



House of Representatives

General Assembly

File No. 430

January Session, 2007

Substitute House Bill No. 7159

House of Representatives, April 10, 2007

The Committee on Public Health reported through REP. SAYERS, P. of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT UPDATING THE SCOPE OF PRACTICE OF OPTOMETRY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (1) of subsection (a) of section 20-127 of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2007*):

4 (1) The "practice of advanced optometric care" means any one or
5 more of the following practices and procedures: (A) Measuring,
6 examining, diagnosing, preventing, enhancing, managing or treating
7 visual functions, defects of vision, muscular functions or anomalies, or
8 other conditions or diseases of the visual system, the eye and ocular
9 adnexae; (B) the prescribing, supplying, adjusting, fitting or adapting
10 of ophthalmic devices and lenses, spectacles, prisms, orthoptic
11 therapy, visual therapy, visual rehabilitation, oculomotor therapy,
12 tinted lenses, filters, contact lenses, diagnosing, preventing, enhancing,
13 managing, treating or relieving visual functions, defects of vision,
14 muscular functions or anomalies, or diseases of the visual system, the
15 eye and ocular adnexae; (C) the administration or prescription of any

16 pharmaceutical agents related to the diagnosis and treatment of
17 conditions and diseases of the eye and ocular adnexae, excluding
18 nonemergency oral glaucoma agents but including controlled
19 substances under schedules II, III, IV and V in accordance with section
20 21a-252, subject to the limitations of subsection (f) of this section
21 relating to quantities dispensed, performance or ordering of
22 procedures or laboratory tests related to the diagnosis and treatment of
23 conditions and diseases of the eye and ocular adnexae; these
24 procedures include, but are not limited to, removal of superficial
25 foreign bodies of the [corneal epithelium that have not perforated
26 bowman's membrane,] cornea, ultrasound and topical, oral or
27 injectable medication to counteract anaphylaxis or anaphylactic
28 reaction; (D) the nonsurgical treatment of glaucoma consistent with
29 subsection (k) of this section; or (E) the use of punctal plugs. The
30 "practice of advanced optometric care" does not include surgical
31 treatment of glaucoma, treatment of ocular cancer, treatment of
32 infectious diseases of the retina, diagnosis and treatment of systemic
33 diseases, use of therapeutic lasers, use of injectable medications other
34 than to counteract anaphylaxis or anaphylactic reaction, surgical
35 procedures other than noninvasive procedures, use of general
36 anesthesia, use of intravenous injections, procedures that require the
37 cutting or opening of the globe, enucleation of the eye, extraocular
38 muscle surgery or any invasive procedure performed on the human
39 body other than noninvasive procedures performed on the eye or
40 ocular adnexae.

41 Sec. 2. Subdivision (6) of subsection (a) of section 20-127 of the
42 general statutes is repealed and the following is substituted in lieu
43 thereof (*Effective October 1, 2007*):

44 (6) "Noninvasive procedures" means procedures used to diagnose
45 or treat a disease or abnormal condition of the human eye or eyelid
46 excluding the lacrimal drainage system, lacrimal gland and structures
47 posterior to the iris and which exclude the removal of superficial
48 foreign bodies of the [corneal epithelium which have perforated
49 bowman's membrane] cornea but including the treatment of iritis,

50 provided the procedures do not require an incision or use of a laser.

51 Sec. 3. Subsection (h) of section 20-127 of the general statutes is
52 repealed and the following is substituted in lieu thereof (*Effective*
53 *October 1, 2007*):

54 (h) An optometrist shall refer any patient with iritis or a corneal
55 ulcer to an ophthalmologist not later than seventy-two hours after
56 commencement of initial treatment of such condition unless there is
57 [documented substantial] improvement of such condition within such
58 time period.

59 Sec. 4. Subsection (k) of section 20-127 of the general statutes is
60 repealed and the following is substituted in lieu thereof (*Effective*
61 *October 1, 2007*):

62 (k) An optometrist engaged in the practice of advanced optometric
63 care and the nonsurgical treatment of glaucoma shall refer to an
64 ophthalmologist or other physician, for evaluation, any glaucoma
65 patient who (1) [presents with an intraocular pressure over thirty-five,
66 (2)] presents with the presence of pediatric glaucoma [,] or closed angle
67 glaucoma, [or secondary glaucoma] or [(3)] (2) does not [have
68 documented substantial improvement] improve in response to
69 treatment. Nothing in this subsection shall be construed to prohibit the
70 emergency administration, prior to referral, of medication otherwise
71 authorized under this section.

72 Sec. 5. Subsection (c) of section 20-128a of the general statutes is
73 repealed and the following is substituted in lieu thereof (*Effective from*
74 *passage*):

75 (c) The Commissioner of Public Health, with advice and assistance
76 from the board, may make and enforce such regulations as the
77 commissioner deems necessary to maintain proper professional and
78 ethical standards for optometrists. Not later than October 1, 2007, the
79 commissioner shall adopt regulations, in accordance with chapter 54,
80 requiring each optometrist licensed pursuant to this chapter to

81 complete a minimum of twenty hours of continuing education during
82 each registration period, defined as the twelve-month period for which
83 a license has been renewed pursuant to section 19a-88 and is current
84 and valid. The board may revoke or suspend licenses for cause.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	20-127(a)(1)
Sec. 2	<i>October 1, 2007</i>	20-127(a)(6)
Sec. 3	<i>October 1, 2007</i>	20-127(h)
Sec. 4	<i>October 1, 2007</i>	20-127(k)
Sec. 5	<i>from passage</i>	20-128a(c)

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The Department of Public Health will be able to adopt the required regulations within its normally budgeted resources.

Modifying the scope of practice of optometrists is not anticipated to result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 7159

AN ACT UPDATING THE SCOPE OF PRACTICE OF OPTOMETRY.

SUMMARY:

This bill changes the scope of practice of optometrists engaged in the practice of advanced optometric care by allowing them to remove superficial foreign bodies of the cornea. Current law allows them to only remove these bodies from the eye's outer layer (corneal epithelium) that have not perforated its second layer.

The bill changes the conditions under which an optometrist must refer certain patients to an ophthalmologist. Finally, the bill requires DPH to adopt regulations on continuing education for optometrists.

EFFECTIVE DATE: October 1, 2007 except for the continuing education provision, which takes effect upon passage.

REFERRAL TO AN OPTOMETRIST

The bill changes the conditions under which an optometrist or an optometrist engaged in advanced optometric care must refer certain patients to an ophthalmologist.

Current law requires an optometrist to refer a patient with iritis or a corneal ulcer to an ophthalmologist within 72 hours after beginning initial treatment unless there is documented substantial improvement in the patient's condition within that time period. Under the bill, a patient showing "improvement" within that period does not have to be referred.

Current law requires an optometrist practicing advanced optometric care and involved in nonsurgical treatment of glaucoma to refer to an

ophthalmologist or other physician a glaucoma patient who (1) has intraocular pressure over 35; (2) has pediatric glaucoma, closed angle glaucoma, or secondary glaucoma; or (3) does not have documented substantial improvement in response to treatment.

The bill instead requires referral only when the patient (1) has pediatric glaucoma or closed angle glaucoma or (2) does not “improve” in response to treatment.

CONTINUING EDUCATION

The bill requires DPH to adopt regulations, by October 1, 2007, requiring optometrists to complete a minimum of 20 hours of continuing education during each registration period (12 months) for which a license is renewed.

Existing DPH regulations require optometrists to complete at least eight hours of post graduate study each year as a prerequisite for license renewal (Conn. Agencies Reg., § 20-128-8).

BACKGROUND

Advanced Optometric Care

The law recognizes a category of optometric practice known as “advanced optometric care.” It allows optometrists a broader range of activities, including nonsurgical treatment of glaucoma patients. They must meet additional education and testing requirements and be able to use certain drugs for diagnostic and therapeutic purposes in order to practice advanced optometric care. There is no separate DPH license for advanced optometric care.

As of January 1, 2005, the law requires an individual applying for initial licensure as an optometrist to meet the requirements to practice advanced optometric care. It does not apply to optometrists licensed in the state before January 1, 2005.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 1 (03/21/2007)