
SUBSTITUTE HOUSE BILL 1190

State of Washington

64th Legislature

2015 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Harris, Riccelli, Fitzgibbon, Robinson, Goodman, Buys, and Vick)

READ FIRST TIME 02/03/15.

1 AN ACT Relating to preserving the use of hydrocodone products by
2 licensed optometrists in Washington state; amending RCW 18.53.010;
3 and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that the use of
6 hydrocodone products by licensed optometrists in Washington state has
7 benefited patients suffering from acute pain associated with injuries
8 to the eye for over ten years. The legislature further finds that
9 while there are legitimate concerns regarding the propensity for
10 addiction to these and other pain medications, the conservative
11 prescribing habits of our state's licensed optometrists and the
12 limited duration of use of seven days are sufficient safeguards
13 against the overuse of hydrocodone products by the patients of this
14 group of providers. It is therefore the intent of the legislature to
15 preserve the ability of licensed optometrists in Washington state to
16 use hydrocodone products to treat pain, regardless of potential
17 action by agencies of the federal government to reclassify these
18 products as Schedule II narcotics.

19 **Sec. 2.** RCW 18.53.010 and 2013 c 19 s 2 are each amended to read
20 as follows:

1 (1) The practice of optometry is defined as the examination of
2 the human eye, the examination and ascertaining any defects of the
3 human vision system and the analysis of the process of vision. The
4 practice of optometry may include, but not necessarily be limited to,
5 the following:

6 (a) The employment of any objective or subjective means or
7 method, including the use of drugs, for diagnostic and therapeutic
8 purposes by those licensed under this chapter and who meet the
9 requirements of subsections (2) and (3) of this section, and the use
10 of any diagnostic instruments or devices for the examination or
11 analysis of the human vision system, the measurement of the powers or
12 range of human vision, or the determination of the refractive powers
13 of the human eye or its functions in general; and

14 (b) The prescription and fitting of lenses, prisms, therapeutic
15 or refractive contact lenses and the adaption or adjustment of frames
16 and lenses used in connection therewith; and

17 (c) The prescription and provision of visual therapy, therapeutic
18 aids, and other optical devices; and

19 (d) The ascertainment of the perceptive, neural, muscular, or
20 pathological condition of the visual system; and

21 (e) The adaptation of prosthetic eyes.

22 (2)(a) Those persons using topical drugs for diagnostic purposes
23 in the practice of optometry shall have a minimum of sixty hours of
24 didactic and clinical instruction in general and ocular pharmacology
25 as applied to optometry, as established by the board, and
26 certification from an institution of higher learning, accredited by
27 those agencies recognized by the United States office of education or
28 the council on postsecondary accreditation to qualify for
29 certification by the optometry board of Washington to use drugs for
30 diagnostic purposes.

31 (b) Those persons using or prescribing topical drugs for
32 therapeutic purposes in the practice of optometry must be certified
33 under (a) of this subsection, and must have an additional minimum of
34 seventy-five hours of didactic and clinical instruction as
35 established by the board, and certification from an institution of
36 higher learning, accredited by those agencies recognized by the
37 United States office of education or the council on postsecondary
38 accreditation to qualify for certification by the optometry board of
39 Washington to use drugs for therapeutic purposes.

1 (c) Those persons using or prescribing drugs administered orally
2 for diagnostic or therapeutic purposes in the practice of optometry
3 shall be certified under (b) of this subsection, and shall have an
4 additional minimum of sixteen hours of didactic and eight hours of
5 supervised clinical instruction as established by the board, and
6 certification from an institution of higher learning, accredited by
7 those agencies recognized by the United States office of education or
8 the council on postsecondary accreditation to qualify for
9 certification by the optometry board of Washington to administer,
10 dispense, or prescribe oral drugs for diagnostic or therapeutic
11 purposes.

12 (d) Those persons administering epinephrine by injection for
13 treatment of anaphylactic shock in the practice of optometry must be
14 certified under (b) of this subsection and must have an additional
15 minimum of four hours of didactic and supervised clinical
16 instruction, as established by the board, and certification from an
17 institution of higher learning, accredited by those agencies
18 recognized by the United States office of education or the council on
19 postsecondary accreditation to qualify for certification by the
20 optometry board to administer epinephrine by injection.

21 (e) Such course or courses shall be the fiscal responsibility of
22 the participating and attending optometrist.

23 (f)(i) All persons receiving their initial license under this
24 chapter on or after January 1, 2007, must be certified under (a),
25 (b), (c), and (d) of this subsection.

26 (ii) All persons licensed under this chapter on or after January
27 1, 2009, must be certified under (a) and (b) of this subsection.

28 (iii) All persons licensed under this chapter on or after January
29 1, 2011, must be certified under (a), (b), (c), and (d) of this
30 subsection.

31 (3) The board shall establish a list of topical drugs for
32 diagnostic and treatment purposes limited to the practice of
33 optometry, and no person licensed pursuant to this chapter shall
34 prescribe, dispense, purchase, possess, or administer drugs except as
35 authorized and to the extent permitted by the board.

36 (4) The board must establish a list of oral Schedule III through
37 V controlled substances and any oral legend drugs, with the approval
38 of and after consultation with the pharmacy quality assurance
39 commission. The board may include Schedule II hydrocodone combination
40 products consistent with subsection (6) of this section. No person

1 licensed under this chapter may use, prescribe, dispense, purchase,
2 possess, or administer these drugs except as authorized and to the
3 extent permitted by the board. No optometrist may use, prescribe,
4 dispense, or administer oral corticosteroids.

5 (a) The board, with the approval of and in consultation with the
6 pharmacy quality assurance commission, must establish, by rule,
7 specific guidelines for the prescription and administration of drugs
8 by optometrists, so that licensed optometrists and persons filling
9 their prescriptions have a clear understanding of which drugs and
10 which dosages or forms are included in the authority granted by this
11 section.

12 (b) An optometrist may not:

13 (i) Prescribe, dispense, or administer a controlled substance for
14 more than seven days in treating a particular patient for a single
15 trauma, episode, or condition or for pain associated with or related
16 to the trauma, episode, or condition; or

17 (ii) Prescribe an oral drug within ninety days following
18 ophthalmic surgery unless the optometrist consults with the treating
19 ophthalmologist.

20 (c) If treatment exceeding the limitation in (b)(i) of this
21 subsection is indicated, the patient must be referred to a physician
22 licensed under chapter 18.71 RCW.

23 (d) The prescription or administration of drugs as authorized in
24 this section is specifically limited to those drugs appropriate to
25 treatment of diseases or conditions of the human eye and the adnexa
26 that are within the scope of practice of optometry. The prescription
27 or administration of drugs for any other purpose is not authorized by
28 this section.

29 (5) The board shall develop a means of identification and
30 verification of optometrists certified to use therapeutic drugs for
31 the purpose of issuing prescriptions as authorized by this section.

32 (6) Nothing in this chapter may be construed to authorize the
33 use, prescription, dispensing, purchase, possession, or
34 administration of any Schedule I or II controlled substance, except
35 hydrocodone combination products. The provisions of this subsection
36 must be strictly construed.

37 (7) With the exception of the administration of epinephrine by
38 injection for the treatment of anaphylactic shock, no injections or
39 infusions may be administered by an optometrist.

1 (8) Nothing in this chapter may be construed to authorize
2 optometrists to perform ophthalmic surgery. Ophthalmic surgery is
3 defined as any invasive procedure in which human tissue is cut,
4 ablated, or otherwise penetrated by incision, injection, laser,
5 ultrasound, or other means, in order to: Treat human eye diseases;
6 alter or correct refractive error; or alter or enhance cosmetic
7 appearance. Nothing in this chapter limits an optometrist's ability
8 to use diagnostic instruments utilizing laser or ultrasound
9 technology. Ophthalmic surgery, as defined in this subsection, does
10 not include removal of superficial ocular foreign bodies, epilation
11 of misaligned eyelashes, placement of punctal or lacrimal plugs,
12 diagnostic dilation and irrigation of the lacrimal system,
13 orthokeratology, prescription and fitting of contact lenses with the
14 purpose of altering refractive error, or other similar procedures
15 within the scope of practice of optometry.

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