

deals with probably one of the touchier issues is regulatory oversight. The bill, as presently amended, basically puts these new...the new practice of treating glaucoma under the authority of the Board of Examiners of Medicine and Surgery. Now that is drastically different than anything we ever do. We put in the optometrists under somebody else's board and it's just one of those things that doesn't make a whole lot of sense. It's one of those things, obviously, if you don't like the optometrists, you like it a whole lot, and it would be like the Governor coming over here and saying, we're under his jurisdiction, he's going to tell us what to do. It makes about that much sense. It's about like a member of the Bar Association being...it makes as much sense for a member of the Bar Association to be under the guidance of the Board of Electrical Examiners, something like that. I mean, you're mixing apples and oranges that doesn't make sense. I think regulatory oversight, for any professional practice who set up years ago the Board of Optometry and that is where the proper regulatory oversight should take place. And that amendment 2391 would reinsert in the bill that all this practice is...is under the Board of Optometry but, obviously, that is eventually under the big board anyway. And so there is some jurisdiction there. Thirdly, you know, 407 said we didn't need to do this. I think, given the vote last year, there were still some additional, shall we say, discomfort with the bill, you know, do we really want optometrists to go out and do all of this and so an added requirement is now required, not recommended by either the technical committee in 407 or the Board of Health and it's going the additional mile and saying if optometrists are going to do this, we're going to have a required preceptorship where the optometrists, if they're going to prescribe oral pharmaceuticals or topical pharmaceutical agents for glaucoma, if they're going to do this, it is not...and once again it makes some sense, we're going to go the extra mile and have a required preceptorship which is 40 contact hours which an optometrist works with an ophthalmologist to understand how to do this. Like I said, once again, not necessarily in the 407 process, something we didn't talk about last year, it's going one little bit more to make sure the body is totally comfortable in the new direction in glaucoma. Obviously, the oral pharmaceuticals, there are many arguments that was taken care of a few years ago. And so that's what the amendment does. I will be happy to answer any questions and, obviously, ask for the adoption of the amendment to amendment 2391.