THE AUTHORIZATION FOR THE ORIGINAL OPTOMETRY PRACTICE ACT IN THE STATE OF ALABAMA

John F. Amos, O.D., M.S., D.O.S.
Dean and Professor Emeritus
UAB School of Optometry
Birmingham, AL 35216
eyedoc@uab.edu
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ABSTRACT
This article describes the actions of the Alabama Optical Society in passing the first optometry practice act in the state of Alabama. It serves as a testament to the determination and persistence of those early optometry leaders in the state. It required three attempts over a nine-year time period before success was achieved. Even though this law was enacted 100 years ago, in some respects, the legislative process remains similar to legislative attempts undertaken by the profession today.

KEYWORDS
Optometry, Alabama Optical Society, Alabama Optometric Association, original optometry practice acts.

INTRODUCTION
The fact that the profession of optometry exists in the United States is a remarkable achievement. Although attempts to establish the legal basis for the profession had their genesis in the late 19th Century, the profession as it exists today, is largely a result of organizational activities and legal or legislative efforts that occurred throughout the 20th Century. Efforts to expand the scope of practice for the profession were especially active during the latter third of the 20th century. It should be noted that these legislative efforts continue into the present time of the 21st century.

THE EMERGENCE OF THE PROFESSION OF OPTOMETRY
It is clear the visual needs of the growing American public were not being completely met by any profession or group in existence before, during the time period of the last two decades of the 19th century, or into the early part of the 20th century. At some point in time, during the 1870s or 1880s, there arose rather quickly a dissatisfaction with the wide array of people who were providing vision care. These included opticians who supplied spectacles but did not test vision (sight), opticians who supplied spectacles and tested vision, itinerant spectacle peddlers, and jewelers or watchmakers who offered some type of optical service. In addition, some physicians tested vision and either supplied spectacles or sent patients to opticians to obtain spectacles. Also, there were oculists, the forerunner of present-day ophthalmologists, whose training and interest were not especially in refraction or optics, but in the medical and surgical treatment of eye disease. There were very few residency-educated ophthalmologists during this time period, and those that were in existence were primarily or exclusively in the large cities. To further complicate matters, many oculists and ophthalmologists of this time period did not believe in the efficacy of spectacles being of value in relieving visual symptoms.

If the public’s vision care needs were being met, then the formalizing of the optometric profession would not have been necessary. Credit must be given to those early “refracting opticians” who envisioned the need for legalizing the independent profession of optometry. Not only was there a need for esteem and prestige, which being a profession would provide, but more importantly, there was a great need for better and more consistent vision care for the public. The early leaders of the profession faced many obstacles which required courageous and persistent effort.

THE EARLY LEADERSHIP OF THE PROFESSION
The early efforts to legalize the profession of optometry began in the state of New York. Foremost among the early leaders was Charles F. Prentice. Prentice is widely considered the “Father of Optometry” even though ironically, he was not responsible for passing the original optometry practice act in the state of New York. That honor goes to E. E. Arrington who, after Prentice decided the political arena was not his strong suit, led the effort to pass the original optometry practice legislation in the state of New York.

It was Prentice who provided much of the strategy, rationale and framework for organization and initial efforts to pass legislation regarding the optometry practice act in the state of New York. His efforts were directly related to insults he received from local oculists for charging his patients a fee for service of $3.00. It was from this encounter that many of his initiatives were developed to respond to these charges.

After the passage of the optometry practice act in New York in 1908, he was also instrumental in the establishment of a
publications. His vision was for the establishment of a standardized or uniform ophthalmic practice act, but that never came to pass. However, he was able to effectively demonstrate, by his arguments, the need for the independent profession that came to be known as optometry. It seems likely that even Prentice would be surprised by the stature the profession has achieved since its legalization, over the past 119 years in the American health care system.

Prentice believed 1865 was the year a profession truly devoted to eye care began in America, but the next 30 years resulted in a very slow growth in the number of refracting opticians. During the 30-year-time period between 1895 and 1925, much of the optical or vision services were supplied by men engaged in a highly skilled trade that was transitioning into a profession. With state licensure and regulation, as well as educational requirements for licensure, one could observe some consistency emerging in the delivery of vision care. In a relatively brief period of time, short-term proprietary schools or colleges and non-licensed practitioners began to disappear. Thereafter, the service was gradually provided on a professional basis.

The forerunner of what would eventually become the Illinois College of Optometry was begun in 1872. With the passage of additional practice acts other schools and colleges were established just before and after the beginning of the 20th century. The Optometric Extension Program (OEP) did much to encourage the professionalism of the optometry and was also a leading provider of postgraduate clinical education in the form of small study groups and state or regional meetings. Beginning in 1928, this organization had a great impact on the profession during the 1930s through the 1970s as it brought education to the practitioner.

As the profession of optometry evolved and vision care improved on a wide-spread basis, one could ascertain the honest purpose of those early leaders. This process of eliminating unregulated practice required a generation of struggle with medical opposition being the greatest impediment. In many respects contemporary clinical optometry and ophthalmology cooperate in the delivery of excellent eye care. Politically the opposition on many aspects of scope of care remains challenging even in the present time.

TIME AND DEMOGRAPHICS INFLUENCING OPTOMETRY’S GROWTH

The professionalization of optometric practice was primarily an American phenomenon. It did occur to a lesser extent about the same time in England and some British Commonwealth nations. Although the profession of optometry has gradually expanded throughout much of the world, especially the English-speaking countries, the United States remains the standard bearer for the profession.

Geographic Distribution and Population Growth

There is little doubt that the geographic size of the United States and its relatively rapid population growth certainly contributed to the profession’s success once the profession secured legal status. Optometrists established practices in many areas of the U.S. that had little or no access to eye care. To give some perspective on the influence of population growth, the population of the United States in 1800 was 5.3 million (not counting women, children, and slaves). The first attempt to count every person was in the 1850 census. Prior to 1850 slaves were counted as three-fifths of a person. In 1900, the population of the country was 76.2 million and each decade thereafter, the population increased almost 15% per decade. In 1950 the population had grown to 150.6 million and by 2000 to 281.4 million. When the same rate of decade growth was applied to 2010 then the estimated population was approximately 308 million. In fact, the United States census as of 2015 was over 320 million in population and by 2019 almost 330 million.

Urban-Rural Changes

The urban-rural change in the composition of the population has also been remarkable during this time period. In 1900 the urban/rural population ratio was 36.9%/60.4%, by 1950 it was 64%/36% and in 2000 it was 81%/19%. One of the critical elements of optometry’s growth as a profession has been its geographic distribution in both urban and rural settings. Its rural base early in the 20th Century contributed greatly to the profession’s growth. This rural base was also responsible for not only its clinical success, but legislative success as well. However, as the urban population has increased, so has the number of optometrists in urban practices.

In contemporary times not only has optometry retained its geographic distribution but it has also anticipated the diversity of its practitioner base in terms of gender, race, and culture, which should position it well for future changes in the health care system. Perhaps the most significant of these changes has been that of gender in which the number of women graduates has increased dramatically.

THE EMERGENCE OF INDEPENDENT OPTOMETRY IN ALABAMA

The profession of optometry existed in Alabama long before the enactment of the original practice act. There were, no doubt, itinerant spectacle peddlers in a rural state such as Alabama. Refracting opticians existed to a greater extent in population centers of the state before an organization was founded. The following history is primarily from the notes of Evelyn B. Robinson, O.D., and the archives of the state of Alabama. The Iris Bulletin, which was published for many years by the Alabama Optometric Association (AOA), served as the source for Dr. Robinson’s brief history of the early years of the organization. Dr. Robinson served as the Secretary of the ALOA from 1947 to 1957.

Minnesota was the first state to pass an optometry practice act in 1901. California was the second state to pass an optometry practice act in 1903. Once original optometry practice acts began to be enacted they were all passed within 23 years. This is a remarkable achievement given the fact these laws had to be enacted by all 48 states and two territories. In the south, Tennessee, North Carolina, Florida, Arkansas, Virginia, Georgia, and Louisiana had all passed an optometry practice act by 1918.

The Alabama Optical Society (AOS) was organized in 1906 and represented the beginning of organized optometry in Alabama. As with any effective organization, a professional
group dependent on representative legislation, is likely to have numerous factors and personalities that influence the actions of the organization. By contrast the first Dental Practice Act was passed in Alabama on December 31, 1841. The Board of Dental Examiners of Alabama was organized in 1881 and was the first such regulatory body for dentists in the nation. Among the earliest medical associations established in the United States was the Medical Association of the State of Alabama (MASA) in 1847. The first medical practice act in Alabama was passed more than 25 years later, in 1873.

THE PASSAGE OF THE ORIGINAL OPTOMETRY PRACTICE ACT IN ALABAMA

Organization of the Alabama Optical Society (AOS)

As in the state of New York, more than a decade earlier, a small group of optometrists in Alabama met to organize and begin the process of becoming a legal profession. This meeting took place on May 22, 1906. The first meeting place is not mentioned by Dr. Robinson but given its central location in the state, Birmingham seems the most likely site. There were three major decisions made at this historic session. First, the group voted to formally organize the Alabama Optical Society (AOS). Second, they voted to affiliate with the national association, the American Optical Association (AOA). Third, they selected a Board of Membership Examiners.8

The first officers of the AOS were Drs. E. H. Hobbs, Selma, president; J. H. Tinder, Birmingham, secretary; and Max T. Doering, Anniston, treasurer. In 1907, Dr. J. W. Taylor, Sylacauga, was selected as chairman of the legislative committee to seek passage of a state optometry law. It was the charge of this committee to draft the bill, mail it to members presumably for purposes of information and comment, and present the final bill to the Alabama Legislature. It is known that Sen. T. S. Frazier, Montgomery, under the heading of "Optometrists," introduced S. 151 to regulate and define the practice of optometry in the state of Alabama, and to provide for a Board of Examiners of Optometrists.

The requested corrections were made but Gov. O’Neal vetoed the bill S. 151 by inserting after the word “or” in line 9 of said section the word “sell” and the amendment was adopted, Yeas, 66; Nays, 0. And the bill S. 151, as amended, was read a third time at length and passed, Yeas, 52; Nays, 21.

First Attempt by the AOS to Pass Legislation

The 1911 Legislative Session of the Alabama Legislature was 50 calendar days in length and began on Tuesday, January 10, 1911 and ended on Friday, April 14, 1911.

Senate

On Saturday, January 28, 1911, the thirteenth day of the session, Senator T. S. Frazier, Montgomery, under the heading of "Introduction of Bills," introduced S. 151 to regulate and define the practice of optometry in the state of Alabama, and to provide for a State Board of Examiners and Registration and to prescribe their duties. This bill was assigned to the Senate Committee on Public Health.

On Thursday, February 9, 1911, the 20th Day of the Session, the bill S. 151 (as stated in the preceding paragraph) was read a third time at length and passed, Yeas, 26; Nays, 0. The "Report from Committee on Enrolled Bills" deemed it correctly enrolled, signed by N. D. Godbold, Chairman. The bill S. 151 was signed by the president of the Senate immediately after its enrollment. Its reading at length was dispensed with by a two-thirds vote of a quorum of the Senate present.

House of Representatives

On Friday, February 24, 1911, the 29th day of the session, under the heading of "Introduction of Bills," S. 151 was taken up in the House of Representatives and an amendment offered by Rep. Burton. Burton’s amendment would amend Section 6 by striking out the words “twenty-five dollars” where the same occurs in said sections and insert in lieu thereof the words “ten dollars”. This amendment was adopted, Yeas, 66; Nays, 0. It seems most likely this fee referred to the registration fee assessed for taking the state license, or for a renewal fee of such a license.

On Wednesday, March 1, 1911, the 30th day of the session, a “Message from the Senate” stated “The Senate has concurred in and adopted the House amendment to wit: S. 151, “To regulate and define the practice of optometry in the state of Alabama, and to provide for a State Board of Examiners and Registration and to prescribe their duties,” signed by J. A. Kyle, Secretary.

Governor

According to Dr. Robinson’s notes, the bill S. 151 was then sent to Gov. Emmet O’Neal who returned it for corrections. The requested corrections were made but Gov. O’Neal vetoed the measure. There is no record in the state archives of the date the veto was signed. Perhaps it was allowed to expire without a signature. It seems likely those opposing this legislation had the assurance of the governor’s support or veto from the beginning. However, this defeat did not deter the membership’s desire to obtain legislative approval and enactment of the law. The next legislation was discussed and drafted over the next several years.
Second Attempt by the AOS to Pass Legislation

Three years later, in 1914, revised legislation was prepared by a new committee. Dr. B. B. Sims, Talladega, is credited by Dr. Robinson with having obtained the Alabama Medical Society’s endorsement of the new bill. This second attempt by the AOS ultimately proved unsuccessful as well.8 The revised legislation was introduced in the 1915 session of the Alabama legislature.9 The Alabama legislature met only on the uneven years, or biennium, at this time in history. Interestingly, the 1915 House Journal index does not provide a listing for the heading of “optometry” or the page numbers for H. 1022. This has made it difficult to locate specific details related to legislative action for this second attempt. Dr. Robinson’s brief historical notes do mention who introduced the bills in the Alabama state senate and in the house of representatives. By referencing the names of the sponsors, the Legislative Reference Service was able to provide some specific information about this second effort.

The 1915 legislative session of the Alabama legislature was 50 calendar days in length beginning on January 12, 1915 and ending September 25, 1915.

Senate
On Saturday, February 13, 1915, the 18th day of the session, under the heading of “Introduction of Bills,” Sen. W. W. Hill of Montgomery introduced the bill S. 364 which was “to define and regulate the practice of optometry in the state of Alabama, and to punish violators thereof, to provide for a state board of examiners and registration and to prescribe their duties.” This bill was assigned to the Committee on Finance and Taxation.

House of Representatives
On Saturday, July 17, 1915, the 22nd Day of the Session, under the heading of “Introduction of Bills,” Rep. John Laverty of Talladega, Alabama introduced the bill H. 1022. This bill read the same in language as S. 364 and was assigned to the Committee on Education. It is known from the Index of the Senate Journal that the bill H. 1022 was passed in the House and sent to the Senate. Unfortunately, actions or votes related to H. 1022 are not available in the Journal of the House.

Senate
According to the Journal of the Senate for the 1915 Session, H. 1022 was passed by the House and sent to the Senate. On Thursday, August 19, 1915, the 33rd Day of the Session, under the heading of “Introduction of Bills,” H. 1022 was introduced in the Senate.

On Monday, September 20, 1915, the 48th Day of the Session, under the heading of “Adverse Reports,” Mr. Easterley, Chairman of the Senate Standing Committee on Public Health, reported that said Committee, in session, had acted on H. 1022 and ordered same returned to the Senate with an adverse report. On that same day under the heading of “Notices,” Mr. Brown gave the Senate notice that the next day he would move to take H. 1022 from the adverse calendar, give the same a second reading, and place it on the regular calendar for a third reading.

On Wednesday, September 22, 1915, the 49th Day of the Session, under the heading “Motions to Take from Adverse Calendar” pursuant to notice heretofore given, Mr. Brown moved to take from the adverse calendar, read a second time, and place on the regular calendar, H. 1022 for a third reading. Mr. Lewis moved to table the motion made by Mr. Brown, which was lost, Yeas, 10; Nays, 17. And the motion made by Mr. Brown then prevailed, and said bill was taken from the adverse calendar, read a second time, and placed on the regular calendar for a third reading the next day. Under the heading of “Indefinite Postponement of Senate Bills” on motion of Mr. Wallace, the Senate indefinitely postponed all the Senate bills on that day’s calendar, to wit: S. 364 by Mr. Hill.

Governor
Although no specific information is available as to the date, like its predecessor, H. 1022 was vetoed by Gov. Charles Henderson. Again, it is likely the opposition knew in advance that this bill would be vetoed by the governor.

AOS Becomes More Proactive
The AOS had previously attempted to upgrade membership by adopting a code of ethics and by incorporating the organization. In 1916, the members adopted a new constitution and bylaws that had been prepared for the Society by Judge T. M. Rogers of Birmingham. In a continuing effort to pass an optometry practice act, another legislative committee was formed in 1918, and Judge Rogers assisted in drafting this legislation.8 It is presumed Judge Rogers was retained for the drafting of this bill based on his prior assistance in drafting the new constitution and bylaws for the AOS two years earlier.

Third Attempt by the AOS to Pass Legislation
In 1918 another legislative committee was formed, and Judge Rogers of Birmingham assisted in drafting another bill that was in much greater detail than those previously drafted and submitted.8 The greater detail in this legislation was an attempt to address some concerns raised during the last legislative session.

The 1919 legislative session for the Alabama legislature was 50 calendar days in length and began on Tuesday, January 14, 1919 and ended on Saturday, September 27, 1919.

House of Representatives
On Friday, July 11, 1919, the 23rd day of the session, under the heading “Introduction of Bills,” Rep. W. T. Murphree introduced H. 472: “To define optometry; to provide for the regulation the practice thereof; to provide for the examination of applicants to practice optometry in Alabama; to provide for the issuance of licenses and certificates and the registration and display thereof; to provide reports by probate judges of said registrations; to provide for revoking or refusing to issue said licenses and certificates; to provide for a State board of optometry; to provide for the appointment of members thereof, and describe their duties, powers, qualifications, terms of office and compensation; to provide for the disposition of fees collected by said board; to provide fees and funds for enforcing said act; to provide for enforcing said act; to allow the board to enter into reciprocity agreements with like boards of other states; to provide penalties and punishment for violations of the provisions of said act; and to
repeal all general and local laws in conflict with said act." This bill was referred to the Committee on Public Health.

Under the heading "Bills Reported Adversely" Mr. McLeod, Chairman of the Standing Committee on Public Health, reported that said committee, in session, had acted on the following bills and ordered the same returned to the House with an adverse report. Among these bills was H. 472. The date of this action by the House is not mentioned in those pages of the Journal sent by the LRS but may have occurred on the same date.

Senate

On Monday, July 14, 1919, the 24th day of the session, under the heading of "Introduction of Bills," Sen. Watt T. Brown introduced in the Alabama Senate, bill S. 306: "To define optometry; to provide for the regulation of practice thereof; to provide for the examination of applicants to practice in Alabama; to provide for the issuing of licenses and certificates and the registration and display of; to provide for reports by probate judges of said registration; to provide for the revoking or refusing to issue said licenses and certificates; to provide for a State board of optometry; to provide for the appointment of members thereof, and prescribe their duties, powers, qualifications, terms of office and compensation; to provide for the disposition of fees collected by said board; to provide fees and funds for enforcing said act; to allow the board to enter into reciprocity agreements with like boards of other states; to provide penalties and punishments for violations of the provisions of said act; and to repeal all general and local laws in conflict with said act." This bill, S. 306, was assigned to the Senate Committee on Public Health.

On Wednesday afternoon, September 3, 1919, the 42nd day of the session, under the heading "Special Order" of (?) the Senate, proceeded to consider the special order on the day's calendar, which was: S. 306. On this same day Sen. Leith offered an amendment to said bill, to wit: Amend by striking out of said bill the following words: "Revoking or refusing to issue said licenses and certificates." This amendment was adopted, Yeas, 20; Nays 2.

On the same day, Sen. Morris, on the same day, offered the following amendment to said bill, to wit: Amend S. 306 by adding Section 2 thereof the words: "Provided, that any person who has been engaged in the business of fitting glasses, and who has been so employed and resided for five continuous years in any county in Alabama, shall be exempt from the provisions of the act." Whereby Sen. Brown moved to lay the amendment offered by Sen. Morris on the table, which motion to table was lost. And then the amendment offered by Sen. Morris was adopted, Yeas, 16; Nays, 11.

On this same day, Sen. Huddleston offered the following amendment to said bill, Amend S. 306: "Provided, no optometrist licensed under this board, shall examine or fit glasses on the eyes of any one under the age of forty years or who has a disease instead of simple error of refraction causing the trouble of sight." Sen. Brown moved to lay this amendment offered by Senator Huddleston on the table, which prevailed and said amendment was laid on the table.

And said bill was, as amended, read a third time at length and passed and ordered sent forthwith, to the House without engrossment, Yeas 21; Nays 8.

Hindsight: Journal of Optometry History

On Friday, September 5, 1919, the 43rd day of the session, under the heading "Message from the Senate," the Speaker of the House was informed the Senate had originated and passed the following bill: S. 306 (same bill as offered by the House), and sends same herewith to the House without engrossment, signed, W. F. Miller, Secretary.

On Thursday, September 25, 1919, the 49th day of the session, the bill S. 306 was taken up. Mr. Mathews of Wilcox offered the following amendment to the bill: Amend S. 306 by striking from Section 21 the words: "who do not use or attempt to use, or permit to be used a trial case or test cards, nor employ mechanical means to determine the accommodation or refractive status of the eye." The amendment was, on motion, of Mr. Tompkins, laid upon the table. And the bill S. 306 was read a third time at length and passed, Yeas, 50; Nays 16.

Confusion as to the Date Signed by the Governor

Senate

In the Report of the Senate secretary, S. 306 was sent to the governor on September 27, 1919, at 10:30 a.m. According to the Journal of the Senate, bill S. 306, sponsored by Sen. Watt T. Brown was approved on September 8, 1919.

The bill S. 306 was approved on September 28, 1919. Although the act date in the Journal of the Senate and House reads September 8, 1919, since the enrolled bill was not sent to the governor until September 27, 1919 it seems more likely the date the act was approved was September 28, 1919. With the approval of the governor, it became Act No. 521.

Another possibility exists that may help explain this discrepancy. In her historical notes, Dr. Robinson provides a different, most interesting and unusual outcome. Acknowledging the bill was passed by both chambers and sent to Gov. Thomas Kilby, he was preparing for a trip to New York city. Dr. Robinson reported the subsequent action taken by the AOS.

Securing the Governor’s Signature

Fearing that the allotted time would elapse, and the bill would still not be signed, Dr. Tindel and Rep. Murphy followed Gov. Kilby to New York and personally presented the bill to the governor. He signed the bill on October 8, 1919 in New York. After 12 years of organization, drafting, finalizing, and presenting a bill to the Alabama legislature, the people of Alabama had an Optometry Practice Act.

Perhaps the date September 8, 1919 recorded in the Journal should have been October 8, 1919, the actual date the governor signed the bill. To make matters even more interesting, Arrington, in his book, lists J. H. Bankhead as the governor of Alabama when the law was passed in 1919. However, John H. Bankhead was a U. S. senator from Alabama during this time period but never governor.

Appointment of the Alabama State Board of Optometry

The Alabama State Board of Optometry was appointed in November 1919 and examinations for certificates of practice were initiated shortly thereafter. The name of the organization was changed from the Alabama Optical Society to the Alabama
Optometric Association (ALOA) during its 25th Anniversary meeting in 1930. A new constitution, bylaws, and code of ethics were adopted at this same time and Dr. J. W. Langley, Secretary of the State Board of Examiners reported there were 200 licensed optometrists in Alabama.

SUMMARY
The passage of the original optometry practice act in Alabama occurred relatively late in the passage of optometry laws for the 48 states that existed at this time. From the first enactment in Minnesota in 1901, until the passage of the forty-eighth law in Texas in 1921, required only 20 years. Of the 48 states, Alabama ranked forty-fourth in terms of chronological order. The District of Columbia enacted its law in 1924. A summary of the steps necessary to pass a bill in Alabama is included in Appendix I and the year the various states, territories, district, and commonwealth passed their original optometry practice acts are listed in Appendix II. The Alabama Optometric Association, and its predecessor organizations, would be involved in many historic legal and legislative actions related to optometry throughout the 20th Century.

In closing, it should be mentioned that the battle by independent optometry continues into the 21st Century. States, including Alabama, are continuing to attempt to expand their scope of practice either through legislation or board regulation. It is likely this struggle will continue until every state board of optometry has the authority to determine what is practiced by the profession in each state.

APPENDIX I. ALABAMA LEGISLATIVE PROCESS

INTRODUCTION
For those unfamiliar with the legislative process in Alabama the efforts of the ALOA will have even more meaning if the process is described in general terms. The success of the ALOA over the years of its existence is impressive considering the complexity of the process. The legislative process that exists today has undoubtedly changed some over the years, but its main elements remain the same. This appendix provides an outline of the steps necessary to enact a law in the state of Alabama. This outline provides some context concerning the difficulty the members of the ALOA encountered for each law enacted. This is made all the more remarkable given the circumstances surrounding these efforts. All legislation undertaken by the ALOA was done so through efforts of its officers, trustees, and members on a volunteer basis. The ALOA did not have an executive director or staff members until 1975.

LEGISLATIVE PROCESS

Drafting of a Bill
In the example of the ALOA, the leadership of the association, such as the president, board of directors, Governmental Relations committee, or other entity such as the Alabama Board of Optometry, will request or suggest specific legislation. If such an effort is approved by the ALOA Board of Directors, a standing or ad hoc committee is charged by the president to draft the legislation or an outline of such legislation. This effort also now includes the executive director (Amanda Buttenshaw) but the ALOA did not have the executive director position until 1975. The draft of the bill may then be circulated among committee members, officers or other individuals with specific knowledge or experience for comment related to its content. The final draft of the bill is then sent to the Legislative Reference Service (LRS) of the state of Alabama to ensure it is in the proper format and language.

Sponsors and Co-Sponsors
Before, during the same time, or perhaps following the drafted legislation, sponsors and co-sponsors are identified in the House and Senate. The sponsors are the elected officials who will introduce the bill and guide it through the legislative process. The ease of obtaining sponsorships is, to some degree, a measure or indicator of the benefit, clarity of intent and purpose, and future legislative success of the bill.

Introduction of the Bill
Assignment to a Committee and Hearing
Once a bill is introduced in the House or Senate it will be given a first reading and then assigned to a committee by the speaker of the house and in the Senate by the president pro tem. The assignment of a bill to a committee is an important step in the legislative process. It is important, to the extent possible, for the organization or group proposing the legislation to suggest or have input into the process when the decision is made as to which committee the bill will be assigned. In many instances, healthcare legislation will be assigned to the Committee on Health in one of the chambers. The bill may then be assigned a public hearing by the committee to which it has been assigned. In fact, a public hearing may be called when the opponents of the legislation request a hearing. Failure to secure some form of hearing will most likely result in the bill dying. If scheduled for a hearing, the bill will be discussed by the committee and it may be amended, tabled, or a substitution bill offered, at any time it is before the respective House or Senate committee. The bill may die in committee from lack of action or by vote.

Second and Third Reading
If the bill passes the committee, it is then sent to the House or Senate for a second reading and placement on the Special-Order calendar by the chair of the rules committee. When the bill comes up for discussion it may again be amended, debated, tabled or a substitute offered. If the bill moves forward, it is read again a third time and voted on by the full House or Senate. The bill may be sent to the other chamber for consideration if there are differences in the versions of the bill. It is also possible that one chamber may vote to accept the chamber's version of the bill as opposed to passing two separate bills and having to send these bills to a Conference Committee.

Bill Signed by Presiding Officer and Governor
If the bill, in identical form, is passed by the House and Senate it is returned to each chamber to be enrolled and signed by the presiding officer of each body. The bill then goes to the governor for signature. If the governor signs the bill, it becomes law. If the governor does not act on the bill within a specified number...
of days, it may become law without his or her signature. If the governor vetoes the bill, the veto may be overridden by a simple majority vote in both chambers. If not re-passed, the bill is dead.

Conference Committee
If the bill passes with an amendment from one chamber and the other chamber concurs, it is enrolled, signed by both presiding officers and sent to the governor for signature. If there is not concurrence, the bill may be sent to a conference committee composed of members of each chamber as appointed by the presiding officer. If the conference committee agrees to a compromise, a report of the committee is then sent to both chambers. If there is no conference committee report, the bill dies from a lack of action, or another conference committee may be appointed to resolve the differences. If both chambers accept the compromise, the bill is enrolled, signed by the presiding officers of each chamber, and sent to the governor.

SUMMARY
The process of passing legislation is both complex and deliberate by design. It is structured to prevent hasty action and ensure that no bill becomes law without ample opportunity for due consideration and input from all interested parties. For this reason, good legislation often takes years to pass. The long-term nature of this process is often a source of irritation and anxiety to its proponents and the delight of its detractors. In many situations it is only by persistence that good legislation becomes law. Clearly this was the case in the AOS's attempt to pass several versions of the original optometry act in the state of Alabama.

APPENDIX II. THE CHRONOLOGICAL ENACTMENT OF ORIGINAL OPTOMETRY PRACTICE ACTS. (DATA PROVIDED BY AMERICAN OPTOMETRIC ASSOCIATION)

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<td>CALIFORNIA</td>
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TERRITORIAL ENACTMENT
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1982 - GUAM

COMMONWEALTH ENACTMENT
1984 - PUERTO RICO
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