

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 278

INTRODUCER: Senator Richter

SUBJECT: Optometry

DATE: February 18, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Stovall	Stovall	HP	Pre-meeting
2.	_____	_____	AHS	_____
3.	_____	_____	AP	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The bill authorizes licensed certified optometrists to administer or prescribe oral ocular pharmaceutical agents, including controlled substances in Schedule III, Schedule IV, or Schedule V, that are included in a formulary adopted by the Board of Optometry in rule. Before administering or prescribing oral ocular pharmaceutical agents, the certified optometrist must complete a course and examination on general and ocular pharmaceutical agents, which are jointly developed and administered by the Florida Medical Association and the Florida Optometric Association. The first course and examination must be presented by January 1, 2014.

The bill prohibits an optometrist from prescribing, ordering, dispensing, administering, supplying, selling, or giving any drug for the purpose of treating a systemic disease.

A certified optometrist is authorized to perform eye examinations, including a dilated examination, related to pugilistic exhibitions (boxing, kickboxing, or mixed martial arts matches). The bill authorizes an optometrist to operate a clinical laboratory to treat his or her own patients and requires other clinical laboratories to accept specimens submitted for examination by an optometrist.

This bill substantially amends the following sections of the Florida Statutes: 463.002, 463.005, 463.0055, 463.0057, 463.006, 463.0135, 463.014, 483.035, 483.041, 483.181, 893.02, 893.05.

II. Present Situation:

Optometry is the diagnosis of conditions of the human eye and its appendages (eyelids, eyebrows, the conjunctiva, and the lacrimal apparatus).¹ An optometrist is a primary health care provider licensed to engage in the practice of optometry.²

In Florida, certified optometrists may administer topical ocular pharmaceutical agents to assist in determining refractive powers of the human eyes, or any visual, muscular, neurological, or anatomic anomalies of the human eyes and their appendages. Certified optometrists may prescribe vision therapy, corrective lenses, and topical pharmaceutical agents for the eyes and appendages, but may not perform surgical procedures in Florida.³ A certified optometrist may remove superficial foreign bodies (foreign matter that is embedded in the conjunctiva or cornea but which has not penetrated the globe).⁴

To be licensed as a certified optometrist⁵ in Florida, the applicant must:⁶

- Be at least 18 years of age.
- Submit satisfactory proof that the applicant is of good moral character.
- Have graduated from a 4-year program at an accredited school or college of optometry.
- Have completed at least 110 hours of transcript-quality coursework and clinical training in general and ocular pharmacology at an institution that:
 - has facilities for both didactic and clinical instructions in pharmacology; and
 - is accredited by a regional or professional accrediting organization that is recognized and approved by the Commission of Postsecondary Accreditation of the US Department of Education.
- Have completed at least 1 year of supervised experience in differential diagnosis of eye disease or disorders as part of the optometric training or in a clinical setting as part of the optometric experience.
- Pass the Florida Examination which consists of
 - Part I – a written examination on applicable Florida laws and rules governing the practice of optometry
 - Part II – a practical examination containing a clinical portion and a pharmacology/ocular disease portion
 - Part III – the Applied Basic Science portion of the examination developed by the National Board of Examiners in Optometry (NBEO); and
 - Part IV – the Clinical Science portion of the examination developed by the NBEO.
- Complete a 2-hour course relating to prevention of medical errors.

¹ Section 463.002(5), F.S.

² As of January 30, 2013, there were 3,137 active licenses in Florida. 3,019 were certified optometrists and 118 were optometrists according to the Department of Health, *2013 Bill Analysis, Economic Statement, and Fiscal Note for SB 278*, dated February 1, 2013. A copy is on file with the Senate Health Policy Committee

³ Section 463.014(4), F.S.

⁴ *Ibid.*

⁵ All practitioners initially licensed after July 1, 1993, must be certified optometrists. *See s. 463.002(3)(c), F.S.*

⁶ *See Rule 64B13-4.004, F.A.C.*

Ophthalmologists are medical physicians⁷ who specialize in diseases of the eye. Ophthalmologists provide a full spectrum of eye care, from prescribing corrective lenses and medications to performing eye surgery. Ophthalmologists also care for patients with more advanced and complicated diseases than do optometrists. Ophthalmologist training involves an undergraduate degree, 4 years of medical school, completion of 1 year of an internship, and at least 3 years of residency training in ophthalmology.⁸

Florida law requires optometrists who diagnose patients with certain diseases to refer such patients to ophthalmologists for further treatment.⁹ Optometrists are also required to maintain the names of at least three physicians, clinics, or hospitals to which they may refer patients who experience adverse drug reactions.¹⁰

Administration of Medications by Optometrists

Licensed certified optometrists may administer and prescribe topical ocular pharmaceutical agents that are included in a formulary adopted by rule¹¹ by the Board of Optometry (the board). Such pharmaceuticals must be related to the diagnosis and treatment of ocular conditions and must not require surgery or other invasive techniques for administration.

To be certified for prescribing privileges, an optometrist must:¹²

- Complete at least 100 hours of board-approved coursework and clinical training in general and ocular pharmacology at an accredited institution. Such training may have been part of an optometry training program;
- Complete at least 1 year of supervised experience in differential diagnosis of eye disorders, which may occur during training or clinical practice;
- Pass part II of the National Board of Examiners in Optometry examination;¹³ and
- Pay a \$500 fee.¹⁴

Certification for prescribing privileges is a required component of the general licensure process for optometrists and has been so for over 25 years.¹⁵ Optometrists who are not certified may use topical anesthetics solely for glaucoma examinations.¹⁶

⁷ Ophthalmologists are licensed under ch. 458, F.S., relating to Medical Practice or ch. 459, F.S., relating to Osteopathic Medicine.

⁸ American Academy of Ophthalmology, *About Ophthalmology and Eye M.D.s.*, available at: <http://www.aao.org/about/eyemds.cfm> (last visited Feb. 17, 2013).

⁹ Diagnoses which mandate a referral to an ophthalmologist include acute angle glaucoma, congenital or infantile glaucoma, infectious corneal diseases refractory to standard treatment, and retinal detachment. *See* s. 463.0135(2), F.S.

¹⁰ *See* s. 463.0135, F.S.

¹¹ The formulary is listed in Rule 64B13-18.002, F.A.C., and includes agents to dilate and constrict pupils, local anesthetics, antibiotics, anti-inflammatory agents, antihistamines, antivirals, and anti-glaucoma medications. All medications are for topical ocular use only.

¹² Rule 64B13-10.001, F.A.C.

¹³ This examination consists of 60 simulated patient cases to assess the examinee's performance in clinical practice situations available at: http://www.optometry.org/part_2_pam.cfm (last visited Feb. 17, 2013).

¹⁴ Rule 64B13-6.001(9), F.A.C.

¹⁵ *See* s. 463.006, F.S.; and Department of Health, *2013 Bill Analysis, Economic Statement, and Fiscal Note for SB 278*, dated February 1, 2013. A copy is on file with the Senate Health Policy Committee.

¹⁶ *See* s. 463.0055(1), F.S.

Formulary Committee and Formulary

A committee of five members reviews requests for additions to, deletions from, or modifications to a formulary of topical ocular pharmaceutical agents (TOPA) for administration and prescription by certified optometrists. The formulary committee provides to the board advisory opinions and recommendations on such requests. The formulary committee is comprised of two optometrists, appointed by the Board of Optometry; two ophthalmologists, appointed by the Board of Medicine; and one person with a doctorate degree in pharmacology, appointed by the State Surgeon General.¹⁷ Currently, the two optometrists on the formulary committee are certified optometrists.¹⁸

The board adopts the TOPA by rule. The State Surgeon General may challenge any rule or proposed rule for the TOPA formulary on the grounds that it:¹⁹

- Is an invalid exercise of delegated legislative authority.
- Does not protect the public from any significant and discernible harm or damage.
- Unreasonably restricts competition or the availability of professional services in the state or in a significant part of the state.
- Unnecessarily increases the cost of professional services without a corresponding or equivalent public benefit.

Prescribing Controlled Substances

The Drug Enforcement Administration (DEA) within the U.S. Department of Justice is tasked with monitoring controlled substances and preventing their abuse. Controlled substances fall into five categories, or schedules, depending on their addictive potential. Drug schedules are specified by the United States Department of Justice Drug Enforcement Administration in 21 C.F.R. §§ 1308.11-15 and in s. 893.03, F.S.

- Schedule I controlled substances currently have no accepted medical use in treatment in the United States and therefore may not be prescribed, administered, or dispensed for medical use. These substances have a high potential for abuse and include heroin, lysergic acid diethylamide (LSD), and marijuana.
- Schedule II controlled substances have a high potential for abuse which may lead to severe psychological or physical dependence, including morphine and its derivatives, amphetamines, cocaine, and pentobarbital.
- Schedule III controlled substances have lower abuse potential than Schedule II substances but may still cause psychological or physical dependence. Schedule III substances include products containing less than 15 milligrams (mg) of hydrocodone (such as Vicodin) or less than 90 mg of codeine per dose (such as Tylenol #3), ketamine, and anabolic steroids.
- Schedule IV substances have a low potential for abuse and include propoxyphene (Darvocet), alprazolam (Xanax), and lorazepam (Ativan).

¹⁷ s. 463.0055, F.S.

¹⁸ *Supra* 14.

¹⁹ s. 463.0055(4)(c), F.S.

- Schedule V controlled substances have an extremely low potential for abuse and primarily consist of preparations containing limited quantities of certain narcotics, such as cough syrup.²⁰

Any health care professional wishing to prescribe controlled substances must apply for a prescribing number from the DEA. Prescribing numbers are linked to state licenses and may be suspended or revoked upon any disciplinary action taken against a licensee. The DEA will grant prescribing numbers to a wide range of health care professionals, including physicians, nurse practitioners, physician assistants, optometrists, dentists, and veterinarians, but such professionals may only prescribe controlled substances that have been authorized to them under state law. The DEA prescribing numbers must be renewed every 3 years.²¹

In Florida, only licensed physicians, dentists, veterinarians, naturopaths, and podiatrists are currently permitted to prescribe controlled substances, and they may only prescribe medications within the scope of their own practices.²²

Clinical Laboratories

A clinical laboratory is a location in which body fluids or tissues are analyzed for purposes of the diagnosis, assessment, or prevention of a medical condition. Clinical laboratories may be free-standing facilities, may be part of a hospital, or may be part of a private practitioner's office.²³ Practitioners authorized to operate their own clinical laboratories exclusively to diagnose and treat their own patients are physicians, chiropractors, podiatrists, naturopaths, and dentists. Laboratories must be biennially licensed and inspected by the Agency for Health Care Administration to ensure quality standards in examination of specimens, equipment, sanitation, staffing, and other measures.²⁴

A clinical laboratory may examine human specimens at the request of the following licensed practitioners:²⁵

- Physicians
- Physician assistants
- Medical assistants
- Chiropractors
- Chiropractic assistants
- Chiropractic physician's assistants
- Podiatrists
- Naturopaths
- Dentists

²⁰ DEA, Office of Diversion Control, *Controlled Substance Schedules*, available at: <http://www.deadiversion.usdoj.gov/schedules/index.html> (last visited Feb. 17, 2013).

²¹ DEA, *Questions and Answers* available at: <http://www.deadiversion.usdoj.gov/drugreg/faq.htm#3> (last visited Feb. 17, 2013).

²² See ss. 893.02(21) and 893.05, F.S.

²³ See s. 483.041, F.S.

²⁴ See s. 483.051, F.S.

²⁵ See s. 483.181, F.S.

- Nurse practitioners

Results of laboratory tests must be reported directly to the requesting practitioner. The same price must be charged regardless of what type of practitioner requests the testing.

III. Effect of Proposed Changes:

The bill authorizes licensed certified optometrists to administer or prescribe oral ocular pharmaceutical agents in addition to topical ocular pharmaceutical agents which is currently authorized in law.

Section 1 amends s. 463.002, F.S., to remove the limiting reference to *topical ocular* pharmaceutical agents in the definition of optometry. The revised definition refers to the administration of pharmaceutical agents. The requirement that licensure after July 1, 1993, must be as a certified optometrist and for a licensed practitioner who is not a certified optometrist to post a disclosure notice at his or her practice is deleted from the definitions and transferred to s. 463.006, F.S., in the bill.

Section 2 amends s. 463.005, F.S., to remove the limiting reference to *topical* with respect to authority for the board to adopt rules relating to the administration and prescription of ocular pharmaceutical agents.

Section 3 amends s. 463.0055, F.S., to authorize certified optometrists to administer and prescribe oral pharmaceuticals in addition to topical ocular pharmaceutical agents. The bill requires a certified optometrist to complete a course and subsequent examination on general and ocular pharmaceutical agents and the side effects of those agents prior to administering or prescribing these agents.

The Florida Medical Association and the Florida Optometric Association are required to jointly develop and administer the course and examination at a site or sites selected by these associations. The first course and examination must be presented by January 1, 2014, and subsequent courses and examinations must occur at least annually thereafter.

The required number of hours for the training depends upon when the certified optometrist was licensed. For certified optometrists licensed before January 1, 1990, the course must consist of 50 contact hours with 25 of these hours Internet-based. For certified optometrists licensed on or after January 1, 1990, the course must consist of 20 contact hours, with 10 of these hours Internet-based.

The composition of the formulary committee is modified to require that the two optometrist members must be certified optometrists. The bill adds that the formulary must consist of pharmaceutical agents which are appropriate to treat and diagnose ocular diseases and disorders, in addition to the existing requirement that it include those agents which a certified optometrist is qualified to use in the practice of optometry.

The bill conforms the requirement for a certified optometrist to have a prescriber number and include that number on a prescription to include all authorized pharmaceutical agents.

Section 4 amends s. 463.0057, F.S., to require the holder of a faculty certificate to satisfy the coursework and examination requirements prior to administering or prescribing oral pharmaceutical agents.

Section 5 amends s. 463.006, F.S., to require the examination for licensure and certification to include the use and side effects of ocular pharmaceutical agents. The requirement that licensure after July 1, 1993, must be as a certified optometrist and for a licensed practitioner who is not a certified optometrist to post a disclosure notice at his or her practice is transferred into this section of law from s. 463.002, F.S.

Section 6 amends s. 463.0135, F.S., to add that a certified optometrist is authorized to perform any eye examination, including a dilated examination required or authorized for pugilistic exhibitions (boxing, kickboxing, or mixed martial arts matches).

Section 7 amends s. 463.014, F.S., to prohibit a licensed practitioner from prescribing, ordering, dispensing, administering, supplying, selling, or giving any drug to treat a systemic disease.

Sections 8, 9, and 10 amend ss. 483.035, 483.041, and 483.181, F.S., respectively to authorize an optometrist to operate a clinical laboratory to treat his or her own patients and requires other clinical laboratories to accept specimens submitted for examination by an optometrist.

Section 11 amends s. 893.02, F.S., to add certified optometrists to the list of practitioners who may prescribe or administer controlled substances if licensed by the federal DEA.

Section 12 amends s. 893.05, F.S., to prohibit a certified optometrist from administering or prescribing a Schedule I or Schedule II controlled substance.

Section 13 provides that the act is effective July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Certified optometrists who complete the additional coursework and successfully pass the examination will be able to provide a broader range of services for their patients by administering and prescribing oral pharmaceutical agents. Although a fee for the coursework and examination is not specified in the bill, it is reasonable to assume that optometrists would incur a fee.

C. Government Sector Impact:

The Department of Health (DOH) indicates additional workload and costs will be incurred for rulemaking, modifications to the licensure system, tracking of certified optometrists who have completed the coursework and examination, and potential complaints related to the bill. However, the DOH indicates that current resources are adequate to absorb the workload and costs.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 456.44, F.S., provides standards of practice and registration requirements for practitioners who prescribe certain controlled substances for the treatment of chronic nonmalignant pain. This section of law lists the specific practice acts under which the practitioners to whom this requirement applies are regulated. Chapter 463, F.S., relating to the practice of optometry is not included in this list and these provisions are not included in this bill. As a result, certified optometrists would not be required to register and follow these standards of practice if treating chronic nonmalignant pain with controlled substances.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.