

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| 1. Reduce government? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

B. EFFECT OF PROPOSED CHANGES:

The bill amends chapter 463, F.S., relating to Optometry, to allow certified optometrists to prescribe and administer any pharmaceutical agent approved by rule of the Board of Optometry. When a pharmaceutical agent for topical administration is approved, the board may approve administration of such agent. The only limitation would be that the Board of Optometry would not be authorized to approve steroids or antifungal agents for oral administration.

Currently, certified optometrists are authorized to administer and prescribe only topical ocular pharmaceutical agents. This includes only drops or salve for the eye or its appendages.

Certified optometrists would be allowed more prescriptive authority in their ability to administer and prescribe pharmaceutical agents by being permitted to prescribe any pharmaceutical agent approved by the Board of Optometry and would not be limited to topical ocular pharmaceutical agents. This would include the administration of drugs in pill form. According to information provided by the Department of Health, this bill will bring Florida in-line with the regulations of 39 other states, including Guam and the District of Columbia.

The bill provides for this expanded use of pharmaceutical agents by deleting the current limitation that pharmaceutical agents administered by a certified optometrist may only be topical ocular agents (such as eye drops or salve). The term “pharmaceutical agents” is not defined and may be construed to include any legend drug, including controlled substances.

The bill deletes the current limitation on the authority of the Board of Optometry to adopt rules for the administration of pharmaceutical agents only if the pharmaceutical agent is topical ocular. The bill grants authority to the formulary committee to allow administration of a pharmaceutical agent for topical administration to also be administered by other non-injection means, provided that the committee may not approve steroids or antifungal agents for oral administration.

The bill deletes the current limitation of pharmaceutical agents to topical ocular agents throughout the chapter 463, F.S., including references to optometric faculty certificate holder, and deleting the term “topical” from the requirement that the optometry examination emphasize the topical application and side effects of ocular pharmaceutical agents. The bill also deletes the restriction that a licensed practitioner who is not a certified optometrist may not prescribe pharmaceutical agents other than the administration of topically applied anesthetics solely for the purpose of glaucoma examinations.

Scope of Practice—Optometrists:

Section 463.002(5), F.S., defines the scope of practice of optometry as the “diagnosis of conditions of the human eye and its appendages; the employment of any objective or subjective means or methods, including the administration of topical ocular pharmaceutical agents, for the purpose of determining the

refractive powers of the human eyes, or any visual, muscular, neurological, or anatomic anomalies of the human eyes and their appendages; and the prescribing and employment of lenses, prisms, frames, mountings, contact lenses, orthoptic exercises, light frequencies, and any other means or methods, including topical ocular pharmaceutical agents, for the correction, remedy, or relief of any insufficiencies or abnormal conditions of the human eyes and their appendages.”

Optometrists argue that the expansion of their authority to administer pharmaceutical agents established in this bill reflects changes in treatment and is within their scope of practice. According to the American Optometric Association:

“...an optometrist undergoes education and training similar to medical doctors, dentists and podiatrists. Optometrists graduate from a four-year college and then complete four more years of specialized education in a fully accredited school or college of optometry. The first two years of optometry school, similar to the first two years of medical, dental and podiatry school, emphasize human physiology, histology, anatomy, pathology, visual science and biochemistry. The last two years focus on clinical medicine, ocular disease, pharmacology, vision, and patient care. Optometrists are educated and clinically trained to examine patients, diagnose and treat most vision disorders, eye diseases and injuries, and the effects of systemic diseases that occur in the eye. This is primary eye care. Doctors of Optometry can treat the conditions with eyeglasses, topical or systemic medication, contact lenses, vision therapy, or subnormal vision devices.”

Optometrists must pass national and state board licensing examinations. Some optometrists elect to complete one or two years of additional residency training in eye disease, subnormal vision, vision perception, contact lenses or other subspecialties. Optometrists must complete annual continuing education courses in order to renew their license.

Scope of Practice—Ophthalmologists:

Section 458.305(3), F.S., establishes the practice of medicine as the “diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition.” Ophthalmologists, who are licensed under chapter 458, F.S., are concerned that use of systemic pharmaceutical agents is not within the scope of practice of optometry.

Ophthalmologists have expressed concerns that two provisions of the bill allow for expansion of the scope of practice of optometry that are not well defined. The provisions allow for the use of the systemic version of any drug that is now used topically, and for the Board of Optometry to approve any drug for this use.

Ophthalmologists are concerned that the bill, as written, will allow optometrists to practice medicine although optometrists do not have medical degrees. An optometrist receives a Doctor of Optometry (O.D.) degree and is licensed to practice optometry. According to the American Academy of Ophthalmology:

...the practice of optometry traditionally involves examining the eye for the purpose of prescribing and dispensing corrective lenses, and screening vision to detect certain eye abnormalities. In comparison, the scope of an ophthalmologist's practice is broader. An ophthalmologist is a medical doctor (M.D.) who specializes in all aspects of eye care including diagnosis, management, and surgery of ocular diseases and disorders. Ophthalmologists routinely carry out many of the same tasks as optometrists including eye examinations. The difference between the training of an optometrist and that of an ophthalmologist underscores the difference in the range of practice. An optometrist may have 7 years of post-high school training, consisting of 3 to 4 years of college and 4 years in an optometric college. An ophthalmologist receives a minimum of 12 years of education, which typically includes 4 years of college, 4 years of medical school, 1 or more years of general clinical training, and 3 or more years in a

hospital-based eye residency program, often followed by 1 or more years of subspecialty fellowship.”

According to the Academy of Ophthalmology, beyond refractive errors, “optometrists have limited exposure in training to patients with eye disorders or health problems. Didactic training in medical, pharmaceutical and ocular subjects averages approximately one year. In contrast, ophthalmologists have a full medical education, followed by extensive clinical and surgical training in ophthalmology, with thousands of hours devoted to care and treatment of sick patients.”

C. SECTION DIRECTORY:

Section 1. Amends s. 463.002, F.S., relating to definitions.

Section 2. Amends s. 463.005, F.S., relating to the authority of the board.

Section 3. Amends s. 463.055, F.S., relating to administration and prescription of pharmaceutical agents.

Section 4. Amends s. 463.0057, F.S., relating to optometric faculty certificate.

Section 5. Amends s. 463.006, F.S., relating to licensure and certification by examination.

Section 6. Amends s. 463.014, F.S., relating to certain acts prohibited.

Section 7. Provides an effective date of upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The Department of Health reports that the provision in section 6 of the bill that changes the licensure examination by deleting the emphasis on topical application of pharmaceuticals to any application of

pharmaceutical agents will not have an impact on the department because that part of the licensure examination is a national examination.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Board of Optometry has existing rulemaking authority regarding administration or prescription of pharmaceuticals.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES