HOUSE BILL REPORT HB 1190

As Reported by House Committee On:

Health Care & Wellness

Title: An act relating to preserving the use of hydrocodone products by licensed optometrists in Washington state.

Brief Description: Concerning the use of hydrocodone products by licensed optometrists in Washington state.

Sponsors: Representatives Harris, Riccelli, Fitzgibbon, Robinson, Goodman, Buys and Vick.

Brief History:

Committee Activity:

Health Care & Wellness: 1/28/15, 1/30/15 [DPS].

Brief Summary of Substitute Bill

 Creates an exception to the prohibition against an optometrist using, prescribing, dispensing, purchasing, possessing, or administering Schedule I or II controlled substances for hydrocodone combination products.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short and Tharinger.

Staff: Jim Morishima (786-7191).

Background:

Optometrist Prescriptive Authority.

Optometry consists of 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. In order to

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be licensed as an optometrist, a person must complete his or her high school education, graduate from an accredited school of optometry, and pass an examination.

A licensed optometrist may prescribe certain oral Schedule III-V controlled substances and oral legend drugs. The optometrist may only prescribe the drugs as appropriate for the treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. An optometrist may not:

- prescribe, dispense, or administer more than a seven-day supply of a controlled substance:
- prescribe, dispense, or administer an oral drug within 90 days of an ophthalmic surgery without consulting the treating ophthalmologist;
- use, prescribe, dispense, purchase, possess, or administer a Schedule I or II controlled substance; or
- use, prescribe, dispense, or administer oral corticosteroids.

Hydrocodone.

Hydrocodone and hydrocodone combination drugs were recently moved from Schedule III to Schedule II by the federal government.

Summary of Substitute Bill:

The Optometry Board may add Schedule II hydrocodone combination products to the list of drugs an optometrist may use, prescribe, dispense, purchase, possess, or administer.

Substitute Bill Compared to Original Bill:

The substitute bill gives the Optometry Board the specific authority to add Schedule II hydrocodone combination products to the list of drugs an optometrist may use, prescribe, dispense, purchase, possess, or administer.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Hydrocodone combination drugs can be a valuable tool to optometrists. Many other states have already made this fix to their laws, which is a pretty conservative change. Because of the change in the Food and Drug Administration (FDA) policy, patients of optometrists are being denied access to these drugs. Before the change in the FDA policy,

optometrists were prescribing these drugs safely; they were among the lowest prescribers of these drugs. There are safeguards in place to ensure optometrists do not over-prescribe hydrocodone combination drugs. Codeine is not an adequate substitute for these drugs because it metabolizes differently and has different side effects.

(Opposed) None.

Persons Testifying: Representative Harris, prime sponsor; and Brad Tower, Kim Eckroth, and Brett Bence, Optometric Physicians of Washington.

Persons Signed In To Testify But Not Testifying: None.

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