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State of Washington

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HOUSE BILL 2341

By Representatives Moeller, Hinkle, Williams, Sells, Upthegrove, Lantz, Morrell, Clibborn, Conway, Kenney and Campbell

59th Legislature

2006 Regular Session

Prefiled 12/21/2005. Read first time 01/09/2006. Referred to Committee on Health Care.

- AN ACT Relating to optometry; amending RCW 18.53.010; and adding a new section to chapter 18.53 RCW.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 18.53.010 and 2003 c 142 s 1 are each amended to read 5 as follows:
 - (1) The practice of optometry is defined as the examination of the human eye, the examination and ascertaining any defects of the human vision system and the analysis of the process of vision. The practice of optometry may include, but not necessarily be limited to, the following:
 - (a) The employment of any objective or subjective means or method, including the use of drugs, for diagnostic and therapeutic purposes by those licensed under this chapter and who meet the requirements of subsections (2) and (3) of this section, and the use of any diagnostic instruments or devices for the examination or analysis of the human vision system, the measurement of the powers or range of human vision, or the determination of the refractive powers of the human eye or its functions in general; and

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- (b) The prescription and fitting of lenses, prisms, therapeutic or refractive contact lenses and the adaption or adjustment of frames and lenses used in connection therewith; and
- (c) The prescription and provision of visual therapy, therapeutic aids, and other optical devices; and
- (d) The ascertainment of the perceptive, neural, muscular, or pathological condition of the visual system; and
 - (e) The adaptation of prosthetic eyes.

- (2)(a) Those persons using topical drugs for diagnostic purposes in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to use drugs for diagnostic purposes.
- (b) Those persons using or prescribing topical drugs for therapeutic purposes in the practice of optometry must be certified under (a) of this subsection, and must have an additional minimum of seventy-five hours of didactic and clinical instruction as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to use drugs for therapeutic purposes.
- (c) Those persons using or prescribing drugs administered orally for diagnostic or therapeutic purposes in the practice of optometry shall be certified under (b) of this subsection, and shall have an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to administer, dispense, or prescribe oral drugs for diagnostic or therapeutic purposes.
- (d) Those persons administering epinephrine by injection for treatment of anaphylactic shock in the practice of optometry must be certified under (b) of this subsection and must have an additional

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- minimum of four hours of didactic and supervised clinical instruction, as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board to administer epinephrine by injection.
 - (e) Such course or courses shall be the fiscal responsibility of the participating and attending optometrist.
- 9 (f)(i) All persons receiving their initial license under this 10 chapter on or after January 1, 2007, must be certified under (a), (b), 11 (c), and (d) of this subsection.
- (ii) All persons licensed under this chapter on or after January 1, 2009, must be certified under (a) and (b) of this subsection.
- (iii) All persons licensed under this chapter on or after January
 15 1, 2011, must be certified under (a), (b), (c), and (d) of this
 16 subsection.
 - (3) The board shall establish a list of topical drugs for diagnostic and treatment purposes limited to the practice of optometry, and no person licensed pursuant to this chapter shall prescribe, dispense, purchase, possess, or administer drugs except as authorized and to the extent permitted by the board.
 - (4) The board must establish a list of oral Schedule III through V controlled substances and any oral legend drugs, with the approval of and after consultation with the board of pharmacy. No person licensed under this chapter may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. No optometrist may use, prescribe, dispense, or administer oral corticosteroids.
 - (a) The board, with the approval of and in consultation with the board of pharmacy, must establish, by rule, specific guidelines for the prescription and administration of drugs by optometrists, so that licensed optometrists and persons filling their prescriptions have a clear understanding of which drugs and which dosages or forms are included in the authority granted by this section.
 - (b) An optometrist may not:

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(i) Prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single

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trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or

- (ii) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist.
- (c) If treatment exceeding the limitation in (b)(i) of this subsection is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.
- (d) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized by this section.
- (5) The board shall develop a means of identification and verification of optometrists certified to use therapeutic drugs for the purpose of issuing prescriptions as authorized by this section.
- (6) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance. The provisions of this subsection must be strictly construed.
- (7) With the exception of the administration of epinephrine by injection for the treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.
- (8) Nothing in this chapter may be construed to authorize optometrists to perform ophthalmic surgery. Ophthalmic surgery is defined as any invasive procedure in which human tissue is cut, ablated, or otherwise penetrated by incision, injection, laser, ultrasound, or other means, in order to: Treat human eye diseases; alter or correct refractive error; or alter or enhance cosmetic appearance. Nothing in this chapter limits an optometrist's ability to use diagnostic instruments utilizing laser or ultrasound technology. Ophthalmic surgery, as defined in this subsection, does not include removal of superficial ocular foreign bodies, epilation of misaligned eyelashes, placement of punctal or lacrimal plugs, diagnostic dilation and irrigation of the lacrimal system, orthokeratology, prescription and fitting of contact lenses with the purpose of altering refractive

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error, or other similar procedures within the scope of practice of optometry.

3 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 18.53 RCW 4 to read as follows:

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19 20 The optometry board may adopt rules under this section authorizing an inactive license status.

- (1) An individual licensed under this chapter may place his or her license on inactive status. The holder of an inactive license must not practice optometry in this state without first activating the license.
- (2) The inactive renewal fee must be established by the optometry board. Failure to renew an inactive license shall result in cancellation of the inactive license in the same manner as an active license.
- 14 (3) An inactive license may be placed in an active status upon 15 compliance with rules established by the optometry board.
 - (4) Provisions relating to disciplinary action against a person with a license are applicable to a person with an inactive license, except that when disciplinary proceedings against a person with an inactive license have been initiated, the license will remain inactive until the proceedings have been completed.

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