
Detailed Fiscal Analysis

Classifications of therapeutic pharmaceutical agents

The bill modifies the prescriptive authority of optometrists holding therapeutic pharmaceutical agent (TPA) certificates and topical ocular pharmaceutical agent (TOPA) certificates. Under current law, an optometrist who holds a TPA certificate may employ, apply, administer, and prescribe instruments, devices, procedures, and therapeutic pharmaceutical agents for (1) examination, investigation, diagnosis, or prevention of any disease, injury, or other abnormal condition of the visual system or (2) treatment or cure of any disease, injury, or other abnormal condition of the anterior segment of the human eye. The bill specifies the following classifications of oral therapeutic drugs that may be administered, prescribed, and otherwise used by optometrists: (1) anti-infectives, (2) anti-allergy agents, (3) anti-glaucoma agents, (4) analgesics,¹ (5) anti-inflammatories,² (6) epinephrine administered by injection to individuals in emergency situations to counteract anaphylaxis or anaphylactic shock, and (7) any other oral drug if the federal Food and Drug Administration permits the drug to be used for ophthalmic purposes and the drug is specified in rules adopted by the State Board of Optometry in consultation with the State Board of Pharmacy. There are no apparent direct fiscal effects of this provision in the bill on the state or local subdivisions.

Use of controlled substances and other drugs

Under the bill, an optometrist who holds a TOPA certificate may administer a drug topically for evaluative purposes for the practice of optometry as the application of optical principles, through technical methods and devices, in the examination of human eyes for the purpose of ascertaining departures from the normal, measuring their functional powers, adapting optical accessories for the aid thereof, and detecting ocular abnormalities that may be evidence of disease, pathology, or injury. The bill also provides that an optometrist holding a TPA certificate may administer epinephrine by injection for purposes of counteracting anaphylaxis or an anaphylactic reaction in emergency situations and specifies that administering epinephrine by injection does not constitute an "invasive procedure" as otherwise used to describe the practice of optometry. Under the bill, an optometrist may assist an individual in determining blood glucose levels by using a commercially available glucose-monitoring device. There is no apparent direct fiscal effect of these provisions in the bill on the state or local subdivisions.

Rules for Schedule III controlled substances

¹ The only analgesics that may be prescribed include those: (1) available without a prescription, (2) that require a prescription but are not controlled substances, (3) that are Schedule III controlled substances authorized by rule of the State Board of Optometry.

² Methylprednisolone is the only oral steroid that may be prescribed under the following conditions: (1) for use in allergy cases, (2) for an individual 18 years of age or older, (3) on the basis of an individual's particular episode of illness, and (4) in an amount not exceeding the amount packaged for a single course of therapy.

The bill also requires the Board of Optometry to adopt rules governing the authority of optometrists holding therapeutic pharmaceutical agent (TPA) certificates to employ, apply, administer, and prescribe controlled substances. Rules adopted must be in accordance with ORC Chapter 119. in consultation with the State Board of Pharmacy, and must comply with the following: (1) restricts an optometrist from employing, applying, administering or prescribing a Schedule III controlled substances other than those included in section 3719.41 of the Revised Code within the Schedule III "narcotics-narcotic preparations" category, (2) limitations on the list of Schedule III controlled substances that an optometrist may employ, apply, administer, or prescribe under a TPA certificate to those the Board determines are appropriate for use in optometric practice, (3) establishes prescribing standards to be followed by optometrists who hold TPA certificates for Schedule III controlled substances, taking into account the prescription protocols that exist within the health care marketplace that grant optometrists the authority to prescribe drugs, and (4) establishes standards and procedures for employing, applying, administering, and prescribing Schedule III controlled substances under a TPA certificate by taking into consideration and examining issues that include the appropriate length of drug therapy, appropriate standards for drug treatment, necessary monitoring systems, and any other factors the Board of Optometry considers relevant. In addition, the Board must conduct an annual review of the rules.

According to a spokesperson at the Board of Optometry, additional board meetings may be required to promulgate rules. The average cost of an additional board meeting is \$1,200. In addition, the Board must provide public notice and conduct hearings to promulgate new rules.

Prescriptions and dispensing contact lenses and other devices to deliver medication

Current law requires an optometrist to provide one copy of the prescription to the patient. The prescription must include the issuance date and sufficient information for the patient to obtain the vision correction item, device, or procedure from a supplier of the patient's choice. The bill adds additional information to the prescription that includes: (1) patient's name, (2) patient's examination date, (3) prescription issue and expiration dates, (4) prescriber's name, address, telephone, and fax number, (5) contact lens power and material or manufacturer, (6) base curve or appropriation designation, (7) diameter, where appropriate, and (8) with private label contact lenses, manufacturer's name, private label brand trade name, and, if applicable, equivalent brand name's trade name. The bill also requires that *all* contact lenses must be dispensed pursuant to a valid prescription, including cosmetic contact lenses. There are no apparent direct fiscal effects of this provision in the bill on the state or local subdivisions.

The bill also authorizes an optometrist to prescribe and dispense contact lenses and other vision-correcting devices that also deliver medication to patients, as long as the drugs are otherwise within the optometrist's scope of practice. There are no apparent direct fiscal effects of this provision in the bill on the state or local subdivisions.

Under the bill, the Ohio Optical Dispensers Board is required to regulate the dispensing of cosmetic contact lenses and other forms of contact lenses that may or may not address visual function. This provision of the bill clarifies the Optical Dispensers Board's current authority to oversee dispensing of contact lenses. According to a spokesperson at the Optical Dispensers Board, this provision could potentially decrease the Board's administrative costs for the appeals process.

Patient confidentiality

Under current law, the Board must protect the confidentiality of patients and persons who file complaints with the Board when conducting all investigations and proceedings. The bill provides that the Board may share any information it receives pursuant to an investigation, including patient records, with other licensing boards and governmental agencies that are investigating alleged professional misconduct and with law enforcement agencies and other governmental agencies that are investigating or prosecuting alleged criminal offenses. Investigating boards or agencies must comply with the Board's confidentiality requirements despite any conflicting provision of law or procedure of that board or agency's laws or procedures. Complying with this requirement may result in a negligible increase, if any, in administrative costs.

Continuing education and license renewal

Currently, all licensed optometrists must complete between 6 and 25 clock hours of continuing education each year. Current law also requires that each licensed optometrist who holds a TPA or TOPA certificate complete at least five hours of continuing education on pharmacology each year. Provisions in the bill require that all licensed optometrists complete 25 clock hours each year and increases the number of continuing education focused on pharmacology hours from 5 to 10 hours for licensees with TPA or TOPA certificates and extends this requirement to all optometrists. This requirement may result in a negligible increase, if any, in administrative costs to the Board to track the change in continuing education requirements.

The bill also modifies the Board's license renewal notification schedule. Instead of sending a second renewal notice not later than December 1, the Board must mail the second renewal notice not later than December 15. In addition, the bill requires a third renewal notice be sent before the Board classifies the optometrist's certificate as delinquent, if applicable. The additional renewal notification would result in an increase in administrative costs to the Board.

Optometry students

Current law allows students studying optometry in an optometry school in Ohio to practice optometry without a license while enrolled in the school if the student is in an optometry training program. The bill provides that a student enrolled in an optometry program in Ohio or another state may practice optometry if the student is participating in a training program in Ohio provided or sponsored by the out-of-state school. According to a spokesperson at the Board, this provision in the bill would not affect revenues or expenditures.

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