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OPTOMETRY: DRUG THERAPY

House Bills 4330 and 4331
Sponsor: Rep. Michael J. Bennane
Committee: Public Health

Complete to 3-9-93

A SUMMARY OF HOUSE BILLS 4330 AND 4331 AS INTRODUCED 2-23-93

The bills would allow optometrists to prescribe and use certain topical therapeutic drugs (in addition to diagnostic drugs) and would implement a fee schedule for those optometrists wishing to do so.

House Bill 4331 would amend the Public Health Code (MCL 333.17401 et al.) to allow properly certified optometrists to use certain topical (that is, applied to the surface, not ingested) therapeutic drugs (and to allow pharmacists to dispense these drugs to such optometrists). Properly certified optometrists also would be allowed to use, instead of the two diagnostic drugs now specified in the health code, "diagnostic pharmaceutical agents" (defined in the bill as "a topically applied prescription drug or other drug used for the purpose of ascertaining or aiding in a diagnosis").

Scope of practice. Under existing law, the practice of optometry does not include the diagnosis of disease or the prescription and administration of controlled substances, with the exception of two diagnostic drugs ("diagnostic pharmaceutical agents," or "DPAs") specified in the health code. Optometric practice basically is limited to the examination of the human eye for "defects" and "abnormal conditions" and to the prescription of glasses ("lenses, prisms, or mechanical devices," including contact lenses) to correct any such defects or abnormalities.

The health code allows optometrists to use two diagnostic drugs during eye examinations (one an anesthetic used in detecting glaucoma, the other a pupil-dilating drug), but explicitly prohibits optometrists from prescribing or administering any other prescription drugs. If an optometrist, in the course of an eye examination, "determines" that the patient may have an eye disease, the optometrist is required to advise the patient to see a physician and is prohibited from attempting to treat the suspected disease. The code also explicitly prohibits optometrists from accepting third-party (that is, insurance) payment for using the drugs currently allowed them.

The bill would redefine the practice of optometry, restricting it to localized visual defects, abnormal conditions, and diseases of the front of the eye and "the ocular adnexa" (that is, the structures surrounding the eyeball, including the eyelids, eyebrows, tear drainage system, eyeball walls, and eyeball contents). It would specifically exclude the treatment of diseases or abnormal conditions involving the back of the eye ("the posterior segment") or of nonlocalized or systemic diseases or conditions. For the first time, however, the bill would allow optometrists to diagnose and treat (the specified localized problems); to use both "diagnostic pharmaceutical agents" (DPAs) and "therapeutic pharmaceutical agents"

House Bills 4330 and 4331 (3-9-93)

(TPAs); and to prescribe and use orthoptics, visual therapy, DPAs, TPAs, prosthetic devices, "and other noninvasive procedures," in addition to lenses and prisms.

"Practice of optometry"

Current

(1) "The examination of the human eye to ascertain the presence of defects or abnormal conditions which may be corrected, remedied, or relieved by the use of lenses, prisms, or other mechanical devices"

(2) "The employment of objective or subjective physical means to determine the accommodative or refractive conditions or the range of powers of vision or muscular equilibrium of the human eye"

(3) "The adaptation or the adjustment of the lenses or prisms to correct, remedy, or relieve a defect or abnormal condition or to correct, remedy, or relieve the effect of a defect or abnormal condition of the human eye"

Proposed

(1) Examining the eye and its surrounding structures to diagnose and treat or refer for treatment localized visual defects, abnormal conditions, or diseases of the front of the eye or of the structures around the eye (including the eyelids, eyebrows, tear drainage system, orbital walls, and orbital contents);

(2) Using instruments, devices, diagnostic or therapeutic drugs, and noninvasive procedures (defined as those not requiring an incision or the use of lasers for treating disease) to examine, diagnose, and treat localized visual defects, abnormal conditions, or disease of the front part of the eye and surrounding structures;

(3) Prescribing and applying lenses, orthoptics, visual therapy, diagnostic and therapeutic drugs, prosthetic devices, and other noninvasive procedures to correct, alleviate, or treat localized visual defects, abnormal conditions, or diseases of the front of the eye and surrounding structures.

Certification to use diagnostic and therapeutic pharmaceutical agents. Currently, the law allows optometrists to use a topical DPA on the front of the eye only if certified by the Michigan Board of Optometry. The board may certify an optometrist to use DPAs only if he or she meets the following requirements:

- * completed certain board approved course work in pharmacology that includes the systemic effects of and reactions to topical ocular DPAs;
- * passed a board approved examination on pharmacology;
- * completed a course in cardiopulmonary resuscitation (CPR);
- * had an emergency plan to manage and refer (to medical or osteopathic physicians or hospitals) patients who may have an adverse reaction to the topical ocular DPAs allowed by law;

- * paid the DPA certification fee.

Currently, the DPA management plan requires optometrists to refer patients who notify them of an adverse drug reaction to appropriate medical specialists or facilities; to routinely advise patients to immediately contact them if the patient experiences an adverse drug reaction; note patients' drug reactions and referrals in their records; list at least three medical or osteopathic physicians (clinics, or hospitals) to whom the optometrist will refer patients who experience adverse drug reactions. At least one of the physicians or facilities must specialize in the diagnosis and treatment of diseases of the eye. The bill would allow optometrists to substitute a patient's primary care physician for a physician named in the management plan.

Licensed optometrists could become certified to administer and prescribe therapeutic drugs (TPAs) by a similar procedure. More specifically, they could be certified if they:

- * were certified by the Board of Optometry to administer DPAs;
- * had successfully completed certain academic work in courses on the didactic and clinical uses of therapeutic drugs; and
- * had a management plan for patients who (a) had an eye condition or disease that might be related to a non-localized or systemic condition or disease, who (b) had an adverse drug reaction, or who (c) didn't recover adequately under treatment;
- * had paid the TPA certification fee.

Like the DPA management plan, the TPA management plan would have to be approved by the Board of Optometry, and, at a minimum, include the name of one or more medical or osteopathic physicians (or physician clinics) with which the optometrist may consult or to whom he or she may refer patients. If the patient has a primary care physician, that physician's name could be substituted in the management plan.

An optometrist would be required to consult an appropriate medical or osteopathic physician if the optometrist treated a patient for a localized condition or disease that could be related to a nonlocalized or systemic condition or disease, or if the patient didn't recover adequately under treatment.

Optometrists licensed after the effective date of the bill who intended to become certified to administer DPAs and TPAs would have to obtain their certification at the time they applied for their first license.

Other provisions. The bill would strike the current prohibition against optometrists buying, having, administering, prescribing, or giving prescription drugs or topical ocular DPAs other than those listed in law. The bill also would strike the existing definition of topical ocular DPA (which consists of a list of two specific drugs), and instead define "diagnostic pharmaceutical agent" to mean "a topically applied prescription drug or any other drug used for the purpose of ascertaining or aiding in a diagnosis."

The bill would add optometrists to the section of the health code that defines (drug) "prescriber" and would add TPAs to the section of the code allowing wholesale distributors

and pharmacists to dispense DPAs to optometrists. The bill also would specifically allow pharmacists to dispense prescriptions for TPAs issued by properly certified optometrists.

Repeal. The bill would repeal the section of the health code that prohibits optometrists from accepting third-party payment for using diagnostic drugs.

House Bill 4330 would amend the State License Fee Act (MCL 338.2261) to delete the existing reference to "topical ocular" diagnostic drugs and to set up instead two optometric drug certification categories: one for the administration of diagnostic pharmaceutical agents and one for the administration and prescription of therapeutic pharmaceutical agents. The certification application fee would remain \$20, while the certification fees for both DPAs and TPAs would be \$55 (currently, the DPA certification fee is \$55).

Tie-bar. The bill is tie-barred to House Bill 4431.