

HOUSE BILL REPORT

SSB 5226

As Passed House:

April 10, 2003

Title: An act relating to optometric care and practice.

Brief Description: Concerning optometric care and practice.

Sponsors: By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Hale, Deccio, Thibaudeau, Keiser, Oke and Franklin).

Brief History:

Committee Activity:

Health Care: 3/20/03, 3/27/03 [DP].

Floor Activity:

Passed House: 4/10/03, 95-0.

Brief Summary of Substitute Bill

- Allows optometrists to prescribe and administer diagnostic or therapeutic oral medications and injectable epinephrine upon completion of additional training.
- Requires the Optometry Board and the Board of Pharmacy to create a list of drugs that optometrists may prescribe and rules to specify authorized dosages and forms.
- Prohibits optometrists from performing ophthalmic surgery and prescribing Schedule I or II drugs or corticosteroids.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 11 members: Representatives Cody, Chair; Morrell, Vice Chair; Pflug, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Benson, Campbell, Clibborn, Darneille, Moeller, Schual-Berke and Skinner.

Staff: Chris Blake (786-7392).

Background:

Optometry

The practice of optometry involves the examination of the human eye, the examination and ascertaining of any defects of the human vision system, and the analysis of the process of vision. Optometrists may test patients' visual acuity, depth and color perception, and the ability to focus and coordinate the eyes; prescribe eyeglasses and contact lenses; prescribe visual therapy; and adapt prosthetic eyes.

Upon meeting additional requirements, optometrists may also prescribe topically applied drugs for diagnostic or therapeutic purposes. They may apply topical drugs for diagnostic purposes upon: (1) completing 60 hours of didactic and clinical instruction in general and ocular pharmacology; and (2) receiving certification from an accredited institute of higher education. Optometrists may prescribe topical drugs for therapeutic purposes upon: (1) completing the requirements for diagnostic drugs; (2) completing an additional 75 hours of didactic and clinical instruction in ocular pharmacology, anti-infective drugs, and anti-inflammatory drugs; and (3) receiving certification from an accredited institute of higher education.

Optometrists are regulated by the Optometry Board (Board) under the Uniform Disciplinary Act. The Board is responsible for the issuance and denial of provider licenses, the investigation of acts of unprofessional conduct, and the discipline of licensees. The Board has also adopted a drug formulary of topically applied diagnostic and therapeutic drugs that optometrists may use upon meeting the additional training requirements.

Controlled Substances

Controlled substances are categorized into five types according to their potential for abuse, the extent of currently accepted medical use in the United States, and the potential that use of the drug may lead to physical or psychological dependence. Schedule I drugs are those drugs with a high potential for abuse, no currently accepted medical use in treatment, and a lack of accepted safety for use in treatment under medical supervision. At the other end of the spectrum are Schedule V drugs which are those drugs with a low potential for abuse relative to the other categories, a currently accepted medical use in treatment, and a likelihood that abuse may lead to only limited physical or psychological dependence relative to the other categories.

Summary of Bill:

The range of drugs that an optometrist may use or prescribe is expanded beyond certain topically-applied drugs to include some oral drugs for diagnostic and therapeutic purposes and injectable epinephrine for the treatment of anaphylactic shock. Optometrists may only prescribe or administer drugs that treat diseases or conditions of the eye and adnexa

that are within an optometrist's scope of practice.

To use or prescribe diagnostic or therapeutic oral medications, an optometrist must: (1) meet the existing supplemental requirements for topically-applied drugs; (2) complete an additional 16 hours of didactic instruction and eight hours of supervised clinical instruction; and (3) receive certification from an accredited institute of higher education.

To use injectable epinephrine, an optometrist must: (1) meet the existing supplemental requirements for topically-applied drugs; (2) complete an additional four hours of didactic and supervised clinical instruction; and (3) receive certification from an accredited institute of higher education.

The Optometry Board and the Board of Pharmacy must create a list of Schedule III, IV, and V controlled substances and oral legend drugs that optometrists may prescribe. The two boards must also develop rules to specify the proper dosages and forms of the drugs that optometrists may prescribe or administer. Optometrists may not prescribe, dispense, administer or use oral corticosteroids. Optometrists may not administer injections or infusions other than epinephrine. Optometrists may not prescribe any Schedule I or II substance.

Optometrists may not prescribe a controlled substance for more than seven days to any patient for treating a single episode or condition or for pain. They also may not prescribe or administer an oral drug to a patient within 90 days of ophthalmic surgery without consulting the treating ophthalmologist.

Optometrists may not perform ophthalmic surgery which is defined to include invasive procedures where human tissue is cut by incision, injection, laser, or ultrasound. Optometrists may use diagnostic instruments that use laser or ultrasound technology. They may also remove superficial objects from the eye, place punctal or lacrimal plugs, dilate and irrigate the lacrimal system for diagnostic purposes, and perform certain other listed procedures.

Technical corrections are made to other statutory sections to reflect these changes.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: Other states allow optometrists to perform these services and it has worked well. This bill is the result of a compromise agreement between parties.

Testimony Against: Optometrists are not adequately trained to safely perform several of the procedures permitted in the bill.

Testified: (In support) Senator Hale, prime sponsor; and Brad Tower, Optometric Physicians of Washington.

(Opposed) Susie Tracy, Washington Academy of Eye Physicians and Surgeons and Washington State Medical Association.