

SENATE BILL REPORT

SB 5226

As Reported By Senate Committee On:
Health & Long-Term Care, February 20, 2003

Title: An act relating to authorizing optometrists to use and prescribe approved drugs for diagnostic or therapeutic purposes without limitation upon the methods of delivery in the practice of optometry.

Brief Description: Authorizing optometrists to use and prescribe approved drugs for diagnostic or therapeutic purposes without limitation upon the methods of delivery in the practice of optometry.

Sponsors: Senators Hale, Deccio, Thibaudeau, Keiser, Oke and Franklin.

Brief History:

Committee Activity: Health & Long-Term Care: 1/28/03, 2/20/03 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5226 be substituted therefor, and the substitute bill do pass.

Signed by Senators Deccio, Chair; Winsley, Vice Chair; Brandland, Franklin, Keiser, Parlette and Thibaudeau.

Staff: Tanya Karwaki (786-7447)

Background: The practice of optometry involves the examination of the human eye and the human vision system. Optometrists may test patients' visual acuity, prescribe eyeglasses and contact lenses, prescribe visual therapy, and adapt prosthetic eyes.

Upon meeting additional requirements, optometrists may also use or prescribe topically applied drugs for diagnostic or therapeutic purposes. They may apply topical drugs for diagnostic purposes upon completing 60 hours of didactic and clinical instruction in general and ocular pharmacology and receiving certification from an accredited institute of higher education. Optometrists may prescribe topical drugs for therapeutic purposes upon completing the requirements for diagnostic drugs plus an additional 75 hours of instruction.

Optometrists are licensed by the Optometry Board. Optometrists are also regulated by the Optometry 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.

Summary of Substitute Bill: The range of drugs that an optometrist may use or prescribe is expanded beyond topical drugs to include some oral drugs for diagnostic or therapeutic purposes, as well as injectable epinephrine for treatment of anaphylactic shock.

To use or prescribe oral drugs, an optometrists must meet the existing requirements for topically applied drugs, complete an additional 16 hours of didactic and eight hours of supervised clinical instruction, and receive certification from an accredited institute of higher education.

To use injectable epinephrine, an optometrist must meet the existing requirements for topically applied drugs, complete an additional four hours of didactic and supervised clinical instruction, and receive certification from an accredited institute of higher education.

The Optometry Board must consult with and have the approval of the Board of Pharmacy to create a list of Schedule III through V controlled substances that optometrists may prescribe or administer. The Optometry Board must also consult with and have the approval of the Board of Pharmacy to establish rules to specify the proper dosages and forms of the drugs that optometrists may prescribe or administer.

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. If treatment exceeding seven days is indicated, the patient must be referred to a licensed physician.

Optometrists may only prescribe or administer drugs that treat diseases or conditions of the eye that are within an optometrist's scope of practice.

Optometrists may not perform ophthalmic surgery nor prescribe oral corticosteroids.

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

Substitute Bill Compared to Original Bill: The substitute bill requires that the Optometry Board have the approval of the Board of Pharmacy when establishing a list of controlled substances and any oral legend drugs that an optometrist may prescribe, as well as when establishing guidelines for the drugs optometrists may prescribe and administer. Optometrists are prohibited from prescribing an oral drug within 90 days following ophthalmic surgery unless the treating ophthalmologist is consulted, from prescribing Schedule II controlled substances, and from prescribing oral corticosteroids. Epinephrine is the only injection that may be administered by an optometrist. Ophthalmic surgery is defined.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: This bill is not a back door for optometrists to do surgery. Optometrists have had no problems with topical prescriptions since they were authorized to prescribe them. This bill is about expanding the authority to prescribe drugs. If optometrists were permitted broader prescriptive authority, then access to care would be improved.

Testimony Against: In 1997, the Board of Health ruled that optometrists should not be allowed to have more expansive prescriptive authority; this was in opposition to the Department of Health's sunrise review. Optometrists should be prohibited from performing surgery. This bill can be interpreted to include other injectables, besides epinephrine. The bill should be amended to mandate input from the Board of Pharmacy and the medical community. It should also be amended to place more restrictions on the types of drugs an optometrist may prescribe, including a prohibition on prescribing steroids.

Testified: Brad Tower, Optometric Physicians of Washington (pro); Leland Carr, Pacific University (pro); Lori Youngman, Pacific Cataract and Laser Institute (pro); Susie Tracy, Washington Academy of Eye Physicians and Surgeons (con); Keith Dalhauser, Washington Academy of Eye Physicians and Surgeons (con); Aaron Weingeist, Washington Academy of Eye Physicians and Surgeons (con); Carl Nelson, Washington State Medical Association (con).