

SENATE BILL REPORT

SB 5535

As Reported By Senate Committee On:
Health & Long-Term Care, February 28, 2005

Title: An act relating to optometry.

Brief Description: Modifying optometry licensing requirements.

Sponsors: 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].

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: Stephanie Yurcisin (786-7438)

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

By January 1, 2006, 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, 2008, 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, 2010, 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.

Substitute Bill Compared to Original Bill: The original bill was not considered.

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 Against: 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.