By: Zedler H.B. No. 4082

## A BILL TO BE ENTITLED

1	AN ACT
2	relating to the practice of therapeutic optometry.
3	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
4	SECTION 1. Sections 351.358(b), (c), (d), and (e),
5	Occupations Code, are amended to read as follows:
6	(b) A therapeutic optometrist may:
7	(1) administer, perform, or prescribe ophthalmic
8	devices, procedures, and appropriate medications administered by
9	topical or oral means[, in accordance with this section and Section
10	351.3581, to diagnose or treat visual defects, abnormal
11	conditions, or diseases of the human vision system, including the
12	eye and adnexa; or
13	(2) administer medication by parenteral means for a
14	purpose and in a manner prescribed by Subsection $\underline{\text{(d)}}$ [ $\frac{\text{(e)}}{\text{(e)}}$ ].
15	(c) A therapeutic optometrist may <u>administer or</u> prescribe
16	oral <u>analgesics</u> [medications] only in the following
17	classifications of oral pharmaceuticals:
18	(1) [one 10-day supply of oral antibiotics;
19	[(2) one 72-hour supply of oral antihistamines;
20	[ <del>(3) one seven-day supply of oral nonsteroidal</del>
21	<pre>anti-inflammatories;</pre>
22	$[\frac{(4)}{1}]$ one three-day supply of any analgesic classified
23	as a controlled substance under Schedule [identified in Schedules]

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III, IV,  $\underline{\text{or}}$  [and] V of 21 U.S.C. Section 812; and

- 1 (2) one three-day supply of hydrocodone or of a
- 2 hydrocodone combination product classified as a controlled
- 3 substance under Schedule II of 21 U.S.C. Section 812
- 4 [(5) any other oral pharmaceutical recommended by the
- 5 Optometric Health Care Advisory Committee and approved by the board
- 6 and the Texas State Board of Medical Examiners].
- 7 (d) [A therapeutic optometrist may independently administer
- 8 oral carbonic anhydrase inhibitors for emergency purposes only and
- 9 shall immediately refer the patient to an ophthalmologist.
- 10 [<del>(e)</del>] A therapeutic optometrist may inject appropriate
- 11 medication for a patient who has an anaphylactic reaction to
- 12 counteract the anaphylaxis. The therapeutic optometrist shall
- 13 immediately refer the patient to a physician.
- 14 SECTION 2. Section 351.3581, Occupations Code, is amended
- 15 to read as follows:
- 16 Sec. 351.3581. [DIACNOSIS AND] TREATMENT OF GLAUCOMA.
- 17 [<del>(a)</del>] A therapeutic optometrist may not administer or prescribe an
- 18 oral or parenteral medication or treat glaucoma unless the
- 19 therapeutic optometrist holds a certificate issued by the board. A
- 20 therapeutic optometrist certified under this section [subsection]
- 21 shall be known as an optometric glaucoma specialist. To obtain a
- 22 certificate, a therapeutic optometrist must [as required under
- 23 Section 351.165(c)]:
- 24 (1) complete an instructional clinical review course;
- 25 and
- 26 (2) pass an examination approved by the board.
- 27 [(b) Not later than the 30th day after the date of the

- initial diagnosis of glaucoma, a therapeutic optometrist shall 1 engage in consultation with an ophthalmologist to develop an 2 individual treatment plan that is approved by the therapeutic optometrist and ophthalmologist. The parameters of the 4 5 consultation shall be at the discretion of the ophthalmologist but must at least include confirmation of the diagnosis and a plan for 6 comanagement of the patient, including periodic review of the 7 8 patient's progress. [(c) A therapeutic optometrist required to engage in 9 10 11
  - comanagement consultation with an ophthalmologist shall 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 geographic area in which the therapeutic optometrist practices.

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- 16 [(d) A therapeutic optometrist shall refer a patient to an 17 ophthalmologist if:
- [(1) the patient is younger than 16 years of age and 18 has been diagnosed as having glaucoma; 19
- 20 [(2) the patient has been diagnosed as having closed angle glaucoma; 21
- 22 [(3) the patient has been diagnosed as having 23 malignant glaucoma or neovascular glaucoma;
  - [(4) the therapeutic optometrist determines that a patient's glaucoma is caused by a diabetic complication and, after joint consultation with the physician treating the diabetes and an ophthalmologist by telephone, fax, or another method, the physician

1 or ophthalmologist determines that the patient should be seen by 2 the physician or ophthalmologist; or

[(5) the therapeutic optometrist determines that a patient's glaucoma is not responding appropriately to a treatment specified in Subsection (f) and, after consulting a physician by telephone, fax, or another method, the physician determines that the patient should be seen by the physician or an appropriate specialist.

[(e) A therapeutic optometrist who refers a patient to a physician or specialist shall inform the patient that the patient may go to any physician or specialist the patient chooses. This subsection does not prevent a therapeutic optometrist from recommending a physician or specialist.

[(f) On making an initial diagnosis of glaucoma, a therapeutic optometrist shall set a target pressure that is not more than 80 percent of the initial intraocular pressure. The patient's glaucoma is not considered to be appropriately responding to treatment if the patient fails to achieve the target pressure within an appropriate time.

[(g) Before a therapeutic optometrist may prescribe a beta blocker, the therapeutic optometrist must take a complete case history of the patient and determine whether the patient has had a physical examination within the 180 days preceding the date of taking the history. If the patient has not had a physical examination or if the patient has a history of congestive heart failure, bradycardia, heart block, asthma, or chronic obstructive pulmonary disease, the therapeutic optometrist must refer the

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- 1 patient to a physician for a physical examination before initiating
- 2 beta blocker therapy.
- 3 [(h) A therapeutic optometrist who diagnoses acute closed
- 4 angle glaucoma may initiate appropriate emergency treatment for a
- 5 patient but shall refer the patient to a physician in a timely
- 6 manner.
- 7 [(i) A physician may charge a reasonable consultation fee
- 8 for a consultation given as provided by this section.
- 9 [(j) A physician to whom a patient is referred by a
- 10 therapeutic optometrist under this section shall forward to the
- 11 therapeutic optometrist, not later than the 30th day after first
- 12 seeing the patient, a written report on the results of the referral.
- 13 The therapeutic optometrist shall maintain the report in the
- 14 patient's records. A physician who, for a medically appropriate
- 15 reason, does not return a patient to the therapeutic optometrist
- 16 who referred the patient shall state in the physician's report to
- 17 the therapeutic optometrist the specific medical reason for failing
- 18 to return the patient.
- 19 SECTION 3. This Act takes effect September 1, 2017.