

# SENATE BILL REPORT

## ESSB 5535

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As Passed Senate, January 20, 2006

**Title:** An act relating to optometry.

**Brief Description:** Modifying optometry licensing requirements.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Franklin, Brandland, Berkey, Spanel, Schoesler, Rockefeller, Delvin, Kohl-Welles, Oke and Shin).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/24/05, 2/28/05 [DPS, w/oRec].

Passed Senate: 3/15/05, 46-1; 1/20/06, 40-0.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5535 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Brandland, Franklin, Johnson, Kastama, Kline and Poulsen.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Benson and Parlette.

**Staff:** Edith Rice (786-7444)

**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 learning. Optometrists may prescribe topical drugs for therapeutic purposes upon completing the requirements for diagnostic drugs plus an additional 75 hours of instruction and receiving certification.

To use or prescribe an oral drug for a diagnostic or therapeutic purpose, an optometrist 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.

**Summary of Bill:** This bill sets a required timeline for optometrists to reach a uniform level of licensure.

By January 1, 2007, all optometrists receiving an initial license in Washington must meet the standard requirements of the Board of Optometry and meet the requirements for using topically applied drugs for diagnostic and therapeutic purposes, the requirements to use or prescribe an oral drug, and the requirements for use of injectable epinephrine.

By January 1, 2009, all persons licensed to practice optometry must meet the standard requirements of the Board of Optometry and also the requirements for using topically applied drugs for diagnostic and therapeutic purposes.

By January 1, 2011, all persons licensed to practice optometry must be certified under the standard requirements of the Board of Optometry, must meet the requirements for using topically applied drugs for diagnostic and therapeutic purposes, the requirements to use or prescribe an oral drug, and the requirements for use of injectable epinephrine.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Testimony For:** This change is needed to promote a more uniform level of care. The discrepancy in different levels of licensure can lead to confusion by the public. The public deserves to consult an optometric physician and receive the same standard of care across the board. There are only a small number of doctors at the lower level of licensure. The longer phase-in time for optometrists who are already practicing will make this change more manageable.

**Testimony Other:** This bill assumes that all optometrists want to practice at this higher level of care, which may not be the case. Also, it is unclear whether all schools of optometry adequately prepare students to practice at this level.

**Who Testified:** PRO: Brad Tower, Lori Youngman, Optometric Physicians of Washington; Ted Kadet, Hope Clinic.

OTHER: Susie Tracy, Washington Academy of Eye Physicians and Surgeons.

**House Amendment(s):** A new section is added to authorize the Board of Optometry to adopt rules to allow a licensed optometrist to place his or her license on inactive status. An inactive license may be placed on active status by complying with rules established by the optometry board. Disciplinary action taken against a person with an inactive license is comparable to that taken against a person with an active license except the inactive license will remain so, until disciplinary proceedings have been completed.