

SSB 5389 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED AS AMENDED 04/10/2023

1 Strike everything after the enacting clause and insert the
2 following:

3 **"Sec. 1.** RCW 18.53.010 and 2015 c 113 s 1 are each amended to
4 read as follows:

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

10 (a) The employment of any objective or subjective means or
11 method, including the use of drugs, for diagnostic and therapeutic
12 purposes by those licensed under this chapter and who meet the
13 requirements of subsections ~~((2))~~ (4) and ~~((3))~~ (6) of this
14 section, and the use of any diagnostic instruments or devices for the
15 examination or analysis of the human vision system, the measurement
16 of the powers or range of human vision, or the determination of the
17 refractive powers of the human eye or its functions in general;
18 ~~((and))~~

19 (b) The prescription and fitting of lenses, prisms, therapeutic
20 or refractive contact lenses and the adaption or adjustment of frames
21 and lenses used in connection therewith; ~~((and))~~

22 (c) The prescription and fitting of contact lenses for the
23 purpose of altering refractive error or to treat eye disease;

24 (d) The prescription and provision of visual therapy, neuro-
25 optometry rehabilitation, therapeutic aids, subnormal vision therapy,
26 orthoptics, and other optical devices; ~~((and~~

27 ~~(d))~~ (e) The ascertainment of the perceptive, neural, muscular,
28 or pathological condition of the visual system; ~~((and~~

29 ~~(e))~~ (f) The adaptation of prosthetic eyes;

30 (g) Ordering necessary diagnostic lab or imaging tests including,
31 but not limited to, finger-stick testing and collecting samples for
32 culturing;

1 (h) Dispensing of medication samples to initiate treatment is
2 permitted; and

3 (i) Removal of nonpenetrating foreign bodies by any means,
4 debridement of tissue by any means, epilation of misaligned
5 eyelashes, placement of punctal or lacrimal plugs, including devices
6 containing pharmaceutical agents implanted in the lacrimal system,
7 dilation and irrigation of the lacrimal system, light therapy, and
8 placement of biologic membranes.

9 (2)(a) The practice of optometry may include the following
10 advanced procedures:

11 (i) Common complication of the lids, lashes, and lacrimal
12 systems;

13 (ii) Chalazion management, including injection and excision;

14 (iii) Injections, including intramuscular injections of
15 epinephrine and subconjunctival and subcutaneous injections of
16 medications;

17 (iv) Management of lid lesions, including intralesional injection
18 of medications;

19 (v) Preoperative and postoperative care related to these
20 procedures;

21 (vi) Use of topical and injectable anesthetics; and

22 (vii) Eyelid surgery, excluding any cosmetic surgery or surgery
23 requiring the use of general anesthesia.

24 (b) An optometrist shall not perform any advanced procedures
25 listed in this subsection until he or she receives a license
26 endorsement issued by the optometry board. The board may not issue an
27 endorsement unless the licensed optometrist meets the educational,
28 training, and competence criteria set forth in this section.

29 (3) The practice of optometry does not include:

30 (a) Performing retinal laser procedures, laser-assisted in situ
31 keratomileus, photorefractive keratectomy, laser epithelial
32 keratomileusis, or any forms of refractive surgery, other than light
33 adjustable lens procedures;

34 (b) Penetrating keratoplasty, corneal transplant, or lamellar
35 keratoplasty;

36 (c) Administering intravenous or general anesthesia;

37 (d) Performing surgery with general anesthesia;

38 (e) Providing laser or nonlaser injections into the vitreous
39 chamber of the eye to treat any macular or retinal disease;

1 (f) Performing surgery related to the removal of the eye from a
2 living human being;

3 (g) Performing surgery requiring a full thickness incision or
4 excision of the cornea or sclera other than paracentesis in an
5 emergency situation requiring immediate reduction of the pressure
6 inside of the eye;

7 (h) Performing surgery requiring incision of the iris and ciliary
8 body, including iris diathermy or cryotherapy;

9 (i) Performing surgery requiring incision of the vitreous or
10 retina;

11 (j) Performing surgical extraction of the crystalline lens;

12 (k) Performing surgical intraocular implants;

13 (l) Performing incisional or excisional surgery of the
14 extraocular muscles;

15 (m) Performing surgery of the eyelid for malignancies or for
16 incisional cosmetic or mechanical repair of blepharochalasis, ptosis,
17 or tarsorrhaphy;

18 (n) Performing surgery of the bony orbit, including orbital
19 implants;

20 (o) Performing incisional or excisional surgery of the lacrimal
21 system other than lacrimal probing or related procedures;

22 (p) Performing surgery requiring full thickness conjunctivoplasty
23 with graft or flap;

24 (q) Performing any surgical procedure that does not provide for
25 the correction and relief of ocular abnormalities;

26 (r) Providing an incision into the eyeball;

27 (s) Providing sub-tenon, retrobulbar, intraorbital, or botulinum
28 toxin injection; or

29 (t) Performing pterygium surgery.

30 (4)(a) Those persons using topical and oral drugs for diagnostic
31 and therapeutic purposes in the practice of optometry shall have a
32 minimum of ((~~sixty~~)) 60 hours of didactic and clinical instruction in
33 general and ocular pharmacology as applied to optometry, as
34 established by the optometry board, and certification from an
35 institution of higher learning, accredited by those agencies
36 recognized by the United States office of education or the council on
37 postsecondary accreditation to qualify for certification by the
38 optometry board of Washington to use drugs for diagnostic and
39 therapeutic purposes.

1 (b) Those persons using or prescribing topical drugs for
2 therapeutic purposes in the practice of optometry must be certified
3 under (a) of this subsection, and must have an additional minimum of
4 (~~seventy-five~~) 75 hours of didactic and clinical instruction as
5 established by the optometry board, and certification from an
6 institution of higher learning, accredited by those agencies
7 recognized by the United States office of education or the council on
8 postsecondary accreditation to qualify for certification by the
9 optometry board of Washington to use drugs for therapeutic purposes.

10 (c) Those persons using or prescribing drugs administered orally
11 for diagnostic or therapeutic purposes in the practice of optometry
12 shall be certified under (b) of this subsection, and shall have an
13 additional minimum of (~~sixteen~~) 16 hours of didactic and eight
14 hours of supervised clinical instruction as established by the
15 optometry board, and certification from an institution of higher
16 learning, accredited by those agencies recognized by the United
17 States office of education or the council on postsecondary
18 accreditation to qualify for certification by the optometry board of
19 Washington to administer, dispense, or prescribe oral drugs for
20 diagnostic or therapeutic purposes.

21 (d) Those persons administering epinephrine by injection for
22 treatment of anaphylactic shock in the practice of optometry must be
23 certified under (b) of this subsection and must have an additional
24 minimum of four hours of didactic and supervised clinical
25 instruction, as established by the optometry board, and certification
26 from an institution of higher learning, accredited by those agencies
27 recognized by the United States office of education or the council on
28 postsecondary accreditation to qualify for certification by the
29 optometry board to administer epinephrine by injection.

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

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

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

38 (~~(iii) All persons licensed under this chapter on or after January~~
39 ~~1, 2011, must be certified under (a), (b), (c), and (d) of this~~
40 ~~subsection.~~

1 ~~(3))~~ (5) (a) To receive a license endorsement to perform the
2 advanced procedures listed in this section, a licensed optometrist
3 must:

4 (i) Successfully complete postgraduate courses as designated by
5 the optometry board in collaboration with the medical commission that
6 provide adequate training on those procedures. Any course that is
7 offered by an institution of higher education accredited by those
8 agencies recognized by the United States office of education or the
9 council on postsecondary accreditation and approved by the optometry
10 board to qualify for an endorsement to perform advanced procedures
11 must contain supervised hands-on experience with live patients, or be
12 supplemented by a residency, internship, or other supervised program
13 that offers hands-on experience with live patients;

14 (ii) Successfully complete a national examination for advanced
15 procedures, including the lasers and surgical procedures examination,
16 injections skill examination, or other equivalent examination as
17 designated by the optometry board; and

18 (iii) Enter into an agreement with a qualified physician licensed
19 under chapter 18.71 RCW or an osteopathic physician licensed under
20 chapter 18.57 RCW for rapid response if complications occur during an
21 advanced procedure.

22 (b) Upon completion of the above listed requirements, proof of
23 training shall be submitted to the optometry board for approval. No
24 optometrist may perform the advanced procedures listed in subsection
25 (2) of this section until they have received confirmation of the
26 endorsement in writing.

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

32 ~~((4))~~ (7) The optometry board must establish a list of oral
33 Schedule III through V controlled substances and any oral legend
34 drugs, with the approval of and after consultation with the pharmacy
35 quality assurance commission. The optometry board may include
36 Schedule II hydrocodone combination products consistent with
37 subsection ~~((6))~~ (9) of this section. No person licensed under this
38 chapter may use, prescribe, dispense, purchase, possess, or
39 administer these drugs except as authorized and to the extent
40 permitted by the optometry board. ~~((No optometrist may use,~~

1 ~~prescribe, dispense, or administer oral corticosteroids))~~ To
2 prescribe oral corticosteroids for more than seven days, an
3 optometrist must consult with a licensed physician.

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

11 (b) An optometrist may not ~~((~~
12 ~~(i) Prescribe))~~ prescribe, dispense, or administer a controlled
13 substance for more than seven days in treating a particular patient
14 for a single trauma, episode, or condition or for pain associated
15 with or related to the trauma, episode, or condition ~~((~~
16 ~~(i) Prescribe an oral drug within ninety days following~~
17 ~~ophthalmic surgery unless the optometrist consults with the treating~~
18 ~~ophthalmologist))~~.

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

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

28 ~~((5))~~ (8) The optometry board shall develop a means of
29 identification and verification of optometrists certified to ~~((use~~
30 ~~therapeutic drugs for the purpose of issuing prescriptions as~~
31 ~~authorized by this section))~~ perform advanced procedures.

32 ~~((6))~~ (9) Nothing in this chapter may be construed to authorize
33 the use, prescription, dispensing, purchase, possession, or
34 administration of any Schedule I or II controlled substance, except
35 Schedule II hydrocodone combination products. The provisions of this
36 subsection 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))~~ (10) 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 the advanced procedures listed in subsection (2)(a) of
11 this section, removal of superficial ocular foreign bodies, epilation
12 of misaligned eyelashes, placement of punctal or lacrimal plugs,
13 diagnostic dilation and irrigation of the lacrimal system,
14 orthokeratology, prescription and fitting of contact lenses with the
15 purpose of altering refractive error, or other similar procedures
16 within the scope of practice of optometry.

17 (11) In a public health emergency, the state health officer may
18 authorize licensed optometrists to administer inoculations for
19 systemic health reasons.

20 (12)(a) Any optometrist authorized by the optometry board shall
21 be permitted to purchase diagnostic pharmaceutical agents for use in
22 the practice of optometry. Any optometrist authorized by the
23 optometry board shall be permitted to prescribe therapeutic
24 pharmaceutical agents in the practice of optometry. Optometrists
25 authorized by the optometry board to purchase pharmaceutical agents
26 shall obtain them from licensed wholesalers or pharmacists, using
27 prescriptions or chart orders placed in the same or similar manner as
28 any physician or other practitioner so authorized. Purchases shall be
29 limited to those pharmaceutical agents specified in this section,
30 based upon the authority conferred upon the optometrist by the
31 optometry board consistent with the educational qualifications of the
32 optometrist as established in this section.

33 (b) Diagnostic and therapeutic pharmaceutical agents are any
34 prescription or nonprescription drug delivered via any route of
35 administration used or prescribed for the diagnosis, treatment, or
36 mitigation of abnormal conditions and pathology of the human eye and
37 its adnexa. Diagnostic and therapeutic pharmaceutical agents do not
38 include Schedule I and Schedule II drugs, except for hydrocodone
39 combination products.

1 **Sec. 2.** RCW 18.54.050 and 2011 c 336 s 491 are each amended to
2 read as follows:

3 The board must meet at least once yearly or more frequently upon
4 call of the chair or the secretary of health at such times and places
5 as the chair or the secretary of health may designate by giving three
6 days' notice or as otherwise required by RCW 42.30.075. A full record
7 of the board's proceedings shall be kept in the office of the board
8 and shall be open to inspection at all reasonable times.

9 **Sec. 3.** RCW 18.54.070 and 1995 c 198 s 7 are each amended to
10 read as follows:

11 The board has the following powers and duties:

12 (1) To develop and administer, or approve, or both, a licensure
13 examination. The board may approve an examination prepared or
14 administered by a private testing agency or association of licensing
15 authorities.

16 (2) The board shall adopt rules and regulations to promote
17 safety, protection, and the welfare of the public, to carry out the
18 purposes of this chapter, to aid the board in the performance of its
19 powers and duties, and to govern the practice of optometry. The
20 administrative regulations shall include the classification and
21 licensure of optometrists by examination or credentials, retirement
22 of a license, and reinstatement of a license.

23 (3) The board shall have the authority to provide rule making
24 regarding the allowable procedures and their educational requirements
25 within the confines of this chapter and chapter 18.53 RCW.

26 (4) The board shall keep a register containing the name, address,
27 license number, email, and phone number of every person licensed to
28 practice optometry in this state to the best of their ability.

29 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.54
30 RCW to read as follows:

31 (1) By December 1, 2026, the board in coordination with the
32 department of health shall collect, analyze, and report on the
33 outcomes of the advanced procedures authorized in RCW 18.53.010. The
34 report should include any complications to patients receiving
35 advanced procedures. The department of health must make this report
36 publicly available on its website.

37 (2) This section expires August 1, 2027."

1 Correct the title.

EFFECT: (1) Requires an optometrist applying for an endorsement for advanced procedures to have an agreement with a physician or osteopathic physician for rapid response if complications occur during an advanced procedure.

(2) Removes suturing from the advance procedures authorized through an endorsement.

(3) Specifies that the following procedures are prohibited: Providing sub-tenon or botulinum toxin injections; and administering intravenous anesthesia.

(4) Requires optometrists who are prescribing oral corticosteroids for more than seven days to consult with a licensed physician.

(5) Requires the Optometry Board to collaborate with the Washington Medical Commission to designate postgraduate courses that provide adequate training on the advanced procedures.

(6) Requires the Optometry Board in coordination with the Department of Health to issue a report on the outcomes and complications of the advanced procedures authorized under the bill by December 1, 2026.

--- END ---