

RCW 18.53.010

Definition -- Scope of practice.

(1) The practice of optometry is defined as the examination of the human eye, the examination and ascertaining any defects of the human vision system and the analysis of the process of vision. The practice of optometry may include, but not necessarily be limited to, the following:

(a) The employment of any objective or subjective means or method, including the use of drugs, for diagnostic and therapeutic purposes by those licensed under this chapter and who meet the requirements of subsections (2) and (3) of this section, and the use of any diagnostic instruments or devices for the examination or analysis of the human vision system, the measurement of the powers or range of human vision, or the determination of the refractive powers of the human eye or its functions in general; and

(b) The prescription and fitting of lenses, prisms, therapeutic or refractive contact lenses and the adaption or adjustment of frames and lenses used in connection therewith; and

(c) The prescription and provision of visual therapy, therapeutic aids, and other optical devices; and

(d) The ascertainment of the perceptive, neural, muscular, or pathological condition of the visual system; and

(e) The adaptation of prosthetic eyes.

(2)(a) Those persons using topical drugs for diagnostic purposes in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to use drugs for diagnostic purposes.

(b) Those persons using or prescribing topical drugs for therapeutic purposes in the practice of optometry must be certified under (a) of this subsection, and must have an additional minimum of seventy-five hours of didactic and clinical instruction as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to use drugs for therapeutic purposes.

(c) Those persons using or prescribing drugs administered orally for diagnostic or therapeutic purposes in the practice of optometry shall be certified under (b) of this subsection, and shall have an additional minimum of sixteen hours of didactic and eight hours of supervised clinical instruction as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board of Washington to administer, dispense, or prescribe oral drugs for diagnostic or therapeutic purposes.

(d) Those persons administering epinephrine by injection for treatment of anaphylactic shock in the practice of optometry must be certified under (b) of this subsection and must have an additional minimum of four hours of didactic and supervised clinical instruction, as established by the board, and certification from an institution of higher learning, accredited by those agencies recognized by the United States office of education or the council on postsecondary accreditation to qualify for certification by the optometry board to administer epinephrine by injection.

(e) Such course or courses shall be the fiscal responsibility of the participating and attending optometrist.

(3) The board shall establish a list of topical drugs for diagnostic and treatment purposes limited to the practice of optometry, and no person licensed pursuant to this chapter shall prescribe, dispense, purchase, possess, or administer drugs except as authorized and to the extent permitted by the board.

(4) The board must establish a list of oral Schedule III through V controlled substances and any oral legend drugs, with the approval of and after consultation with the board of pharmacy. No person licensed under this chapter may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. No optometrist may use, prescribe, dispense, or administer oral corticosteroids.

(a) The board, with the approval of and in consultation with the board of pharmacy, must establish, by rule, specific guidelines for the prescription and administration of drugs by optometrists, so that licensed optometrists and persons filling their prescriptions have a clear understanding of which drugs and which dosages or forms are included in the authority granted by this section.

(b) An optometrist may not:

(i) Prescribe, dispense, or administer a controlled substance for more than

seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or

(ii) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist.

(c) If treatment exceeding the limitation in (b)(i) of this subsection is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.

(d) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized by this section.

(5) The board shall develop a means of identification and verification of optometrists certified to use therapeutic drugs for the purpose of issuing prescriptions as authorized by this section.

(6) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance. The provisions of this subsection must be strictly construed.

(7) With the exception of the administration of epinephrine by injection for the treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.

(8) Nothing in this chapter may be construed to authorize optometrists to perform ophthalmic surgery. Ophthalmic surgery is defined as any invasive procedure in which human tissue is cut, ablated, or otherwise penetrated by incision, injection, laser, ultrasound, or other means, in order to: Treat human eye diseases; alter or correct refractive error; or alter or enhance cosmetic appearance. Nothing in this chapter limits an optometrist's ability to use diagnostic instruments utilizing laser or ultrasound technology. Ophthalmic surgery, as defined in this subsection, does not include removal of superficial ocular foreign bodies, epilation of misaligned eyelashes, placement of punctal or lacrimal plugs, diagnostic dilation and irrigation of the lacrimal system, orthokeratology, prescription and fitting of contact lenses with the purpose of altering refractive error, or other similar procedures within the scope of practice of optometry.

[2003 c 142 § 1; 1989 c 36 § 1; 1981 c 58 § 2; 1975 1st ex.s. c 69 § 2; 1919 c 144 § 1; RRS § 10147. Prior: 1909 c 235 § 1.]

NOTES:

Severability -- 2003 c 142: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected."
[2003 c 142 § 5.]

WAC 246-851-570 Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes. (1) To qualify for certification to use or prescribe drugs administered orally for diagnostic or therapeutic purposes, licensed optometrists must provide documentation that he or she:

(a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

(b) Have successfully completed a minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation.

(2) The didactic instruction must include a minimum of sixteen hours in the following subject area:

(a) Basic principles of systemic drug therapy;

(b) Side effects, adverse reactions and drug interactions in systemic therapy;

(c) Review of oral pharmaceuticals:

(i) Prescription writing;

(ii) Legal regulations in oral prescription writing;

(iii) Systemic antibacterials in primary eye care;

(iv) Systemic antivirals in eye care;

(v) Systemic antifungal in eye care;

(vi) Systemic antihistamines and decongestants and their uses in eye care;

(vii) Oral dry eye agents;

- (viii) Anti-emetics and their use in eye care;
- (ix) Systemic diuretics and their management of elevated IOP;
- (x) Systemic epinephrine;
- (d) Review of systemic medication in ocular pain management:
 - (i) Legal regulations with scheduled medication;
 - (ii) Systemic nonsteroidal anti-inflammatory drugs (NSAIDS);
 - (iii) Systemic noncontrolled analgesics;
 - (iv) Systemic controlled substances;
- (e) Review of oral medications used for sedation and anti-anxiety properties in eye care:
 - (i) Controlled anti-anxiety/sedative substances;
 - (ii) Legal ramifications of prescribing anti-anxiety drugs;
- (f) Review of systemic medications used during pregnancy and in pediatric eye care:
 - (i) Legal ramifications in prescribing to this population;
 - (ii) Dosage equivalent with pregnancy and pediatrics;
 - (iii) Medications to avoid with pregnancy and pediatrics;
- (g) Applied systemic pharmacology:
 - (i) Eyelid and adnexal tissue;
 - (ii) Lacrimal system and peri-orbital sinuses;
 - (iii) Conjunctival and corneal disorders;
 - (iv) Iris and anterior chamber disorders;
 - (v) Posterior segment disorders;
 - (vi) Optic nerve disease;
 - (vii) Peripheral vascular disease and its relationship with ocular disease;

(viii) Atherosclerotic disease;

(ix) Other/course review.

(3) The supervised clinical instruction must include at least eight hours in the following subject areas:

(a) Vital signs;

(b) Auscultation;

(c) Ear, nose and throat;

(d) Screening neurological exam.

(4) Written examination to cover required curriculum.

[Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-570, filed 2/5/04, effective 3/7/04.]

WAC 246-851-580 Drug list. Pursuant to RCW 18.53.010(4), the optometry board adopts the following drug formulary of oral Schedule III through V controlled substances and legend drugs for diagnostic and therapeutic purposes in the practice of optometry. No licensed optometrist may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. This section includes the approved oral drug formulary. Optometrists must consult WAC 246-851-590 for specific guidelines on these drugs or drug categories.

(1) Approved nonscheduled oral drugs include:

(a) Antibiotic agents excluding those listed in WAC 246-851-590(1).

(b) Antiviral agents.

(c) Antifungal agents listed under WAC 246-851-590(2).

(d) Antihistamine agents.

(e) Decongestant agents.

(f) Dry eye agents.

(g) Anti-emetic agents listed under WAC 246-851-590(3).

(h) Diuretic agents listed under WAC 246-851-590(4).

(i) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).

(j) Analgesics.

(2) Approved controlled substances limited to Schedules III, IV, and V.

(a) Schedule III controlled substances.

(b) Schedule IV controlled substances.

(c) Schedule V controlled substances.

(d) Schedule IV anti-anxiety/sedative agents.

(3) Approved injectable substances.

Administration of epinephrine by injection for the treatment of anaphylactic shock.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-580, filed 6/2/04, effective 7/3/04.]

WAC 246-851-590 Guidelines for the use of oral Schedule III through V controlled substances and legend drugs. Nothing in these guidelines should be construed to restrict the recommendation of over-the-counter medications, vitamins, or supplements, nor restrict the ordering of any radiologic or laboratory testing necessary to the diagnosis of any eye related disease that is within the scope of practice of optometry.

(1) All oral forms and dosages of antibiotic agents will be available for use excluding: Vancomycin.

(2) Antifungal agents used in eye care shall fall into the following categories:

(a) All oral forms and dosages of polyene antifungals.

(b) All oral forms and dosages of imidazole antifungals.

(c) All oral forms and dosages of triazole antifungals.

(3) Anti-emetic agents used in eye care shall be the following medications:

- (a) All oral forms and dosages of prochlorperazine.
- (b) All oral forms and dosages of metoclopramide.
- (c) All oral forms and dosages of promethazine.
- (4) Diuretic agents used in eye care shall fall into the following categories:
 - (a) All oral forms and dosages of carbonic anhydrase inhibitors.
 - (b) All oral forms and dosages of osmotic diuretics. Osmotic diuretics shall be used only in the case of acute angle closure glaucoma administered in-office, outpatient, and/or ambulatory procedures only.
- (5) All oral forms and dosages of nonsteroidal anti-inflammatory agents will be available for use excluding: Ketorolac tromethamine.
- (6) Benzodiazepines prescribed, as anti-anxiety agents, shall be used for in-office, outpatient, and/or ambulatory procedures. This family of medications will be utilized as one dosage unit per prescription.
- (7) Schedules III and IV controlled substances will have a maximum quantity count of thirty dosage units per prescription.
- (8) Specific dosage for use and appropriate duration of treatment of oral medications listed in WAC 246-851-580(1) will be consistent with guidelines established by the Food and Drug Administration.
- (9) Notation of purpose shall be included on all prescriptions.
- (10) An optometrist may not:
 - (a) Use, prescribe, dispense, or administer oral corticosteroids; or
 - (b) Prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or
 - (c) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist. If treatment exceeding the limitation is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.
- (11) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of

the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized.

(12) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-590, filed 6/2/04, effective 7/3/04.]

WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock. (1) To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation that he or she:

(a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

(b) Have successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection.

(2) The didactic instruction must include the following subject area:

(a) Review of urgencies, emergencies and emergency-use agents;

(b) Ocular urgencies:

(i) Thermal burns-direct and photosensitivity-based ultraviolet burn;

(ii) Electrical injury;

(iii) Cryo-injury and frostbite;

(iv) Insect stings and bites;

(v) Punctures, perforations, and lacerations;

(c) General urgencies and emergencies:

(i) Anaphylaxis;

(ii) Hypoglycemic crisis;

(iii) Narcotic overdose.

(3) The supervised clinical instruction must include the following subject areas:

(a) Instrumentation;

(b) Informed consent;

(c) Preparation (patient and equipment);

(d) All routes of injections.

(4) With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.

[Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-600, filed 2/5/04, effective 3/7/04.]

WAC 246-851-610 Approval or removal of medications. The boards of optometry and pharmacy will use a joint process to determine changes to the oral drug list that includes a means to resolve disagreements.

(1) Categories of medications approved by the Food and Drug Administration may be added to WAC 246-851-580(1) by rule through consultation and approval of the board of optometry and board of pharmacy.

(2) Medications approved by the Food and Drug Administration in categories that are within the scope of optometric physician practice that are not included in WAC 246-851-580(1) may be added through consultation and approval of the board of optometry and the board of pharmacy. Approval will follow the joint process established by both boards.

(3) WAC 246-851-580 and 246-851-590 may be updated to reflect additions or removal of medications.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-610, filed 6/2/04, effective 7/3/04.]