

BILL ANALYSIS

Senate Research Center
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S.B. 577
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Optometrists, therapeutic optometrists, and optometric glaucoma specialists are doctors of optometry who diagnose, manage, and treat conditions of the eye and the ocular adnexa. Optometrists examine approximately 10 million Texans each year, and perform approximately 70 percent of the eye care in Texas.

In 1999, the legislature granted therapeutic optometrists the ability to become licensed as optometric glaucoma specialists, conferring for the first time the privilege of using certain oral medications to treat eye conditions and to diagnose, manage, and treat glaucoma with certain regulations.

Today, all optometrists from the two Texas schools of optometry graduate as therapeutic optometrists and are immediately eligible to become optometric glaucoma specialists once they complete a requisite skills demonstration following graduation.

After demonstrating the safety and efficacy of the treatment of eye disease by optometric glaucoma specialists for the past 16 years, S.B. 577 seeks to remove the restricted oral medication formulary so that optometric glaucoma specialists may use all oral medications appropriate for treatment of the eye for any time length medically necessary.

Additionally, S.B. 577 seeks to restore the ability for optometric glaucoma specialists to prescribe no more than a three-day supply of hydrocodone or hydrocodone combination products for conditions of the eye causing intense eye pain. After 16 years of safely prescribing this important pain relief option, this prescription privilege was lost in October 2014 due the federal reclassification of hydrocodone from a Schedule 3 controlled substance to a Schedule 2 controlled substance. The interaction of current Texas law with the federal rule change took away an important pain relief medication option for the patients of optometric glaucoma specialists.

Lastly, after demonstrating for the past 16 years the safety and efficacy of glaucoma treatment by optometric glaucoma specialists, the bill seeks to repeal regulations that require a mandatory consultation with an ophthalmologist at the time that a patient is newly diagnosed with glaucoma.

Removing these restrictions on the practice of optometric glaucoma specialists improves overall efficiency in the health care system, reduces overall costs in the health care system, improves patient access to quality eye care, and helps to close the projected gap between the demand for eye care services and the supply doctors to provide the necessary care.

S.B. 577 amends the Occupations Code to (1) allow optometric glaucoma specialists to administer or prescribe appropriate oral medications needed to treat conditions of the eye and adnexa without class restrictions or time length restrictions, (2) allow optometric glaucoma specialists to administer or prescribe not more than a three-day supply of hydrocodone or hydrocodone combination medications, and (3) allow optometric glaucoma specialists to treat glaucoma without mandatory consultation at the time of diagnosis.

As proposed, S.B. 577 amends current law relating to the practice of therapeutic optometry.

[**Note:** While the statutory reference in this bill is to the Texas State Board of Medical Examiners (TSBME), the following amendments affect the Texas Medical Board, as the successor agency to TSBME.]

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Sections 351.358(b), (c), (d), and (e), Occupations Code, as follows:

(b) Authorizes a therapeutic optometrist, rather than authorizes a therapeutic optometrist in accordance with this section and Section 351.3581 (Diagnosis and Treatment of Glaucoma), to:

(1) administer, perform, or prescribe ophthalmic devices, procedures, and appropriate medications administered by topical or oral means, to diagnose or treat visual defects, abnormal conditions, or diseases of the human vision system, including the eye and adnexa; or

(2) Changes a reference to Subsection (e) to Subsection (d).

(c) Requires a therapeutic optometrist to administer or prescribe oral analgesics only in the following classifications of oral pharmaceuticals, rather than requires a therapeutic optometrist to prescribe oral medications only in the following classifications of oral pharmaceuticals:

(1) Redesignates existing Subdivision (4) as Subdivision (1) and requires a therapeutic optometrist to administer or prescribe oral analgesics only in one three-day supply of any analgesic classified as a controlled substance under Schedule III, IV, or V of 21 U.S.C. Section 812, rather than requires a therapeutic optometrist to prescribe oral medications only in one three-day supply of any analgesic identified in Schedules III, IV, and V of 21 U.S.C. Section 812

(2) one three-day supply of hydrocodone or of a hydrocodone combination product classified as a controlled substance under Schedule II of 21 U.S.C. Section 812.

Deletes existing Subdivision (1) requiring a therapeutic optometrist to prescribe oral medications only in one 10-day supply of oral antibiotics;

Deletes existing Subdivision (2) requiring a therapeutic optometrist to prescribe oral medications only in one 72-hour supply of oral antihistamines;

Deletes existing Subdivision (3) requiring a therapeutic optometrist to prescribe oral medications only in one seven-day supply of oral nonsteroidal anti-inflammatories.

Deletes existing Subdivision (5) requiring a therapeutic optometrist to prescribe oral medications only in any other oral pharmaceutical recommended by the Optometric Health Care Advisory Committee and approved by the Texas Optometry Board (TOB) and the Texas State Board of Medical Examiners.

(d) Redesignates existing Subsection (e) as Subsection (d) and makes no further change.

Deletes existing Subsection (d) authorizing a therapeutic optometrist to independently administer oral carbonic anhydrase inhibitors for emergency purposes only and requiring the therapeutic optometrist to immediately refer the patient to an ophthalmologist.

SECTION 2. Amends Section 351.3581, Occupations Code, as follows:

Sec. 351.3581. New heading: TREATMENT OF GLAUCOMA. Prohibits a therapeutic optometrist from administering or prescribing an oral or parenteral medication or treat glaucoma unless the therapeutic optometrist holds a certificate issued by TOB. Requires a therapeutic optometrist certified under this section, rather than this subsection, to be known as an optometric glaucoma specialist. Requires a therapeutic optometrist, rather than requires a therapeutic optometrist, as required under Section 351.165(c), to complete an instructional clinical review course and pass an examination approved by TOB.

Deletes designation as Subsection (a).

Deletes existing Subsection (b) requiring a therapeutic optometrist to engage in a consultation with an ophthalmologist relating to an initial diagnosis of glaucoma and setting forth the required parameters of the consultation.

Deletes existing Subsection (c) requiring a therapeutic optometrist required to engage in comanagement consultation with an ophthalmologist to inform the patient diagnosed with glaucoma that the therapeutic optometrist is required to have the diagnosis confirmed and comanaged with an ophthalmologist of the patient's choosing or, if the patient does not choose an ophthalmologist, an ophthalmologist practicing in the geographic area in which the therapeutic optometrist practices.

Deletes existing Subsection (d) requiring a therapeutic optometrist to refer a patient diagnosed with glaucoma to an ophthalmologist and setting forth the conditions that require such a referral.

Deletes existing Subsection (e) requiring a therapeutic optometrist who makes such a referral to inform the patient that the patient may go to any physician or specialist of their choosing.

Deletes existing Subsection (f) requiring a therapeutic optometrist to set a target pressure upon making an initial diagnosis of glaucoma and providing that the patient's glaucoma is not considered to be appropriately responding to treatment if the patient fails to achieve the target pressure within an appropriate time.

Deletes existing Subsection (g) requiring a therapeutic optometrist to perform certain duties before being authorized to prescribe a beta blocker and, if the patient has a certain history, to refer the patient to a physician before initiating beta blocker therapy.

Deletes existing Subsection (h) authorizing a therapeutic optometrist who diagnoses acute closed angle glaucoma to initiate appropriate emergency treatment for a patient but requiring the therapeutic optometrist to refer the patient to a physician in a timely manner.

Deletes existing Subsection (i) authorizing a physician to charge a reasonable fee for a consultation given as provided by this section.

Deletes existing Subsection (j) requiring a physician to whom a patient is referred by a therapeutic optometrist under this section to forward a written report on the results of the referral and requiring a physician who, for a medically appropriate reason, does not return a patient to the therapeutic optometrist who referred the patient to state in such a report the specified medical reason for failing to return the patient.

SECTION 3. Effective date: September 1, 2015.