

Scope of Practice

Technology changes rapidly. That is why COA has been focused on expanding the Optometric Practice Act so that patients can benefit from the latest medications and technology. In 2017, COA helped pass Assembly Bill 433 (Salas), which established mechanisms that allow the optometric profession to grow and change as new technologies are developed. It also more fully utilize optometrists' extensive training and experience to help expand health care access to Californians.

3 key elements to changes to scope of practice:



Medications & Technology

Summary:

Authorizes use of new medications, medical devices and technology



Procedures & Conditions

Summary:

Expands the procedures optometrists may perform and conditions they can treat



Technical Clean Up

Summary:

Eliminates many protocols and consolidates referral requirements



Medications and Technology

	Current law:	Previous law:	Notes:
Medications	Clarifies that current medication list can be used "for rational off label purposes" Additionally allows the use of all non-controlled substance medications that are FDA-indicated for a condition optometrists can treat.* (Optometrists must complete any clinical training imposed by a medication manufacturer) Off-label use could be allowed by State Board of Optometry regulation to treat an allowed condition*	Lists the medications TPA-certified optometrists can use The State Board of Optometry is not allowed to authorize additional medication	Optometrists can determine if a medication is indicated for a condition allowed by reading the medication insert

	Current law:	Previous law:	Notes:
Medical devices/ technologies	Allows TPA-certified optometrists to use all noninvasive medical devices and technology that are FDA-indicated for a condition optometrists can treat.* (Optometrists must complete any clinical training imposed by a device/technology manufacturer) If not FDA-indicated for an allowed condition, the State Board of Optometry could approve a medical device or technology for an allowed condition by regulation*	Lists the medical devices/technologies that optometrists may use The State Board of Optometry is not allowed to authorize additional medical devices or technologies	This provision is intended to allow the optometric profession to utilize new technology as it is developed and automatically authorize medical devices like LipiFlow and PROKERA

	Current law:	Previous law:	Notes:
Controlled substances	Authorizes optometrists to use tramadol, limited to three days	Optometrists may prescribe codeine with compounds and hydrocodone with compounds, limited to three days	Tramadol was recently classified as a Schedule III controlled substance and therefore no longer authorized under the Optometric Practice Act, prior to AB 443

* Provisions with an asterisk may not be construed to authorize:

(A) Any therapeutic pharmaceutical agent, medical device, or technology involving cutting, altering, or otherwise infiltrating human tissue by any means.

(B) A clinical laboratory test or imaging study not already authorized by law.

(C) Treatment of any disease or condition that could not be treated by an optometrist before January 1, 2018. For example, because antifungals were not an authorized treatment and thus fungal keratitis could not previously be treated by an optometrist prior to January 1, 2018, this provision could not be used to authorize the use of antifungals for that purpose.



Procedures and Conditions

	Current law:	Previous law:	Notes:
Immunizations	Allows TPA-certified optometrists to administer flu, shingles and pneumonia vaccines for adults 18 and older after receiving training and certification Requires optometrists take an immunization training program endorsed by the federal Centers for Disease Control and Prevention (CDC) or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and maintains that training.	Immunizations not authorized	Additionally requires certification in basic life support and compliance with all state and federal recordkeeping and reporting requirements

	Current law:	Previous law:	Notes:
Foreign body removal	Allows removal of a foreign body with a needle	Allows removal of a foreign body with "any appropriate instrument other than a scalpel or needle"	

	Current law:	Previous law:	Notes:
Contact lenses	Allows the use or prescription of diagnostic or therapeutic contact lenses	Allows the prescription therapeutic contact lenses	Technical change for clarity

	Current law:	Previous law:	Notes:
Injections	Intravenous injection for the purpose of performing ocular angiography at the direction of an ophthalmologist as part of an active treatment plan in a setting where a physician and surgeon is immediately available	Venipuncture for purposes of testing for diabetes. May use EpiPen	



Procedures and Conditions

	Current law:	Previous law:	Notes:
Diagnostic testing	Allows collection of blood by skin puncture or venipuncture for testing diabetes Skin testing to diagnose ocular allergies limited to the superficial layer of the skin	Allows venipuncture for testing patients suspected of having diabetes No skin testing is authorized	Allows A1C testing Allows Doctor's Rx Allergy Formula: Ocular Allergy Diagnostic System by Bausch + Lomb Does not allow intradermal injections

	Current law:	Previous law:	Notes:
Habilitative services	Adds habilitative optometric services	Only refers to "rehabilitative" optometric services	The term "habilitative" is a new distinction first made in the Affordable Care Act and COA wanted to make sure optometrists don't lose the ability to serve patients who are learning new skills because the new word, "habilitative," is not specifically listed in the statute

	Current law:	Previous law:	Notes:
Conditions	Replaces corneal surface disease phrase with "nonmalignant ocular surface disease" Authorizes treatment of hypotrichosis Authorizes treatment of blepharitis	Allows treatment of "corneal surface disease" Hypotrichosis and blepharitis not specified	Change intended to include ocular surface disease impacting the conjunctiva Allows use of LATISSE Specific authority for treating blepharitis was removed in the 2008 scope expansion law

	Current law:	Previous law:	Notes:
Glaucoma	Allows glaucoma-certified optometrists to treat steroid-induced glaucoma. The optometrist shall promptly notify the prescriber of the steroid medication if the prescriber did not refer the patient to the optometrist for treatment	Allows glaucoma-certified optometrists to treat primary open-angle glaucoma, exfoliation and pigmentary glaucoma	Existing law was unclear if optometrists could treat steroid-induced glaucoma



Technical Clean Up

	Current law:	Previous law:	Notes:
Inflammation protocols	Deletes referral requirements	Must refer if patient has unilateral nongranulomatous idiopathic iritis recurring within one year. Consultation required if patient has a recurrent case of episcleritis or peripheral corneal inflammatory keratitis within one year In using steroid medication for these and other specified conditions, consultation required if condition worsens after 72 hours. Consultation or referral required if condition doesn't resolve within specified timeframes	Consolidates referral requirements to a new 30411.1, which requires an optometrist to consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider when a situation or condition occurs that is beyond the optometrist's scope of practice

	Current law:	Previous law:	Notes:
Glaucoma protocols	Deletes referral requirements	Requires referral to OMD if requested by the patient or if angle closure glaucoma develops. If the glaucoma patient also has diabetes, the OD shall consult with the MD treating the patient's diabetes in developing the glaucoma treatment plan and shall inform the MD in writing of any change in the patient's glaucoma medication	

	Current law:	Previous law:	Notes:
Antibiotic protocols	Deletes referral requirements	Specifies that if the patient has been diagnosed with a central corneal ulcer and the central corneal ulcer has not improved 48 hours after diagnosis, the OD shall refer the patient to an OMD. Specifies that if the patient has been diagnosed with preseptal cellulitis or dacryocystitis and the condition has not improved 48 hours after diagnosis, the OD shall refer the patient to an OMD	

	Current law:	Previous law:	Notes:
Antiviral protocols	Deletes referral requirements	Specifies that if the patient has been diagnosed with herpes simplex keratitis or varicella zoster viral keratitis and the patient's condition has not improved seven days after diagnosis, or has not resolved three weeks after diagnosis, the OD shall refer the patient to an OMD. Specifies that 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, or has not resolved three weeks after diagnosis, the OD shall consult with and refer the patient to an OMD	



Technical Clean Up

	Current law:	Previous law:	Notes:
Documentation	Deletes documentation requirements	Requires that in any case where an OD is required to consult with an OMD, the OD shall maintain a written record in the patient's file of the information provided to the OMD, the OMD's response, and any other relevant information. Upon the consulting OMD's request and with the patient's consent, the OD shall furnish a copy of the record to the OMD	Consultations, referrals, and notifications required by law must be documented in the patient record

	Current law:	Previous law:	Notes:
Other technical changes	Eliminates outdated glaucoma certification path for optometrists who had started seeking glaucoma certification under the old law that was revised in 2008. Makes clarifying changes to section 30411.2 and removes old dates	n/a	

For any questions regarding changes to scope of practice, please contact Kristine Shultz at kshultz@coavision.org