

RCW 18.53.010 Definition—Scope of practice. (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 (4) and (6) 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;

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

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

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

(e) The ascertainment of the perceptive, neural, muscular, or pathological condition of the visual system;

(f) The adaptation of prosthetic eyes;

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

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

(i) Removal of nonpenetrating foreign bodies, debridement of tissue, epilation of misaligned eyelashes, placement of punctal or lacrimal plugs, including devices containing pharmaceutical agents implanted in the lacrimal system, dilation and irrigation of the lacrimal system, nonlaser light therapy, and placement of biologic membranes.

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

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

(ii) Chalazion management, including injection and excision;

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

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

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

(vi) Use of topical and injectable anesthetics; and

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

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

(3) The practice of optometry does not include:

- (a) Performing retinal laser procedures, laser-assisted in situ keratomileus, photorefractive keratectomy, laser epithelial keratomileusis, or any forms of refractive surgery, other than light adjustable lens procedures;
- (b) Penetrating keratoplasty, corneal transplant, or lamellar keratoplasty;
- (c) Administering intravenous or general anesthesia;
- (d) Performing surgery with general anesthesia;
- (e) Providing laser or nonlaser injections into the vitreous chamber of the eye to treat any macular or retinal disease;
- (f) Performing surgery related to the removal of the eye from a living human being;
- (g) Performing surgery requiring a full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside of the eye;
- (h) Performing surgery requiring incision of the iris and ciliary body, including iris diathermy or cryotherapy;
- (i) Performing surgery requiring incision of the vitreous or retina;
- (j) Performing surgical extraction of the crystalline lens;
- (k) Performing surgical intraocular implants;
- (l) Performing incisional or excisional surgery of the extraocular muscles;
- (m) Performing surgery of the eyelid for malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis, or tarsorrhaphy;
- (n) Performing surgery of the bony orbit, including orbital implants;
- (o) Performing incisional or excisional surgery of the lacrimal system other than lacrimal probing or related procedures;
- (p) Performing surgery requiring full thickness conjunctivoplasty with graft or flap;
- (q) Performing any surgical procedure that does not provide for the correction and relief of ocular abnormalities;
- (r) Suturing;
- (s) Providing an incision into the eyeball;
- (t) Providing sub-tenon, retrobulbar, intraorbital, or botulinum toxin injection; or
- (u) Performing pterygium surgery.

(4) (a) Those persons using topical and oral drugs for diagnostic and therapeutic purposes in the practice of optometry shall have a minimum of 60 hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, as established by the optometry board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States department of education or the council on higher education accreditation to qualify for certification by the optometry board of Washington to use drugs for diagnostic and therapeutic 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 75 hours of didactic and clinical instruction as established by the optometry board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States department of education or the council on higher education

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 16 hours of didactic and eight hours of supervised clinical instruction as established by the optometry board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States department of education or the council on higher education 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 minimum of four hours of didactic and supervised clinical instruction, as established by the optometry board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States department of education or the council on higher education 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.

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

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

(i) Successfully complete postgraduate courses as designated by the optometry board that provide adequate training on those procedures. Any course that is offered by an institution of higher education accredited by those agencies recognized by the United States department of education or the council on higher education accreditation and approved by the optometry board to qualify for an endorsement to perform advanced procedures must contain supervised hands-on experience with live patients, or be supplemented by a residency, internship, or other supervised program that offers hands-on experience with live patients;

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

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

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

(6) The optometry 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 optometry board.

(7) The optometry 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 pharmacy quality assurance commission. The optometry board may include Schedule II hydrocodone combination products consistent with subsection (9) of this section. 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 optometry board. To prescribe oral corticosteroids for more than seven days, an optometrist must consult with a licensed physician.

(a) The optometry board, with the approval of and in consultation with the pharmacy quality assurance commission, 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 prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition.

(c) If treatment exceeding the limitation in (b) 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.

(8) The optometry board shall develop a means of identification and verification of optometrists certified to perform advanced procedures.

(9) 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, except Schedule II hydrocodone combination products. The provisions of this subsection must be strictly construed.

(10) 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 the advanced procedures listed in subsection (2)(a) of this section, 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 error, or other similar procedures within the scope of practice of optometry.

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

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

(b) Diagnostic and therapeutic pharmaceutical agents are any prescription or nonprescription drug delivered via any route of administration used or prescribed for the diagnosis, treatment, or mitigation of abnormal conditions and pathology of the human eye and its adnexa. Diagnostic and therapeutic pharmaceutical agents do not include Schedule I and Schedule II drugs, except for hydrocodone combination products. [2023 c 400 § 1; 2015 c 113 § 1; 2013 c 19 § 2; 2006 c 232 § 1; 2003 c 142 § 1; 1989 c 36 § 1; 1981 c 58 § 2; 1975 1st ex.s. c 69 § 2; 1919 c 144 § 1; RRS § 10147. Prior: 1909 c 235 § 1.]

Severability—2003 c 142: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [2003 c 142 § 5.]