

## **BILL ANALYSIS**

Senate Research Center  
76R12635 JMM-F

H.B. 1051  
By: Brimer (Madla)  
Health Services  
5/12/1999  
Committee Report (Amended)

### **DIGEST**

Currently, more than 200,000 Texans have untreated glaucoma. If this disease is left untreated, it will lead to blindness. There are currently 73 counties with resident ophthalmologists and 142 counties with optometrists. Forty-two states, excluding Texas, have authorized these certified therapeutic optometrists to treat patients with glaucoma. Therapeutic optometrists must pass a nationally certified exam that tests their knowledge of the diagnosis and treatment of glaucoma. The Attorney General has issued an opinion stating that the use of certain drug classifications to regulate the practice of therapeutic optometrists is appropriate. This bill would authorize therapeutic optometrists to treat certain diseases and conditions with specific classes of pharmaceuticals and sets forth conditions under and protocol for which a therapeutic optometrist may treat glaucoma.

### **PURPOSE**

As proposed, H.B. 1051 authorizes therapeutic optometrists to treat certain diseases and conditions with specific classes of pharmaceuticals and sets forth conditions under and protocol for which a therapeutic optometrist may treat glaucoma.

### **RULEMAKING AUTHORITY**

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

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 1.02, Article 4552-1.02, V.T.C.S., by amending Subdivision (7) and adding Subdivision (11), to redefine "practice of therapeutic optometry" and define "surgery." Makes conforming and nonsubstantive changes.

SECTION 2. Amends Section 1.03, Article 4552-1.03, V.T.C.S., by amending Subsections (b) and (d)-(g) and adding Subsections (h)-(r), as follows:

(b) Authorizes a therapeutic optometrist to perform, as well as administer or prescribe, ophthalmic procedures and appropriate medications administered by topical or oral means, in accordance with this section for certain purposes. Authorizes a therapeutic optometrist to administer medication by parenteral means for the purposes and in the manner set out in Subsection (h) of this section. Prohibits a therapeutic optometrist from performing surgery or laser surgery. Deletes over-the-counter oral medications and ocular pharmaceutical agents other than antiviral agents and antiglaucoma agents from a list of medications a therapeutic optometrist is allowed to prescribe. Deletes text authorizing therapeutic optometrists to perform certain actions, and from using a topical steroid.

(d) Requires the State Board of Medical Examiners (board) to adopt rules setting forth the classifications of pharmaceutical agents therapeutic optometrists may use in the practice of therapeutic optometry as authorized by this Act. Authorizes additional classifications of medications as authorized by Section 1.03(c)(3) to only be approved as provided in Section 1.03A. Deletes existing Subsections (e) and (f) regarding a technical advisory committee.

(e) Redesignates existing Subsection (g) as Subsection (e). Makes a conforming change.

(f) Authorizes a therapeutic optometrist to prescribe oral medications in certain classifications of oral pharmaceuticals.

- (g) Authorizes a therapeutic optometrist to independently administer oral carbonic anhydrase inhibitors for emergency purposes only and requires the optometrist to refer a patient to an ophthalmologist.
- (h) Authorizes a therapeutic optometrist to inject appropriate medication for a patient who has an anaphylactic reaction to counteract the anaphylaxis. Requires the optometrist to immediately refer the patient to a physician.
- (i) Requires a therapeutic optometrist to engage in consultation with an ophthalmologist to develop an individual treatment plan approved by both caretakers within a certain period of time. Requires the parameters of the consultation to be at the discretion of the ophthalmologist, but must at least include confirmation of the diagnosis and a plan for comanagement of the patient.
- (j) Requires a therapeutic optometrist required to engage in the 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 same geographic area as the therapeutic optometrist practices.
- (k) Requires a therapeutic optometrist to refer a patient to an ophthalmologist based on certain conditions with respect to the patient and the patient's diagnosis.
- (l) Requires a therapeutic optometrist who refers a patient to a physician or specialist to inform the patient that the patient may go to any physician or specialist the patient chooses. Provides that this subsection does not prevent a therapeutic optometrist from recommending a physician or specialist.
- (m) Requires a therapeutic optometrist, upon diagnosing glaucoma, to set a target pressure that is no more than 80 percent of the initial intraocular pressure. Provides that the patient's glaucoma is considered to not be appropriately responding to treatment if the patient fails to achieve the target pressure within an appropriate time.
- (n) Requires the optometrist to take a complete case history of the patient and determine whether the patient has had a physical examination within a certain period, before prescribing a beta blocker. Requires the optometrist to refer the patient to a physician for a physical examination prior to initiating beta blocker therapy, if the patient has not had a physical examination, or the patient has a history of certain illnesses.
- (o) Authorizes an optometrist who diagnoses acute closed angle glaucoma to initiate appropriate emergency treatment for the patient, but requires the optometrist to refer the patient in a timely manner.
- (p) Authorizes a physician to charge a reasonable consultation fee for a consultation given as provided by this section.
- (q) Requires a physician to whom a patient is referred to forward to the referring optometrist a written report on the results of the referral, by a certain date. Requires the optometrist to retain the report in the patient's records. Requires a physician who, for a medically appropriate reason, does not return a patient to the therapeutic optometrist who referred the patient, to state in the physician's report to the optometrist the specific medical reason for failing to return the patient.
- (r) Prohibits an optometrist from administering or prescribing an oral or parenteral medication or treating glaucoma without holding a certificate issued by the board. Requires a therapeutic optometrist certified under this subsection to be known as an optometric glaucoma specialist. Provides that in order to obtain a certificate, a therapeutic optometrist must complete certain review courses and pass an examination as required under Section 1.03A of this Act.

SECTION 3. Amends Article 4552-1.01, et seq., V.T.C.S., by adding Section 1.03A, as follows:

Sec. 1.03A. OPTOMETRIC HEALTH CARE ADVISORY COMMITTEE. (a) Provides that the Optometric Health Care Advisory Committee (committee) consists of six members. Sets forth

the composition of the committee.

(b). Provides that the committee members serve staggered two-year terms, with terms of half of the members expiring September 1 each year.

(c) Sets forth certain recommendations the committee is required to make.

(d) Provides that a person is ineligible for appointment as a pharmacologist member of the committee if the person is licensed as a therapeutic optometrist or ophthalmologist or is related within the second degree by affinity or consanguinity as determined by Chapter 573, Government Code, to a person who is licensed as a therapeutic optometrist or ophthalmologist.

(e) Requires the committee, in making recommendations, to consider patient safety, patient costs, the effect on a patient's access to health care, patient convenience, and any added efficiencies to the health care delivery system the decision may involve.

(f) Requires the board and the Texas State Board of Medical Examiners to adopt recommendations made by the committee before they become law. Requires the board to articulate a sound, scientific reason for the failure of either board to adopt a recommendation.

(g) Provides that the committee is abolished and this section expires September 1, 2005, unless continued in existence by legislative act.

SECTION 4. (a) Effective date: September 1, 1999.

(b) Requires the initial committee members to be appointed no later than October 1, 1999 and sets forth the composition of the three appointments which expire September 1, 2000 and the three appointments which expire September 1, 2001.

SECTION 5. Emergency clause.