

BOARD OF OPTOMETRY

INITIAL STATEMENT OF REASONS

Hearing Date: August 17, 2015

Subject Matter of Proposed Regulations: Allow Continuing Medical Education (“CME”) to fulfill Continued Education (“CE”) Requirements.

Sections Affected: 16 CCR Sections 1536 & 1571.

Introduction:

The Board of Optometry’s (Board) highest priority is protection of the public, as mandated by Business and Professions Code (BPC) section 3010.1. To meet this mandate, the Board issues licenses to eligible applicants to practice optometry.

Currently, Board regulations require that an optometrist complete 40 hours CE per renewal cycle. This CE requirement increases to 50 hours if the optometrist is certified to use therapeutic pharmaceutical agents (“TPA”). Further, 35 of the 50 hours required shall be on the diagnosis, treatment and management of ocular disease. Pursuant to 16 CCR Section 1571, optometrists certified in the diagnosis and treatment of glaucoma are required to take 10 hours of glaucoma specific CE, which shall be part of the 35 hours in the diagnosis, treatment and management of ocular disease.

Optometrists are able to identify diabetes and cardiovascular problems by administering a comprehensive eye exam. In order for an optometrist to increase their level of understanding and keep up with new research in ocular and systematic diseases this regulation would allow them to take CME courses as qualifying CE courses for their license renewal.

These proposed regulations would also move the glaucoma CE requirements stated in 16 CCR §1571(b) to 16 CCR §1536(k). The language remains the same. This would only be a clean-up and allow for the public to have all the CE requirements listed in one section of the CCR.

Identification of Problem:

These regulations address the problem of a licensee not having the option to use CME credits for their renewal requirements. Furthermore the courses approved for Category 1 CME credits by the American Medical Association (“AMA”) and Category 1-A CME credits by the American Osteopathic Association (“AOA”) would qualify for the optometrists’ comprehensive understanding the human body and how systematic health issues, such as diabetes and cardiovascular issues, related to eye health. Many patients in rural areas see optometrists as their first contact to health professionals. The public will benefit by having optometrists well versed in these issues who may then refer patients to other health care professionals.

Anticipated benefits:

The anticipated benefits from these proposed amendments are that there will be more options of Board-approved CE courses via CME allowing optometrists to improve the service they render to California consumers. More options for CE courses allows for a well-rounded licensee and benefits and protects consumers.

Factual Basis/Rationale:

The Practice and Education Committee (Committee) met to discuss the acceptance of CME which was brought to their attention by a licensee’s letter regarding the inability of optometrists to

apply CME course to CE requirements. The licensee had taken CME courses on diabetes and cardiology, but was unable to earn CE credits towards her license renewal. According to the Committee members, the body cannot be compartmentalized and many parts of the human body, as well as medications, have relevancy to the function and pathology of the eye. Furthermore, with the use of integrated electronic medical records at some hospitals, patients are viewed from a complete body perspective, and the CME courses are necessary to the profession's advancement with today's health issues. In conclusion, it was the Committee's recommendation to accept CME to fulfill CE requirements for optometry license renewal. Each CE course approved for Category 1 CME credits by the AMA and Category 1A CME credits by the AOA would allow for the equivalent of 1 CE course of the thirty-five (35) hours of CE on the diagnosis, treatment and management of ocular disease. These proposed courses are among the courses approved by the Medical Board in 16 CCR 1337(a)(1) and the Osteopathic Medical Board in 16 CCR 1639(a).

Underlying Data:

1. Relevant Meeting Materials and Minutes from Board of Optometry Meeting – April 23, 2015
2. Letter from Dr. Pam Miller (licensee who brought up this issue to the Board)
3. List of all states' optometrist CE requirements
4. AMA Physician's Recognition Award and credit system booklet
5. Medical Board of California regulation section 16 CCR 1337(a)(1)
6. Osteopathic Medical Board of California regulation section 16 CCR 1639(a)

Business Impact:

The Board has made a determination that the proposed regulatory action in amending 16 CCR Sections 1536 and 1571 will have no significant statewide adverse economic impact on directly affected businesses, including the ability of California businesses to compete with businesses in other states. Optometry businesses will be assisted by the number and variety of CE courses available to their optometrists, increasing flexibility in how their optometrists fulfilled the CE requirements and broadening the knowledge base of its optometrists. Further, this will help the CME and COE businesses by increasing the number of people who could patronize those businesses.

Economic Impact Assessment:

This regulatory proposal will have the following effects:

- This regulation will not create or eliminate jobs within the State of California because the classes offered by accredited providers already exist and this regulation would not add more classes but allow optometrists to take existing classes.
- This regulation will not create new business or eliminate existing business within the State of California because the accredited providers already operate for the CME of medical professionals and they would continue to do so.
- This regulation may affect the expansion of accredited CME providers currently doing business within the State of California if they are increasing their registrant pool by allowing optometrists to earn their CE credits through their classes.
- It may benefit the health and welfare of California residents who see an optometrist at the recommended biennial visit. These proposed regulations will provide a well-rounded optometrist with an increased knowledge of conditions affecting eye health.

- This proposed regulation will not benefit workers' safety.
- This proposed regulation will not have an impact on the state's environment.

Specific Technologies or Equipment:

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives:

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

- Delay or not promulgate these regulations. This is not reasonable because the Board's highest priority is the protection of the public when exercising its licensing, regulatory and disciplinary functions. The public will stand to benefit by having optometrists better able to understand how the human body's systemic health, and medications taken therewith, affect eye health, and better able to refer patients to other appropriate health care professionals as needed.