AMENDED IN ASSEMBLY AUGUST 19, 2014
AMENDED IN ASSEMBLY AUGUST 4, 2014
AMENDED IN ASSEMBLY JULY 1, 2014
AMENDED IN ASSEMBLY JUNE 16, 2014
AMENDED IN ASSEMBLY AUGUST 5, 2013
AMENDED IN SENATE MAY 8, 2013
AMENDED IN SENATE APRIL 24, 2013
AMENDED IN SENATE APRIL 16, 2013
AMENDED IN SENATE APRIL 1, 2013

SENATE BILL

No. 492

Introduced by Senator Hernandez

February 21, 2013

An act to amend Sections 3041, 3041.1, and 3110 Section 3041 of the Business and Professions Code, relating to optometry, *and making an appropriation therefor*.

LEGISLATIVE COUNSEL'S DIGEST

SB 492, as amended, Hernandez. Optometrist: practice: licensure. The Optometry Practice Act creates the State Board of Optometry,

which licenses optometrists and regulates their practice. Existing law defines the practice of optometry to include, among other things, the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and doing certain things, including,

but not limited to, the examination of the human eyes, the determination of the powers or range of human vision, and the prescribing of contact and spectacle lenses. Existing law authorizes an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat specified conditions, use specified pharmaceutical agents, and order specified diagnostic tests. Any violation of the act is a crime. All moneys collected pursuant to the act, except where otherwise provided, are deposited in the Optometry Fund and continuously appropriated to the board to carry out the provisions of the act.

This bill would include the provision of habilitative optometric services within the scope of practice of optometry. The bill would expand the scope of practice of optometrists who are certified to use therapeutic pharmaceutical agents by, among other things, authorizing those optometrists to use all therapeutic pharmaceutical agents approved by the United States Food and Drug Administration and indicated for use in diagnosing and treating the eye conditions covered by these provisions. The bill would also modify the ability of an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat certain diseases. The bill would require the board to grant a certificate to an optometrist for the use of advanced procedures, as defined, if the optometrist meets certain educational and certification requirements. The board would also be required to grant a certificate to an optometrist for immunizations if the optometrist meets certain educational and certification requirements. The bill would authorize the board to allow optometrists to use any noninvasive technology to treat specified conditions.

Existing law requires optometrists in diagnosing or treating eye disease to be held to the same standard of care as physicians and surgeons and osteopathic physicians and surgeons.

This bill would expand this requirement to include diagnosing other diseases, and would require an optometrist to consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider if a situation or condition was beyond the optometrist's scope of practice.

This bill would expand the scope of practice of optometrists to include administering immunizations and would require the board to grant a certificate to an optometrist for the use of immunizations if the optometrist meets certain requirements. The board would be required to set, by regulation, the fee for the issuance and renewal of a certificate for the use of immunizations, at the reasonable cost of regulating the

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certified optometrists, not to exceed \$100. Because this bill would increase those moneys deposited in a continuously appropriated fund, it would make an appropriation.

3

This bill would delete obsolete provisions and make conforming changes.

Because this bill would change the definition of a crime, it would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no-yes. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 3041 of the Business and Professions
 Code is amended to read:

3 3041. (a) The practice of optometry includes the prevention
and diagnosis of disorders and dysfunctions of the visual system,
and the treatment and management of certain disorders and
dysfunctions of the visual system, as well as the provision of
rehabilitative optometric services, and is the doing of any or all of
the following:
(1) The examination of the human eye or eyes, or its or their

appendages, and the analysis of the human eye or eyes, or its or their
 subjectively or objectively.

(2) The determination of the powers or range of human vision
and the accommodative and refractive states of the human eye or
eyes, including the scope of its or their functions and general
condition.

(3) The prescribing or directing the use of, or using, any optical
device in connection with ocular exercises, visual training, vision
training, or orthoptics.

(4) The prescribing of contact and spectacle lenses for, or the
fitting or adaptation of contact and spectacle lenses to, the human
eye, including lenses that may be classified as drugs or devices by

22 any law of the United States or of this state.

1 (5) The use of topical pharmaceutical agents for the purpose of 2 the examination of the human eye or eyes for any disease or 3 pathological condition.

4 (b) (1) An optometrist who is certified to use therapeutic 5 pharmaceutical agents, pursuant to Section 3041.3, may also diagnose and treat the human eye or eyes, or any of its or their 6 7 appendages, for all of the following conditions:

8 (A) Through medical treatment, infections of the anterior 9 segment and adnexa, excluding the lacrimal gland, the lacrimal 10 drainage system, and the sclera in patients under 12 years of age. 11

(B) Ocular allergies of the anterior segment and adnexa.

12 (C) Ocular inflammation, nonsurgical in cause except when 13 comanaged with the treating physician and surgeon, limited to inflammation resulting from traumatic iritis, peripheral corneal 14 15 inflammatory keratitis, episcleritis, and unilateral nonrecurrent nongranulomatous idiopathic iritis in patients over 18 years of age. 16 17 Unilateral nongranulomatous idiopathic iritis recurring within one 18 year of the initial occurrence shall be referred to an 19 ophthalmologist. An optometrist shall consult with an ophthalmologist or appropriate physician and surgeon if a patient 20 21 has a recurrent case of episcleritis within one year of the initial 22 occurrence. An optometrist shall consult with an ophthalmologist 23 or appropriate physician and surgeon if a patient has a recurrent case of peripheral corneal inflammatory keratitis within one year 24 25 of the initial occurrence.

26 (D) Traumatic or recurrent conjunctival or corneal abrasions 27 and erosions.

28 (E) Corneal surface disease and dry eyes.

29 (F) Ocular-pain, pain nonsurgical in-cause cause, except when 30 comanaged with the treating physician and surgeon, associated 31 with conditions optometrists are authorized to treat.

32 (G) Pursuant to subdivision (f), glaucoma in patients over 18 33 years of age, as described in subdivision (j). (k).

34 (2) For purposes of this section, "treat" means the use of 35 therapeutic pharmaceutical agents, as described in subdivision (c), 36 and the procedures described in subdivision (e).

37 (c) In diagnosing and treating the conditions listed in subdivision

38 (b), an optometrist certified to use therapeutic pharmaceutical

39 agents pursuant to Section 3041.3 may use all of the following

40 therapeutic pharmaceutical agents:

1 (1) Pharmaceutical agents as described in paragraph (5) of 2 subdivision (a), as well as topical miotics.

3 (2) Topical lubricants.

4 (3) Antiallergy agents. In using topical steroid medication for 5 the treatment of ocular allergies, an optometrist shall consult with 6 an ophthalmologist if the patient's condition worsens 21 days after 7 diagnosis.

8 (4) Topical and oral anti-inflammatories. In using steroid 9 medication for:

(A) Unilateral nonrecurrent nongranulomatous idiopathic iritis
or episcleritis, an optometrist shall consult with an ophthalmologist
or appropriate physician and surgeon if the patient's condition
worsens 72 hours after the diagnosis, or if the patient's condition
has not resolved three weeks after diagnosis. If the patient is still
receiving medication for these conditions six weeks after diagnosis,
the optometrist shall refer the patient to an ophthalmologist or

17 appropriate physician and surgeon.

18 (B) Peripheral corneal inflammatory keratitis, excluding 19 Moorens and Terriens diseases, an optometrist shall consult with 20 an ophthalmologist or appropriate physician and surgeon if the 21 patient's condition worsens 72 hours after diagnosis.

(C) Traumatic iritis, an optometrist shall consult with an ophthalmologist or appropriate physician and surgeon if the patient's condition worsens 72 hours after diagnosis and shall refer the patient to an ophthalmologist or appropriate physician and surgeon if the patient's condition has not resolved one week after diagnosis.

28 (5) Topical antibiotic agents.

29 (6) Topical hyperosmotics.

30 (7) Topical and oral antiglaucoma agents pursuant to the 31 certification process defined in subdivision (f).

32 (A) The optometrist shall refer the patient to an ophthalmologist

33 if requested by the patient or if angle closure glaucoma develops.

(B) If the glaucoma patient also has diabetes, the optometrist
shall consult with the physician treating the patient's diabetes in
developing the glaucoma treatment plan and shall inform the
physician in writing of any changes in the patient's glaucoma
medication.

(8) Nonprescription medications used for the rational treatmentof an ocular disorder.

1 (9) Oral antihistamines.

2 (10) Prescription oral nonsteroidal anti-inflammatory agents.

3 (11) Oral antibiotics for medical treatment of ocular disease.

4 (A) If the patient has been diagnosed with a central corneal ulcer 5 and the central corneal ulcer has not improved 48 hours after 6 diagnosis, the optometrist shall refer the patient to an 7 ophthalmologist.

8 (B) If the patient has been diagnosed with preseptal cellulitis 9 or dacryocystitis and the condition has not improved 48 hours after 10 diagnosis, the optometrist shall refer the patient to an 11 ophthalmologist.

12 (12) Topical and oral antiviral medication for the medical 13 treatment of the following: herpes simplex viral keratitis, herpes 14 simplex viral conjunctivitis, and periocular herpes simplex viral 15 dermatitis; and varicella zoster viral keratitis, varicella zoster viral 16 conjunctivitis, and periocular varicella zoster viral dermatitis.

17 (Å) If the patient has been diagnosed with herpes simplex 18 keratitis or varicella zoster viral keratitis and the patient's condition 19 has not improved seven days after diagnosis, the optometrist shall 20 refer the patient to an ophthalmologist. If a patient's condition has 21 not resolved three weeks after diagnosis, the optometrist shall refer 22 the patient to an ophthalmologist.

(B) If the patient has been diagnosed with herpes simplex viral
conjunctivitis, herpes simplex viral dermatitis, varicella zoster
viral conjunctivitis, or varicella zoster viral dermatitis, and if the
patient's condition worsens seven days after diagnosis, the
optometrist shall consult with an ophthalmologist. If the patient's
condition has not resolved three weeks after diagnosis, the
optometrist shall refer the patient to an ophthalmologist.

30 (13) Oral analgesics that are not controlled substances.

(14) Codeine with compounds and hydrocodone with
compounds as listed in the California Uniform Controlled
Substances Act (Division 10 (commencing with Section 11000)
of the Health and Safety Code) and the United States Uniform

federal Controlled Substances Act (21 U.S.C. Sec. 801 et seq.).

36 The use of these agents shall be limited to three days, with a referral

37 to an ophthalmologist if the pain persists.

38 (d) In any case where this chapter requires that an optometrist

39 consult with an ophthalmologist, the optometrist shall maintain a

40 written record in the patient's file of the information provided to

1 the ophthalmologist, the ophthalmologist's response, and any other

2 relevant information. Upon the consulting ophthalmologist's
3 request and with the patient's consent, the optometrist shall furnish
4 a copy of the record to the ophthalmologist.

5 (e) An optometrist who is certified to use therapeutic 6 pharmaceutical agents pursuant to Section 3041.3 may also perform 7 all of the following:

8 (1) Corneal scraping with cultures.

9 (2) Debridement of corneal epithelia.

10 (3) Mechanical epilation.

11 (4) Venipuncture for testing patients suspected of having 12 diabetes.

(5) Suture removal, with prior consultation with the treatingphysician and surgeon.

15 (6) Treatment or removal of sebaceous cysts by expression.

16 (7) Administration of oral fluorescein to patients suspected as17 having diabetic retinopathy.

18 (8) Use of an auto-injector to counter anaphylaxis.

19 (9) Ordering of smears, cultures, sensitivities, complete blood

20 count, mycobacterial culture, acid fast stain, urinalysis, tear fluid 21 analysis, and X-rays necessary for the diagnosis of conditions or

analysis, and X-rays necessary for the diagnosis of conditions or
 diseases of the eye or adnexa. An optometrist may order other

22 discusses of the eye of adhexa. The optometrist may order other 23 types of images subject to prior consultation with an 24 ophthalmologist or appropriate physician and surgeon.

25 (10) A clinical laboratory test or examination classified as

waived under CLIA the federal Clinical Laboratory Improvement
 Amendments of 1988 (42 U.S.C. Sec. 263a) (CLIA) and designated

27 *Amendments of 1988 (42 U.S.C. Sec. 263a) (CLIA)* and designated 28 as waived in paragraph (9) necessary for the diagnosis of conditions

and diseases of the eye or adnexa, or if otherwise specifically

30 authorized by this chapter.

(11) Punctal occlusion by plugs, excluding laser, diathermy,
 cryotherapy, or other means constituting surgery as defined in this
 chapter.

(12) The prescription of therapeutic contact lenses, including
lenses or devices that incorporate a medication or therapy the
optometrist is certified to prescribe or provide.

(13) Removal of foreign bodies from the cornea, eyelid, andconjunctiva with any appropriate instrument other than a scalpel

39 or needle. Corneal foreign bodies shall be nonperforating, be no

1 deeper than the midstroma, and require no surgical repair upon 2 removal. 3 (14) For patients over 12 years of age, lacrimal irrigation and 4 dilation, excluding probing of the nasal lacrimal tract. The board 5 shall certify any optometrist who graduated from an accredited school of optometry before May 1, 2000, to perform this procedure 6 7 after submitting proof of satisfactory completion of 10 procedures 8 under the supervision of an ophthalmologist as confirmed by the 9 ophthalmologist. Any optometrist who graduated from an accredited school of optometry on or after May 1, 2000, shall be 10 11 is exempt from the certification requirement contained in this 12 paragraph. 13 (f) The board shall grant a certificate to an optometrist certified 14 pursuant to Section 3041.3 for the treatment of glaucoma, as 15 described in subdivision (i), (k), in patients over 18 years of age after the optometrist meets the following applicable requirements: 16 17 (1) For licensees who graduated from an accredited school of 18 optometry on or after May 1, 2008, submission of proof of 19 graduation from that institution. (2) For licensees who were certified to treat glaucoma under 20 21 this section prior to January 1, 2009, submission of proof of 22 completion of that certification program. 23 (3) For licensees who have substantially completed the 24 certification requirements pursuant to this section in effect between 25 January 1, 2001, and December 31, 2008, submission of proof of 26 completion of those requirements on or before December 31, 2009. 27 "Substantially completed" means both of the following: 28 (A) Satisfactory completion of a didactic course of not less than 29 24 hours in the diagnosis, pharmacological, and other treatment 30 and management of glaucoma.

(B) Treatment of 50 glaucoma patients with a collaborating
ophthalmologist for a period of two years for each patient that will
conclude on or before December 31, 2009.

(4) For licensees who completed a didactic course of not less
than 24 hours in the diagnosis, pharmacological, and other
treatment and management of glaucoma, submission of proof of
satisfactory completion of the case management requirements for
certification established by the board pursuant to Section 3041.10.
(5) For licensees who graduated from an accredited school of
optometry on or before May 1, 2008, and not described in

paragraph (2), (3), or (4), submission of proof of satisfactory
 completion of the requirements for certification established by the
 board pursuant to Section 3041.10.

4 (g) Other than for prescription ophthalmic devices described in 5 subdivision (b) of Section 2541, any dispensing of a therapeutic 6 pharmaceutical agent by an optometrist shall be without charge.

(h) The practice of optometry does not include performing
surgery. "Surgery" means any procedure in which human tissue
is cut, altered, or otherwise infiltrated by mechanical or laser
means. "Surgery" does not include those procedures specified in
subdivision (e). Nothing in this section shall limit an optometrist's
authority to utilize diagnostic laser and ultrasound technology
within his or her scope of practice.

(i) An optometrist licensed under this chapter is subject to theprovisions of Section 2290.5 for purposes of practicing telehealth.

16 *(j) (1) The board shall grant to an optometrist, certified pursuant* 17 *to subdivision (f), a certificate for the use of immunizations, as*

described in paragraph (2), after the optometrist meets all of the

19 *following applicable requirements:*

20 (A) Completes an immunization training program endorsed by

21 the federal Centers for Disease Control (CDC) that, at a minimum,

22 includes hands-on injection technique, clinical evaluation of

23 indications and contraindications of vaccines, and the recognition

and treatment of emergency reactions to vaccines, and maintainsthat training.

26 (B) Is certified in basic life support.

(C) Complies with all state and federal recordkeeping and
reporting requirements, including providing documentation to the
patient's primary care provider and entering information in the
appropriate immunization registry designated by the immunization
branch of the State Department of Public Health.

32 (2) For the purposes of this chapter, "immunization" means 33 administration of immunizations for influenza and herpes zoster 34 virus in compliance with individual Advisory Committee on 35 Immunization Practices (ACIP) vaccine recommendations 36 published by the federal CDC for persons 18 years of age or older. 37 (3) The board, by regulation, shall set the fee for issuance and 38 renewal of a certificate for the use of immunizations at the reasonable cost of regulating immunization certified optometrists 39

- 1 *pursuant to this chapter. The fee shall not exceed one hundred* 2 *dollars* (\$100).
- 3 (j)
- 4 (k) For purposes of this chapter, "glaucoma" means either of 5 the following:
- 6 (1) All primary open-angle glaucoma.
- 7 (2) Exfoliation and pigmentary glaucoma.
- 8 (k)
- 9 (1) For purposes of this chapter, "adnexa" means ocular adnexa.
 10 (1)
- (*m*) In an emergency, an optometrist shall stabilize, if possible,and immediately refer any patient who has an acute attack of angle
- 13 closure to an ophthalmologist.
- 14 SEC. 2. No reimbursement is required by this act pursuant to
- 15 Section 6 of Article XIII B of the California Constitution because
- 16 the only costs that may be incurred by a local agency or school
- 17 district will be incurred because this act creates a new crime or
- 18 infraction, eliminates a crime or infraction, or changes the penalty
- 19 for a crime or infraction, within the meaning of Section 17556 of
- 20 the Government Code, or changes the definition of a crime within
- 21 the meaning of Section 6 of Article XIII B of the California22 Constitution.
- 23 SECTION 1. Section 3041 of the Business and Professions
 24 Code is amended to read:
- 25 3041. (a) The practice of optometry includes the prevention
- 26 and diagnosis of disorders and dysfunctions of the visual system,
- 27 and the treatment and management of certain disorders and
- 28 dysfunctions of the visual system, as well as the provision of
- 29 habilitative or rehabilitative optometric services, and is the doing
- 30 of any or all of the following:
- 31 (1) The examination of the human eye or eyes, or its or their 32 appendages, and the analysis of the human vision system, either 32 archively and the starting here.
- 33 subjectively or objectively.
- 34 (2) The determination of the powers or range of human vision
- 35 and the accommodative and refractive states of the human eye or
- 36 eyes, including the scope of its or their functions and general
 37 condition.
- 38 (3) The prescribing or directing the use of, or using, any optical
- 39 device in connection with ocular exercises, visual training, vision
- 40 training, or orthoptics.

1 (4) The prescribing of contact and spectacle lenses for, or the

2 fitting or adaptation of contact and spectacle lenses to, the human

3 eye, including lenses that may be classified as drugs or devices by

4 any law of the United States or of this state.

5 (5) The use of topical pharmaceutical agents for the purpose of

- 6 the examination of the human eye or eyes for any disease or7 pathological condition.
- 8 (b) (1) An optometrist who is certified to use therapeutic

9 pharmaceutical agents, pursuant to Section 3041.3, may also

- 10 diagnose and treat the human eye or eyes, or any of its or their
- 11 appendages, for all of the following conditions:
- (A) Through medical treatment, infections of the anterior
 segment and adnexa.
- 14 (B) Ocular allergies of the anterior segment and adnexa.
- 15 (C) Ocular inflammation of the anterior segment and adnexa
- nonsurgical in cause, except when comanaged with the treating
 physician and surgeon.
- (D) Traumatic or recurrent conjunctival or corneal abrasions
 and erosions.
- 20 (E) Corneal surface disease and dry eyes. Treatment for purposes
- 21 of this subparagraph includes, but is not limited to, the use of
- mechanical lipid extraction of meibomian glands using nonsurgical
 techniques.
- 24 (F) Ocular pain nonsurgical in cause, except when comanaged
 25 with the treating physician and surgeon.
- 26 (G) Pursuant to subdivision (f), glaucoma in patients over 18
 27 years of age, as described in subdivision (n).
- 28 (H) Eyelid disorders, including hypotrichosis and blepharitis.
- 29 (2) For purposes of this section, "treat" means the use of
- therapeutic pharmaceutical agents, as described in subdivision (c),
 and the procedures described in subdivision (c).
- 32 (c) In diagnosing and treating the conditions listed in subdivision
- 33 (b), an optometrist certified to use therapeutic pharmaceutical
- 34 agents pursuant to Section 3041.3 may use all therapeutie
- 35 pharmaceutical agents approved by the United States Food and
- 36 Drug Administration and indicated for use in diagnosing and
- 37 treating eye conditions set forth in this chapter, including codeine
- 38 with compounds and hydrocodone with compounds as listed in
- 39 the California Uniform Controlled Substances Act (Division 10
- 40 (commencing with Section 11000) of the Health and Safety Code)

- 1 and the federal Controlled Substances Act (21 U.S.C. Sec. 801 et
- 2 seq.). The use of controlled substances shall be limited to five
 3 days.
- 4 (d) In any case that an optometrist consults with a physician
- 5 and surgeon, the optometrist and the physician and surgeon shall
- 6 both maintain a written record in the patient's file of the
- 7 information provided to the physician and surgeon, the physician
- 8 and surgeon's response, and any other relevant information. Upon
- 9 the request of the optometrist or physician and surgeon and with
- 10 the patient's consent, a copy of the record shall be furnished to the
- 11 requesting party.
- 12 (c) An optometrist who is certified to use therapeutic
- 13 pharmaceutical agents pursuant to Section 3041.3 may also perform
- 14 all of the following:
- 15 (1) Corneal scraping with cultures.
- 16 (2) Debridement of corneal epithelia.
- 17 (3) Mechanical epilation.
- (4) Venipuncture for testing patients suspected of having
 diabetes.
- 20 (5) Suture removal, upon notification of the treating physician
 21 and surgeon or optometrist.
- 22 (6) Treatment or removal of sebaceous cysts by expression.
- 23 (7) Use of an auto-injector to counter anaphylaxis.
- 24 (8) Ordering of smears, cultures, sensitivities, complete blood
- 25 count, mycobacterial culture, acid fast stain, urinalysis, tear fluid
- 26 analysis, and X-rays necessary for the diagnosis of conditions or
- 27 diseases of the eye or adnexa. An optometrist may order other
- 28 types of images subject to prior consultation with an
- 29 ophthalmologist or appropriate physician and surgeon.
- 30 (9) A clinical laboratory test or examination classified as waived
- 31 under the federal Clinical Laboratory Improvement Amendments
- 32 of 1988 (42 U.S.C. Sec. 263a) (CLIA) and designated as waived
- 33 in paragraph (8) necessary for the diagnosis of conditions and
- 34 diseases of the eye or adnexa, or if otherwise specifically authorized
- 35 by this chapter.
- 36 (10) Punctal occlusion by plugs, excluding laser, diathermy,
- 37 cryotherapy, or other means constituting surgery as defined in this
 38 chapter
- 38 chapter.

(11) The prescription of therapeutic contact lenses, including
 lenses or devices that incorporate a medication or therapy the
 optometrist is certified to prescribe or provide.

- 4 (12) Removal of foreign bodies from the cornea, eyelid, and
- 5 conjunctiva with any appropriate instrument other than a scalpel.
- 6 Corneal foreign bodies shall be nonperforating, be no deeper than
- 7 the midstroma, and require no surgical repair upon removal.

8 (13) For patients over 12 years of age, lacrimal irrigation and 9 dilation, excluding probing of the nasal lacrimal tract. The board

- 10 shall certify any optometrist who graduated from an accredited
- 11 school of optometry before May 1, 2000, to perform this procedure
- 12 after submitting proof of satisfactory completion of 10 procedures
- 13 under the supervision of an ophthalmologist or lacrimal irrigation
- 14 and dilation certified optometrist as confirmed by the
- 15 ophthalmologist or lacrimal irrigation and dilation certified
- 16 optometrist. Any optometrist who graduated from an accredited
- 17 school of optometry on or after May 1, 2000, is exempt from the
- 18 certification requirement contained in this paragraph.

19 (f) The board shall grant a certificate to an optometrist certified

- 20 pursuant to Section 3041.3 for the treatment of glaucoma, as
- 21 described in subdivision (n), in patients over 18 years of age after
- 22 the optometrist meets the following applicable requirements:
- (1) For licensees who graduated from an accredited school of
 optometry on or after May 1, 2008, submission of proof of
- 25 graduation from that institution.
- 26 (2) For licensees who were certified to treat glaucoma under
 27 this section prior to January 1, 2009, submission of proof of
- 28 completion of that certification program.
- 29 (3) For licensees who completed a didactic course of not less
- 30 than 24 hours in the diagnosis, pharmacological, and other
- 31 treatment and management of glaucoma, submission of proof of
- 32 satisfactory completion of the case management requirements for
- 33 certification established by the board pursuant to Section 3041.10.
- 34 (4) For licensees who graduated from an accredited school of
- 35 optometry on or before May 1, 2008, and not described in
- 36 paragraph (2) or (3), submission of proof of satisfactory completion
- 37 of the requirements for certification established by the board.
- 38 (g) The board shall grant to an optometrist, certified pursuant
- 39 to subdivision (f), a certificate for the use of advanced procedures,

1	as described in subdivision (h), after the optometrist meets the
2	following applicable requirement:
3	(1) Licensees who graduated from an accredited school of
4	optometry, on or after May 1, 2016, shall submit proof of
5	completion at that school of a satisfactory curriculum on advanced
6	procedures, as determined by the board, including passage of a
7	test for competency and performance of the procedures contained
8	in subparagraph (F) of paragraph (2).
9	(2) Licensees who graduated from an accredited school before
10	May 1, 2016, are required to submit proof of completion of a
11	board-approved course that meets all of the requirements in
12	subparagraphs (A) to (G), inclusive. An optometrist certified
13	pursuant to Section 3041.3 may perform the training procedures
14	in their own practices under the supervision of a physician and
15	surgeon or an optometrist with an advanced procedure certification.
16	(A) Provided by an accredited school of optometry and
17	developed in consultation with an ophthalmologist who has
18	experience teaching optometric students.
19	(B) Taught by full-time or adjunct faculty members of an
20	accredited school of optometry.
21	(C) Sponsored by an organization that meets the standards of
22	Section 1536 of Title 16 of the California Code of Regulations.
23	(D) Included passage of a test for competency.
24	(E) Included all of the following didactic instruction:
25	(i) Laser physics, hazards, and safety.
26	(ii) Biophysics of laser.
27	(iii) Laser application in clinical optometry.
28	(iv) Laser tissue interactions.
29	(v) Laser indications, contraindications, and potential

- 30 complications.
- 31 (vi) Gonioscopy.
- 32 (vii) Laser therapy for open angle glaucoma.
- 33 (viii) Laser therapy for angle closure glaucoma.
- 34 (ix) Posterior capsulotomy.
- 35 (x) Common complications: lids, lashes, and lacrimal.
- 36 (xi) Medicolegal aspects of anterior segment procedures.
- 37 (xii) Peripheral iridotomy.
- 38 (xiii) Laser Trabeculoplasty.
- 39 (xiv) Minor surgical procedures.

- 1 (xv) Overview of surgical instruments, asepsis, and the federal
- 2 Occupational Safety and Health Administration.
- 3 (xvi) Surgical anatomy of the eyelids.
- 4 (xvii) Emergency surgical procedures.
- 5 (xviii) Chalazion management.
- 6 (xix) Epilumeninesence microscopy.
- 7 (xx) Suture techniques.
- 8 (xxi) Local anesthesia: techniques and complications.
- 9 (xxii) Anaphylaxsis and other office emergencies.
- 10 (xxiii) Radiofrequency surgery.
- 11 (xxiv) Postoperative wound care.
- 12 (F) Included all of the following clinical experience on live
- 13 human patients:
- 14 (i) Between 20 and 35 clinical eyelid or adnexa surgical training
- 15 procedures, between 18 and 25 laser training procedures, and
- 16 between 6 and 12 injection training procedures. The board shall
- 17 convene an advisory committee to establish the exact number of
- 18 training procedures required, including a minimum number of
- 19 training procedures for each procedure listed in subdivision (h).
- 20 The advisory committee shall be composed of the Director of
- 21 Consumer Affairs or his or her appointee, who shall also serve as
- 22 the chairperson, two practicing optometrists, two practicing
- 23 ophthalmologists, one faculty member of a school of optometry,
- 24 and one ophthalmologist that teaches at a school of optometry.
- 25 The members of the advisory committee shall be appointed by the
- 26 respective licensing boards. Recommendations from the advisory
- 27 committee shall be reported to the board within six months of
- 28 being convened.
- 29 (ii) Video demonstration.
- 30 (iii) A formal clinical practical examination.
- 31 (G) Required passage of a written test utilizing the National
- 32 Board of Examiners in Optometry format.
- 33 (h) For the purposes of this chapter, "advanced procedures"
 34 means any of the following:
- 35 (1) Therapeutic lasers used for posterior capsulotomy secondary
 36 to cataract surgery.
- 37 (2) Therapeutic lasers appropriate for treatment of glaucoma
- 38 and peripheral iridotomy for the prophylactic treatment of angle
- 39 closure glaucoma.

- 1 (3) Removal, destruction, or drainage of lesions of the eyelid
- and adnexa clinically evaluated by the optometrist to be
 noncancerous.
- 4 (4) Closure of a wound resulting from a procedure described in
 5 paragraph (3).
- 6 (5) Injections for the treatment of conditions of the eye and
- 7 adnexa described in paragraph (1) of subdivision (b), excluding
- 8 intraorbital injections and injections administered for cosmetic
 9 effect.
- 10 (i) "Advanced procedures" does not include performing
- 11 blepharoplasty or other cosmetic surgery procedures that reshape
- 12 normal structures of the body in order to improve appearance and
- 13 self-esteem. 14 (i) The bo
 - (j) The board shall grant to an optometrist, certified pursuant to
- 15 subdivision (f), a certificate for immunizations, as described in 16 subdivision (p), after the optometrist meets all of the following
- 17 applicable requirements:
- 18 (1) For licensees who graduated, on or after May 1, 2016, from
- 19 an accredited school of optometry that includes satisfactory
- 20 curriculum on immunizations, as determined by the board,
- 21 submission of proof of graduation from that institution.
- (2) Licensees who graduated from an accredited school before
 May 1, 2016, shall do all of the following:
- 24 (A) Submit proof of completion of a board-approved
- 25 immunization training program that, at a minimum, includes
- 26 hands-on injection technique, clinical evaluation of indications
- 27 and contraindications of vaccines, and the recognition and
- 28 treatment of emergency reactions to vaccines, and shall maintain
- 29 that training.
- 30 (B) Be certified in basic life support for health care
 31 professionals.
- 32 (C) Comply with all state and federal recordkeeping and
- 33 reporting requirements, including providing documentation to the
- 34 patient's primary care provider and entering information in the
- 35 appropriate immunization registry designated by the immunization
- 36 branch of the State Department of Public Health.
- 37 (k) Other than for prescription ophthalmic devices described in
- 38 subdivision (b) of Section 2541, any dispensing of a therapeutic
- 39 pharmaceutical agent by an optometrist shall be without charge.
 - 90

1 (1) Except as authorized by this section, the practice of optometry 2 does not include performing surgery. "Surgery" means any 3 procedure in which human tissue is cut, altered, or otherwise 4 infiltrated by mechanical or laser means. Nothing in this section 5 shall limit an optometrist's authority to utilize diagnostic laser and 6 ultrasound technology within his or her scope of practice. 7 (m) An optometrist licensed under this chapter is subject to the 8 provisions of Section 2290.5 for purposes of practicing telehealth. 9 (n) For purposes of this chapter, "glaucoma" means either of 10 the following: 11 (1) All primary open-angle glaucoma. 12 (2) Exfoliation and pigmentary glaucoma. 13 (o) For purposes of this chapter, "adnexa" means ocular adnexa. 14 (p) For the purposes of this chapter, "immunization" means 15 administration of immunizations for influenza, Pertussis, herpes 16 zoster virus, and additional immunizations that may be necessary 17 to protect public health during a declared disaster or public health 18 emergency in compliance with individual Advisory Committee 19 on Immunization Practices (ACIP) vaccine recommendations 20 published by the federal Centers for Disease Control and 21 Prevention (CDC) for persons 18 years of age or older. 22 (q) In an emergency, an optometrist shall stabilize, if possible, 23 and immediately refer any patient who has an acute attack of angle 24 closure to an ophthalmologist. 25 (r) The board may authorize optometrists to use any noninvasive technology to treat a condition listed in paragraph (1) of subdivision 26 27 (b). 28 SEC. 2. Section 3041.1 of the Business and Professions Code 29 is amended to read: 30 3041.1. With respect to the practices set forth in Section 3041,

31 optometrists diagnosing or treating eye disease or diagnosing other

32 diseases shall be held to the same standard of care to which

33 physicians and surgeons and osteopathic physicians and surgeons

34 are held. An optometrist shall consult with and, if necessary, refer

35 to a physician and surgeon or other appropriate health care provider 36 if a situation or condition occurs that is beyond the optometrist's

37 scope of practice.

38 SEC. 3. Section 3110 of the Business and Professions Code is

39 amended to read:

1 3110. The board may take action against any licensee who is

2 charged with unprofessional conduct, and may deny an application

3 for a license if the applicant has committed unprofessional conduct.

4 In addition to other provisions of this article, unprofessional

5 conduct includes, but is not limited to, the following:

- 6 (a) Violating or attempting to violate, directly or indirectly
- 7 assisting in or abetting the violation of, or conspiring to violate
- 8 any provision of this chapter or any of the rules and regulations
- 9 adopted by the board pursuant to this chapter.
- 10 (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two
 or more negligent acts or omissions.
- 13 (d) Incompetence.

14 (e) The commission of fraud, misrepresentation, or any act

15 involving dishonesty or corruption, that is substantially related to

- 16 the qualifications, functions, or duties of an optometrist.
- 17 (f) Any action or conduct that would have warranted the denial18 of a license.

(g) The use of advertising relating to optometry that violates Section 651 or 17500.

21 (h) Denial of licensure, revocation, suspension, restriction, or

22 any other disciplinary action against a health care professional

23 license by another state or territory of the United States, by any

- 24 other governmental agency, or by another California health care
- 25 professional licensing board. A certified copy of the decision or
- 26 judgment shall be conclusive evidence of that action.
- 27 (i) Procuring his or her license by fraud, misrepresentation, or
 28 mistake.
- (j) Making or giving any false statement or information in
 connection with the application for issuance of a license.
- 31 (k) Conviction of a felony or of any offense substantially related

32 to the qualifications, functions, and duties of an optometrist, in

33 which event the record of the conviction shall be conclusive
 34 evidence thereof.

- 35 (1) Administering to himself or herself any controlled substance
- 36 or using any of the dangerous drugs specified in Section 4022, or
- 37 using alcoholic beverages to the extent, or in a manner, as to be
- 38 dangerous or injurious to the person applying for a license or
- 39 holding a license under this chapter, or to any other person, or to
- 40 the public, or, to the extent that the use impairs the ability of the

1 person applying for or holding a license to conduct with safety to

2 the public the practice authorized by the license, or the conviction

3 of a misdemeanor or felony involving the use, consumption, or

4 self-administration of any of the substances referred to in this

5 subdivision, or any combination thereof.

6 (m) (1) Committing or soliciting an act punishable as a sexually

7 related crime, if that act or solicitation is substantially related to

8 the qualifications, functions, or duties of an optometrist.

9 (2) Committing any act of sexual abuse, misconduct, or relations

10 with a patient. The commission of and conviction for any act of

11 sexual abuse, sexual misconduct, or attempted sexual misconduct,

12 whether or not with a patient, shall be considered a crime

13 substantially related to the qualifications, functions, or duties of a

14 licensee. This paragraph shall not apply to sexual contact between

15 any person licensed under this chapter and his or her spouse or 16 person in an equivalent domestic relationship when that licensee

17 provides optometry treatment to his or her spouse or person in an

18 equivalent domestic relationship.

19 (3) Conviction of a crime that requires the person to register as

20 a sex offender pursuant to Chapter 5.5 (commencing with Section

21 290) of Title 9 of Part 1 of the Penal Code. A conviction within 22

the meaning of this paragraph means a plea or verdict of guilty or

23 a conviction following a plea of nolo contendere. A conviction 24

described in this paragraph shall be considered a crime substantially 25

related to the qualifications, functions, or duties of a licensee. 26 (n) Repeated acts of excessive prescribing, furnishing or

27 administering of controlled substances or dangerous drugs specified 28 in Section 4022, or repeated acts of excessive treatment.

29

(o) Repeated acts of excessive use of diagnostic or therapeutie 30 procedures, or repeated acts of excessive use of diagnostic or

31 treatment facilities.

32 (p) The prescribing, furnishing, or administering of controlled

33 substances or drugs specified in Section 4022, or treatment without 34 a good faith prior examination of the patient and optometric reason.

35 (q) The failure to maintain adequate and accurate records

36 relating to the provision of services to his or her patients.

37 (r) Performing, or holding oneself out as being able to perform,

38 or offering to perform, any professional services beyond the scope

39 of the license authorized by this chapter.

1	(s) The practice of optometry without a valid, unrevoked,
2	unexpired license.
3	(t) The employing, directly or indirectly, of any suspended or
4	unlicensed optometrist to perform any work for which an optometry
5	license is required.
6	(u) Permitting another person to use the licensee's optometry
7	license for any purpose.
8	(v) Altering with fraudulent intent a license issued by the board,
9	or using a fraudulently altered license, permit certification, or any
10	registration issued by the board.
11	(w) Except for good cause, the knowing failure to protect
12	patients by failing to follow infection control guidelines of the
13	board, thereby risking transmission of blood borne infectious
14	diseases from optometrist to patient, from patient to patient, or
15	from patient to optometrist. In administering this subdivision, the
16	board shall consider the standards, regulations, and guidelines of
17	the State Department of Public Health developed pursuant to
18	Section 1250.11 of the Health and Safety Code and the standards,
19	guidelines, and regulations pursuant to the California Occupational
20	Safety and Health Act of 1973 (Part 1 (commencing with Section
21	6300) of Division 5 of the Labor Code) for preventing the
22	transmission of HIV, hepatitis B, and other blood borne pathogens
23	in health care settings. As necessary, the board may consult with
24	the Medical Board of California, the Board of Podiatric Medicine,
25	the Board of Registered Nursing, and the Board of Vocational
26	Nursing and Psychiatric Technicians, to encourage appropriate
27	consistency in the implementation of this subdivision.
28	(x) Failure or refusal to comply with a request for the clinical
29	records of a patient, that is accompanied by that patient's written
30	authorization for release of records to the board, within 15 days
31	of receiving the request and authorization, unless the licensee is
32	unable to provide the documents within this time period for good
33	cause.
34	(y) Failure to refer a patient to an appropriate physician if an
35	examination of the eyes indicates a substantial likelihood of any
36	pathology that requires the attention of that physician.
37	SEC. 4. It is the intent of the Legislature that the Office of
38	Statewide Health Planning and Development, under the Health
39	Workforce Pilot Projects Program, designate a pilot project
40	intended to test demonstrate and evolute evolution and relation

40 intended to test, demonstrate, and evaluate expanded roles for

- 1 optometrists in the performance of management and treatment of
- 2 diabetes mellitus, hypertension, and hypercholesterolemia.
- 3 SEC. 5. No reimbursement is required by this act pursuant to
- 4 Section 6 of Article XIIIB of the California Constitution because

5 the only costs that may be incurred by a local agency or school

6 district will be incurred because this act creates a new crime or

7 infraction, eliminates a crime or infraction, or changes the penalty

- 8 for a crime or infraction, within the meaning of Section 17556 of
- 9 the Government Code, or changes the definition of a crime within
- 10 the meaning of Section 6 of Article XIII B of the California
- 11 Constitution.

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