

- SUBJECT:** Expanding the practice of therapeutic optometry
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 5 ayes — Hirschi, Coleman, Davila, Glaze, Maxey
2 nays — Delisi, Janek
1 present, not voting — Berlanga
- WITNESSES:** For — Joe DeLoach; John A. McCall; Marcus G. Piccolo
Against — Sam Stone, Texas Ophthalmological Association; Ron McMurry, Texas Academy of Family Physicians; Jerry Hunsacker, Texas Medical Association/Texas Ophthalmological Association; Joe M. Todd, Texas Medical Association; Sharon Kronberg and R. Larry Brenner and about 82 other individuals representing themselves and/or local medical alliances
On — Fred Niemann, Texas Optometric Association
- BACKGROUND :** In 1991 the Legislature authorized optometrists meeting specified pharmaceutical training, called therapeutic optometrists, to treat eye and eyelid disorders under certain specified conditions and with certain specified drugs. Their prescriptive authority is limited to ophthalmic devices (i.e., contact lenses), over-the-counter oral medications, and topical agents other than antiviral and antiglaucoma agents. Therapeutic optometrists may not perform laser surgery.
- DIGEST:** CSHB 2091 would amend the Texas Optometry Act to allow optometrists to prescribe specified classifications of oral medications, such as anti-infectives, antihistamines, analgesics, and certain anti-glaucoma agents, and to perform certain procedures in addition to those now authorized.
An optometrist would be allowed to treat a patient's visual system, including but not limited to the eye and eyelid. A therapeutic optometrist could treat glaucoma if certified by the optometry board to treat glaucoma. To be certified, an optometrist would have to complete a 24-hour clinical review

course approved by the board and pass a board-approved examination.

A therapeutic optometrist certified to treat glaucoma could independently treat glaucoma with topical medications and could administer oral medications for emergency purposes not to exceed 72 hours in duration. The optometrist would have to consult with a physician if medication administration was to exceed 72 hours. If the patient was not responding well to treatment, the optometrist would have to consult with a physician and co-manage the patient with the physician.

A therapeutic optometrist could not treat a child under 10 years old for glaucoma and could not treat glaucoma with surgery or laser surgery in any patient.

CSHB 2091 also would require that the University of Houston College of Optometry and the University of Texas Health Science Center jointly study the safety, efficacy and cost-effectiveness of laser surgery as performed by therapeutic optometrists. The project steering committee would have to submit a report of its findings to the Legislature by January 1 of each year, and to the Health Professions Council, if that body was created by the Legislature.

The study would be governed by a steering committee jointly appointed by the deans of the two universities and consisting of an equal representation of therapeutic optometrists, physicians and persons trained in the field of public health. The deans also would have to appoint a principal investigator, who would oversee personnel, data collection and analysis and chair the steering committee. Study guidelines would be specified, and a therapeutic optometrist could not perform laser surgery except under the direct supervision of an ophthalmologist.

CSHB 2091 would take immediate effect if finally approved by a two-thirds record vote of the membership in each house.

**SUPPORTERS
SAY:**

CSHB 2091 would allow optometrists to treat the eye commensurate with their training and education and thereby improve access to eye care for many Texans. Optometrists have been prohibited from practicing fully, even though health care professionals, such as general practice doctors and

physician assistants, with less training in eye care can perform certain measures prohibited to optometrists.

Certain generally simple eye conditions, such as a sty, could become much worse if treatment is delayed or not provided. However, an optometrist's patient now has to incur the expense and inconvenience of seeking out another medical professional, such as an ophthalmologist, to treat the sty. Ophthalmologists, like most medical specialists, tend to be located in urban areas, making access to ophthalmologic care difficult for most rural residents. Urban residents, on the other hand, may not have adequate transportation into areas of the city in which an ophthalmologist is located.

CSHB 2091 would expand the practice authority of therapeutic optometrists but only to a very limited extent and without jeopardizing patient care. Optometrists have training and education in pharmaceuticals comparable to medical doctors and in general health care comparable to dentists. This bill would make the health care system in Texas more efficient by recognizing this training and education.

Optometrists, like all health care professionals, feel responsible toward their patients and know when problems exceed their ability to treat. The public also is sufficiently aware of the difference between optometrists and ophthalmologists, just as it is aware of the difference between psychologists and psychiatrists, and is smart enough to make a choice about whom to see for eye care and treatment in different situations.

Delegation of authority by physicians to optometrists and co-management of patients by physicians and optometrists have not always been successful. Direct supervision of optometrists is often unnecessary and inconvenient because, unlike other health care professionals working under delegation, optometrists have superior training in matters of the eye, and physicians who work co-jointly with optometrists are frequently stigmatized by their peers.

This bill would not be breaking new ground: all states bordering Texas allow their optometrists to treat glaucoma. Some even allow optometrists to perform minor surgery. What is groundbreaking about this bill is that it would introduce new market competition in the diagnosis and treatment of visual problems by allowing optometrists to practice in areas once solely the

domain of physicians. Such competition would improve access to care and could reduce overall patient cost of care, not create problems. In 1991, when optometrists were first authorized to use or prescribe to a limited degree certain medications, doctors issued dire prediction that patient care would be jeopardized. Those ominous warnings of the past were never realized, and those of the present would also be proven untrue.

OPPONENTS
SAY:

CSHB 2091 would dangerously compromise the health and vision of Texans by allowing optometrists to practice “a little bit” of medicine without the extensive training and education required of physicians and a physician’s knowledge of whole body systems. The bill also could expand optometrist practice authority to areas of the body not directly related to the eye, such as the brain and nervous system, by changing their practice authority from just the eye and eyelid to “the visual system, including the eye and eyelid.”

Even minor eye problems can be related to or difficult to distinguish from more serious systemic problems. For example, tumors and lesions surrounding the eye could be mistaken for pimples and boils. Diseases like diabetes can affect the eyes, and if left untreated can result in other medical complications for the patient. Also, medications targeted solely for the treatment of the eye can have an affect on the entire body. Glaucoma patients on multiple medications can have a bad reaction to powerful glaucoma drugs if not closely monitored by someone who understands the systemic effect of the drugs.

CSHB 2091 also would allow optometrists to perform some procedures that are considered surgical, even though optometrists have not had any in-hospital surgical training to handle problems that can arise in even minor surgeries, such as problems with infection, bleeding, wound closures, and suturing.

OTHER
OPPONENTS
SAY:

If access is the major issue behind CSHB 2091, then the bill should be amended to require optometrists to perform under the supervision or delegated authority of a physician, just as physician assistants and other health care professionals often do. In fact, in some cases physician assistants are better qualified to prescribe drugs such as antibiotics because they have been trained to look at the body as a whole.

NOTES: The committee substitute added provisions to authorize the prescription of certain oral medications and treatment of glaucoma by certified optometrists and establish laser study requirements, including the appointment of a steering committee and principal investigator and study guidelines.