
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2021 - 2022 Regular Session

AB 2236 (Low) - Optometry: certification: use of anterior segment lasers and performing minor procedures

Version: June 29, 2022

Urgency: No

Hearing Date: August 1, 2022

Policy Vote: B., P. & E.D. 9 - 1

Mandate: No

Consultant: Janelle Miyashiro

Bill Summary: AB 2236 authorizes an optometrist certified to treat glaucoma to use an anterior segment laser and perform minor procedures, as defined, if the optometrist meets additional certification requirements, as specified; authorizes the Board of Optometry to adopt rules and regulations as necessary and charge a fee to issue a certificate to an optometrist authorized to perform those procedures.

Fiscal Impact: The Board of Optometry estimates total costs of \$152,000 in Fiscal Year (FY) 2023-24, \$399,000 in FY 2024-25, \$570,000 in FY 2025-26, and \$562,000 in FY 2026-27 and ongoing (Optometry Fund). Costs include one-time workload to promulgate regulations and establish the certification fee, one-time equipment costs, and ongoing costs for up to four permanent staff to implement the certification and track reports of all minor procedures performed under the new certification. The Board's administrative and enforcement costs will be offset, to some extent, by increased fee revenue.

The Board anticipates total fee increases of \$75,000 in FY 2024-25 through FY 2025-26, \$150,000 in FY 2026-27 through FY 2027-28, and \$225,000 in FY 2028-29. This estimate is based on a fee of \$150 per application and biennial renewal for 500 applicants at a 100 percent renewal rate. Any actual increase in fee revenue will depend on the fee amount determined during the initial workload analysis during the first year of implementation of the certification.

Actual ongoing administrative costs to the Board are unknown and would depend on, among other things, the number of glaucoma certified optometrists who would also apply for and maintain the anterior segment certification. For context, the Board currently has 4,750 glaucoma certified optometrists, with 10 to 12 percent of those licensees expected to apply for the new certification. The Board notes that since the educational criteria to become certified is now considered basic curriculum for newly graduating optometrists, it is expected that there will be a higher volume of graduating students applying for both certification in glaucoma and anterior segment upon graduation which could increase this assumption in future years.

The Office of Information Services within the Department of Consumer Affairs estimates IT costs of \$33,100, which may be absorbed through the redirection of existing maintenance resources.

Background: An optometrist is an independent primary health care professional for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and

disorders of the visual system, the eye, and associated structures, as well as identify related systemic conditions affecting the eye. Optometrists prescribe medications, provide low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, and perform certain surgical procedures. Optometrists have a narrower scope of practice than do ophthalmologists, but are held to the identical standard of care for the same treatments they provide.

An optometrist degree requires both an undergraduate education in a college or university and four years of professional education at a college of optometry. Some optometrists also undertake an optional one-year non-surgical residency program to enhance their experience in a particular area. Students graduate with between 2,500-3,000 patient encounters; these include a mix of post-surgical, medical and routine visits.

In order to be licensed to practice in California by the Board, an individual must obtain an optometrist degree; pass the three-part National Board of Examiners in Optometry examination, and the California Optometric State Law Examination.

Optometrists are trained to diagnose mild to severe eye problems such as serious eye infections, inflammations of the eye, trauma, foreign bodies and glaucoma. They also examine the eye for vision prescription and corrective lenses. Optometrists may also pursue any of five additional state certifications to perform certain advanced procedures: use of diagnostic pharmaceutical agents (DPA); use of therapeutic pharmaceutical agents (TPA); lacrimal irrigation and dilation for individuals over the age of 12 + TPA (TPL); diagnosis and treatment of open angle glaucoma for adults + TPA (TPG); and a combination of TPA, TPL and TPG.

A “scope of practice” typically specifies what a healthcare provider can and cannot do for their patients, and generally how they can operate within their profession. Most scope of practice laws are determined by state governments and are based on a profession’s training and education. This bill modifies the current scope of practice for optometrists by revising the current definition of the practice of optometry in the Business and Professions Code.

Proposed Law:

- Authorizes an optometrist certified to treat glaucoma to use an anterior segment laser and perform minor procedures, as defined, if the optometrist is additionally certified by meeting all of the following requirements:
 - Complete a board-approved course at least 32 hours in length that includes education and testing for competency on specific subjects regarding the use of anterior segment lasers, including placement of the laser, focus of the laser, and application of the laser, and on minor procedures, including, but not limited to, suturing, eyelid surgery, injections, anesthesia, and chalazion excision, as well as medical decision-making.
 - Requires the course to include hands-on instruction on at least five simulated eyes for each laser procedure and 15 simulated eyes to learn the skills necessary to perform minor procedures, a practical assessment of the optometrist’s technique, and a written exam.

- Pass the National Board of Examiners in Optometry's "Laser and Surgical Procedures Examination" or its equivalent, as determined by the board.
- Complete a training by an accredited school of optometry that relates to the use of both anterior segment lasers and minor procedures. Authorizes the training to be completed by either a clinical rotation or a preceptorship. Requires the training to include:
 - Direct experience with as many live human patients as needed to ensure competency.
 - The performance of at least the following number of the following complete procedures: five laser trabeculoplasty procedures; five laser posterior capsulotomy procedures; four laser peripheral iridotomy procedures; three chalazia; five other types of lesion procedures; and one of each other type of injection on live humans.
- Provides that a clinical rotation shall require a cohort of optometrists to, for each patient, independently assess the patient, develop a treatment plan, evaluate the clinical outcome post-treatment, address adverse or unintended clinical outcomes, and discuss and defend their medical decision-making.
- Provides that a preceptorship shall be with either an optometrist in good standing certified to perform anterior segment laser and minor procedures, or a physician and surgeon board certified in ophthalmology in good standing.
 - Requires the preceptor to certify completion of the preceptorship, including the performance of the complete procedures and the competency of the optometrist performing the procedures, using a form approved by the board.
- Requires the board, by regulation, to set the certification and renewal fee for the use of anterior segment laser and the performance of minor procedures at an amount no higher than its administrative costs.
- Add five hours of continuing education on anterior segment lasers and the diagnosis, treatment, and management of lesions of the adnexa to current CE requirements for certified optometrists using anterior segment laser and performing minor procedures.
- Requires an optometrist who removes a lesion during a minor procedure to have the lesion biopsied.
- If during a minor procedure a lesion is determined to be outside specified parameters, requires an optometrist to first stabilize the patient to the greatest extent possible and then refer the patient to an appropriate medical professional.
- Requires optometrists performing a procedure using an anterior segment laser or a minor procedure to monitor and report all of the following information to the board on a yearly basis:
 - The number and type of anterior segment laser procedures and minor procedures performed.

- The diagnosis of the patient at the time the procedure was performed.
- Any adverse treatment outcomes associated with the anterior segment laser procedure or minor procedure that required a referral to an ophthalmologist.
- Requires the board to post the above report on its internet website.
- Requires an optometrist to comply with the reporting requirements set forth by the board with respect to unprofessional conduct, malpractice settlements and judgments, criminal charges and convictions, and any disciplinary action taken by another licensing entity or authority of this state or of another state or an agency of the federal government or the Armed Forces of the United States that is related to the practice of optometry.
- Authorizes the board to adopt rules and regulations as necessary.
- Establishes definitions.

Staff Comments: The Board provided the below cost and fee breakdowns:

	2023-24	2024-25	2025-26	2026-27
Positions*	1.0	3.0	4.0	4.0
Dollars**	\$152,000	\$399,000	\$570,000	\$562,000

**2023-24 1.0 AGPA; 2024-25 3.0 AGPA; 2025-26 and ongoing 3.0 AGPA and 1.0 MST*

***2023-24 through 2025-26 include one-time equipment costs; 2026-27 is ongoing*

	2024-25	2025-26	2026-27	2027-28	2028-29
Initial Cert	500	500	500	500	500
Renewal	0	0	500	500	1000
Total Revenue*	\$75,000	\$75,000	\$150,000	\$150,000	\$225,000

**Assume an increase of \$75,000 two fiscal years as the certifications increase*

Staff notes that the boards and bureaus within the Department of Consumer Affairs are special fund agencies whose activities are funded by regulatory and license fees and generally receive no support from the General Fund. New legislative mandates, even those modest in scope, may in totality create new cost pressures and impact the entity's operating costs, future budget requests, or license fees.

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