatives in the medical community that have asked me to veto this bill. I have received veto requests not only from the Maryland Society of Eye Physicians and Surgeons and the American Academy of Ophthalmology, but also from the Maryland Chapter of the American Academy of Pediatrics, Maryland Neurological Society, Maryland Radiological Society, and the world renowned Wilmer Ophthalmological Institute, which has on its staff both optometrists and ophthalmologists. This impressive list of opponents have argued that the enactment of