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SFA BILL ANALYSIS

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House Bill 5552 (Substitute H-6 as passed by the House)
Sponsor: Representative Sue Tabor
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 9-17-02

CONTENT

The bill would amend Part 174 of the Public Health Code, which regulates the practice of optometry, to expand the types of pharmaceutical agents that optometrists may use, by including certain orally administered prescription drugs; allow an optometrist to diagnose glaucoma and begin treatment without consulting an ophthalmologist; and increase continuing education requirements for optometrists.

Under Part 174, the practice of optometry does not include the performance of invasive procedures, but does include the use of "therapeutic pharmaceutical agents" to correct, remedy, or relieve a defect or abnormal condition of the anterior segment of the human eye. The practice of optometry also includes the use of "diagnostic pharmaceutical agents" (by an optometrist who meets certain certification requirements) for the examination of the human eye for the purpose of ascertaining a departure from the normal, measuring of powers of vision, and adapting lenses for the aid of vision.

Currently, "diagnostic pharmaceutical agent" means a commercially prepared topical anesthetic (Proparacaine HCL 0.5%) or commercially prepared cycloplegic/mydriatic (Tropicamide in strength not greater than 1%). The bill would define "diagnostic pharmaceutical agent", instead, as a topically administered prescription drug or other topically administered drug used for the purpose of investigating, analyzing, and diagnosing a defect or abnormal condition of the human eye or ocular adnexa.

The term "therapeutic pharmaceutical agent" presently includes a topically administered prescription drug or other topically administered drug used for the purpose of correcting, remedying, or relieving a defect or abnormal condition of the anterior segment of the human eye. Under the bill, a therapeutic pharmaceutical agent also would include a topically administered prescription drug or other topically administered drug used for the purpose of investigating, analyzing, and diagnosing a defect or abnormal condition of the anterior segment of the human eye.

Further, a therapeutic pharmaceutical agent would include an orally or topically administered antiglaucoma drug. (Currently, a therapeutic pharmaceutical agent includes a topically administered antiglaucoma drug only.) In addition, a therapeutic pharmaceutical agent would include an orally administered prescription drug or other orally administered drug used for the purpose of investigating, analyzing, diagnosing, correcting, remedying, or relieving a defect or abnormal condition of the anterior segment of the human eye and adnexa, or the effects of such a defect or abnormal condition, that was administered by an optometrist who had completed 50% of the continuing education hours required for renewal of a license in the category of pharmacological management of ocular conditions.
The bill also would revise the definitions of "drug" and "prescription drug". Currently, each

definition refers to the general definition of the term in Part 177 of the Code (which concerns pharmacy practice and drug control), except that "drug" and "prescription drug", with respect to the practice of optometry, do not include controlled substances. Under the bill, with respect to the practice of optometry, "drug" and "prescription drug" would not include a Schedule 2 controlled substance or an oral cortical steroid. The terms, however, would include Schedule 3, 4, and 5 controlled substances as well as dihydrocodeinone combination drugs.

Currently, Part 174 provides that when a diagnosis of glaucoma is suspected, an optometrist must consult an ophthalmologist for a co-management consultation in order to agree on the diagnosis and initial treatment plan. If the results of treatment do not meet or exceed the treatment target goals within a time frame currently accepted as medical standard of care in the treatment and management of glaucoma, the optometrist must further consult with an ophthalmologist regarding further diagnosis and possible treatment. The bill would eliminate this provision and provide instead that when a diagnosis of glaucoma was made and treatment had begun, the treating optometrist would have to consult an appropriate physician for further diagnosis and possible treatment if the condition did not demonstrate adequate clinical progress as a result of the treatment.

(Currently, if an optometrist diagnoses that a patient has acute glaucoma, the optometrist must, as soon as possible, consult a physician for further diagnosis and possible treatment. The bill would not amend this provision.)

Under Part 174, the Board of Optometry may require a licensee seeking renewal of a license to furnish the Board with satisfactory evidence that during the two years immediately preceding the application for renewal, the licensee has attended a Board-approved education program totaling at least 24 hours in subjects related to the practice of optometry and designed to educate licensees further. The bill would increase the minimum required hours from 24 to 40.

MCL 333.17401 et al. Legislative Analyst: George Towne

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Maria Tyszkiewicz

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