



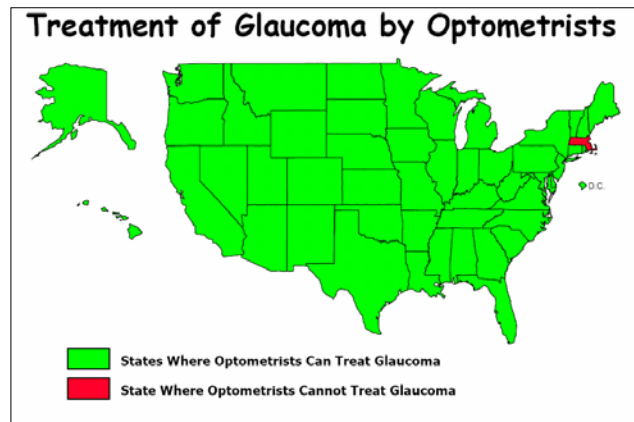
Senate Bill 1255/House Bill 2044 An Act Relative to the Modernization of Optometric Patient Care

What does Senate Bill 1255/House Bill 2044 provide?

This legislation will allow optometrists, who are currently authorized to diagnose and co-manage the treatment of a patient's glaucoma, to actually provide the treatment for glaucoma. As well, the legislation would allow optometrists to keep an epinephrine pen ("Epi-pen") on-site and utilize it in the emergency treatment of anaphylactic shock, as currently permitted with coaches, nurses and other professions. Finally, this legislation will allow optometrists to write limited prescriptions for those pharmaceutical agents specifically used in the treatment of eye conditions and disease, which are integral to the practice of optometry, including antibiotics for ocular infections and anti-glaucoma medications. The legislation, which prohibits the prescribing of Schedule II drugs (i.e. Oxycontin), further prohibits the prescription of hallucinogenic drugs and anabolic steroids.

Do any other states allow Optometrists to treat glaucoma?

Yes, every one except Massachusetts. This legislation brings Massachusetts in line with the 49 other states, the District of Columbia, the federal VA system and military branches for the treatment of glaucoma. Specifically, this legislation will allow Massachusetts residents – who may already be under the care of an optometrist for the diagnosis and management of their glaucoma -- to see their same optometrist for treatment. As well, optometrists have oral prescriptive authority in 45 states, the District of Columbia and in the federal VA system and military branches.



Are Optometrists trained to treat glaucoma?

Yes. The basic and clinical science courses that make up their curriculum encompass over 2000 classroom and laboratory hours of education preparing their students to identify, manage and treat eye conditions, including glaucoma and other eye disease. In addition, each student is required to provide approximately 2500 hours of direct patient care under clinical faculty supervision in VA hospitals or clinics and in multidisciplinary settings, where they gain significant experience in managing patients with a wide variety of ocular abnormalities and diseases. Under the current Massachusetts law, optometrists are also required to annually obtain 18 hours of continuing education in such coursework as oral medications and the treatment of glaucoma – despite not being able to actually treat the disease. Further still, this legislation mandates an additional 60 hours of continuing education and passage of a new certifying examination for prescriptive medications. Finally, optometrists in Massachusetts have prescribed many drugs used in diagnosing and treating a patient for ten years. The limited prescriptive authority allowed under this legislation limits the use of Schedule III medicines to those for the relief of eye pain – a level of practice which has now become the national standard of care.

Why do Ophthalmologists oppose this legislation?

Masking their concern over protecting a lucrative monopoly, ophthalmologists cite a study funded by their own association on patient preferences and rely on arguments unproven in 49 other states and federal government system. Despite contrary empirical evidence from the 49 other states and federal government which allow optometrists to treat glaucoma, this group of practitioners continues to assert that optometrists do not have the necessary ability to treat glaucoma. Notwithstanding this fact, the legislation still contains strict safeguards such as mandated referrals, limited prescriptive authority and reporting of medical errors to the Betsy Lehman Center.