

couple of minutes. I...actually, I think I rise to oppose the bracket motion, and I oppose it for the following reasons, different from possibly Senator Moore. In my judgment there is nothing that can be done as far as negotiations in regards to where is it going to be located as far as the final authority on the treatment and the treating of glaucoma? Is it going to be on the optometry board, or is it going to be on the Board of Medicine, the Board of Examiners? I mean that is the key question. And in my judgment this body has made a decision, not only last year but again this session, by saying we do not want it in the Board of Optometry. But then we talk about compromises, and I'm always fascinated by how we use the word compromise in the body. The compromise was that before there was not going to be any...they were not going to be allowed to treat glaucoma, and to do oral pharmaceuticals, they were not allowed to. The compromise was already...it's already happened a long time ago during this process. They will be allowed to do these things. We think it's important enough that they be allowed to do this type of treatment and type of medicine, expand their scope. What this body has said is we're going to let you do it, you said you wanted to do it, you said it's important, we think it's good for other...for health care, in general, but you're going to be under the Board of Examiners. And that's a good compromise. The only way a compromise can go any further, if we're going to compromise again, is to say, okay, what we're really fighting here is who has the final authority, who has the final authority. Is it going to be an optometrist or an ophthalmologist? Senator Lamb...I'll bite my lip. (Laughter.) It was a good comment, Senator Lamb. What I would say is the body has decided what we're going to do, we should press onward. And if the bill fails to advance, so be it. But I think that we have given a tremendous amount to the optometrists, something they've never had before. They have the right to treat, they're going to be able to do oral pharmaceuticals, and that's something they've never been able to do, and that's a positive step forward. Let's go that step because I don't anticipate anything particularly being done on this floor that is going to appease enough people to get the votes. I'd like to say one other point that I've been fascinated with the debate. You know we're talking, in this debate, about what the optometrists want and what the ophthalmologists want. You know what has been absolutely lacking in this debate, is it good for the public. Is it good medicine? Are we going to have any better care than we already have? Is it...is it that ophthalmologists can't be reached in