## AMENDED IN SENATE AUGUST 11, 2022 AMENDED IN SENATE JUNE 29, 2022 AMENDED IN SENATE JUNE 22, 2022 AMENDED IN ASSEMBLY MARCH 17, 2022

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

## ASSEMBLY BILL

No. 2236

## **Introduced by Assembly Member Low**

February 16, 2022

An act to *amend Section 3041 of, and to* add Section 3041.4-to *to*, the Business and Professions Code, relating to healing arts.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2236, as amended, Low. Optometry: certification: use of anterior segment lasers and performing minor certification to perform advanced procedures.

Existing law, the Optometry Practice Act, establishes the State Board of Optometry in the Department of Consumer Affairs for the licensure and regulation of the practice of optometry. Existing law makes a violation of the act a misdemeanor. Existing law requires an optometrist to obtain a therapeutic pharmaceutical agents certification from the board to diagnose and treat certain conditions, and provides that an optometrist who holds a therapeutic pharmaceutical agents certification is certified to medically treat glaucomas, subject to satisfaction of specified requirements. Existing law excludes certain classes of agents from the practice of optometry unless they have an explicit United States Food and Drug Administration-approved indication, as specified.

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This bill would add neuromuscular blockers to the list of excluded classes of agents. By expanding the scope of a crime, the bill would impose a state-mandated local program.

Existing law requires an optometrist who holds a therapeutic pharmaceutical agents certification and meets specified requirements to be certified to medically treat authorized glaucomas.

This bill would authorize an optometrist certified to treat glaucoma to-use anterior segment lasers and to perform minor procedures, as defined, if the optometrist obtains an additional certification for those purposes from the board, and would set forth education, training, examination, and other requirements for obtaining that certification. obtain certification to perform specified advanced procedures if the optometrist meets certain education, training, examination, and other requirements, as specified. The bill would require the board to set a fee for the issuance and renewal of the certificate, and certificate authorizing the use of advanced procedures, which would be deposited in the Optometry Fund. The bill would require an optometrist who performs advanced procedures pursuant to these provisions to-annually report certain information to the board, including any adverse treatment outcomes-associated with the procedure that required a referral to-an ophthalmologist. Under the bill, a false report or a failure to report pursuant to that provision would not be a crime. or consultation with another health care provider. The bill would require the board to compile a report summarizing the data collected and make the report available on the board's internet website, and would authorize the board to adopt regulations to implement the bill's provisions. website.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no-yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 3041 of the Business and Professions 2 Code is amended to read:

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3041. (a) The practice of optometry includes the diagnosis, prevention, treatment, and management of disorders and dysfunctions of the visual system, as authorized by this chapter, as well as the provision of habilitative or rehabilitative optometric services, and is the doing of any or all of the following:

- (1) The examination of the human eyes and their adnexa, including through the use of all topical and oral diagnostic pharmaceutical agents that are not controlled substances, and the analysis of the human vision system, either subjectively or objectively.
- (2) The determination of the powers or range of human vision and the accommodative and refractive states of the human eyes, including the scope of their functions and general condition.
- (3) The prescribing, using, or directing the use of any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.
- (4) The prescribing, fitting, or adaptation of contact and spectacle lenses to, the human eyes, including lenses that may be classified as drugs or devices by any law of the United States or of this state, and diagnostic or therapeutic contact lenses that incorporate a medication or therapy the optometrist is certified to prescribe or provide.
- (5) For an optometrist certified pursuant to Section 3041.3, diagnosing and preventing conditions and diseases of the human eyes and their adnexa, and treating nonmalignant conditions and diseases of the anterior segment of the human eyes and their adnexa, including ametropia and presbyopia:
- (A) Using or prescribing, including for rational off-label purposes, topical and oral prescription and nonprescription therapeutic pharmaceutical agents that are not controlled substances and are not antiglaucoma agents or limited or excluded by subdivision (b). For purposes of this section, "controlled substance" has the same meaning as used in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and the United States Uniform Controlled Substances Act (21 U.S.C. Sec. 801 et seq.).
- (B) Prescribing the oral analgesic controlled substance codeine with compounds, hydrocodone with compounds, and tramadol as listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and

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Safety Code) and the United States Uniform Controlled Substances
 Act (21 U.S.C. Sec. 801 et seq.), limited to three days, with referral
 to an ophthalmologist if the pain persists.

- (C) If also certified under subdivision (c), using or prescribing topical and oral antiglaucoma agents for the medical treatment of all primary open-angle, exfoliation, pigmentary, and steroid-induced glaucomas in persons 18 years of age or over. In the case of steroid-induced glaucoma, the prescriber of the steroid medication shall be promptly notified if the prescriber did not refer the patient to the optometrist for treatment.
- (D) If also certified under subdivision (d), administration of immunizations for influenza, herpes zoster virus, pneumococcus, and SARS-CoV-2 in compliance with individual Advisory Committee on Immunization Practices (ACIP) vaccine recommendations published by the federal Centers for Disease Control and Prevention (CDC) in persons 18 years of age or over.
- (E) Utilizing the following techniques and instrumentation necessary for the diagnosis of conditions and diseases of the eye and adnexa:
- (i) Laboratory tests or examinations ordered from an outside facility.
- (ii) Laboratory tests or examinations performed in an office classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 U.S.C. Sec. 263a; Public Law 100-578), (Public Law 100-578) (42 U.S.C. Sec. 263a), which shall also be allowed for:
- (I) Detecting indicators of possible systemic disease that manifests in the eye for the purpose of facilitating appropriate referral to or consultation with a physician and surgeon.
  - (II) Detecting the presence of SARS-CoV-2 virus.
- (iii) Skin testing performed in an office to diagnose ocular allergies, limited to the superficial layer of the skin.
  - (iv) X-rays ordered from an outside facility.
- (v) Other imaging studies ordered from an outside facility subject to prior consultation with an appropriate physician and surgeon.
- 37 (vi) Other imaging studies performed in an office, including 38 those that utilize laser or ultrasound technology, but excluding 39 those that utilize radiation.

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(F) Performing the following procedures, which are excluded from restrictions imposed on the performance of surgery by paragraph (6) of subdivision (b), unless explicitly indicated:

- (i) Corneal scraping with cultures.
- (ii) Debridement of corneal epithelium not associated with band keratopathy.
  - (iii) Mechanical epilation.

- (iv) Collection of blood by skin puncture or venipuncture for laboratory testing authorized by this subdivision.
- (v) Suture removal subject to comanagement requirements in paragraph (7) of subdivision (b).
  - (vi) Treatment or removal of sebaceous cysts by expression.
- (vii) Lacrimal punctal occlusion using plugs, or placement of a stent or similar device in a lacrimal canaliculus intended to deliver a medication the optometrist is certified to prescribe or provide.
- (viii) Foreign body and staining removal from the cornea, eyelid, and conjunctiva with any appropriate instrument. Removal of corneal foreign bodies and any related stain shall, as relevant, be limited to that which is nonperforating, no deeper than the midstroma, and not reasonably anticipated to require surgical repair.
- (ix) Lacrimal irrigation and dilation in patients 12 years of age or over, excluding probing of the nasolacrimal tract. The board shall certify any optometrist who graduated from an accredited school of optometry before May 1, 2000, to perform this procedure after submitting proof of satisfactory completion of 10 procedures under the supervision of an ophthalmologist as confirmed by the ophthalmologist. Any optometrist who graduated from an accredited school of optometry on or after May 1, 2000, shall be exempt from the certification requirement contained in this paragraph.
- (x) Administration of oral fluorescein for the purpose of ocular angiography.
- (xi) Intravenous injection for the purpose of performing ocular angiography at the direction of an ophthalmologist as part of an active treatment plan in a setting where a physician and surgeon is immediately available.
- (xii) Use of noninvasive devices delivering intense pulsed light therapy or low-level light therapy that do not rely on laser

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technology, limited to treatment of conditions and diseases of theadnexa.

- (xiii) Use of an intranasal stimulator in conjunction with treatment of dry eye syndrome.
- (G) Using additional noninvasive medical devices or technology that:
- (i) Have received a United States Food and Drug Administration approved indication for the diagnosis or treatment of a condition or disease authorized by this chapter. A licensee shall successfully complete any clinical training imposed by a related manufacturer prior to using any of those noninvasive medical devices or technologies.
- (ii) Have been approved by the board through regulation for the rational treatment of a condition or disease authorized by this chapter. Any regulation under this paragraph shall require a licensee to successfully complete an appropriate amount of clinical training to qualify to use each noninvasive medical device or technology approved by the board pursuant to this paragraph.
- (b) Exceptions or limitations to the provisions of subdivision (a) are as follows:
- (1) Treatment of the following is excluded from the practice of optometry in a patient under 18 years of age, unless explicitly allowed otherwise:
- (A) Anterior segment inflammation, which shall not exclude treatment of:
  - (i) The conjunctiva.
- (ii) Nonmalignant ocular surface disease, including dry eye syndrome.
  - (iii) Contact lens-related inflammation of the cornea.
  - (iv) An infection of the cornea.
  - (B) Conditions or diseases of the sclera.
- (2) Use of any oral prescription steroid anti-inflammatory medication for a patient under 18 years of age shall be done pursuant to a documented, timely consultation with an appropriate physician and surgeon.
- (3) Use of any nonantibiotic oral prescription medication for a patient under five years of age shall be done pursuant to a documented, prior consultation with an appropriate physician and surgeon.

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1 (4) The following classes of agents are excluded from the 2 practice of optometry unless they have an explicit United States 3 Food and Drug Administration-approved indication for treatment 4 of a condition or disease authorized under this section:

(A) Antiamoebics.

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- (B) Antineoplastics. 7 (C) Coagulation modulators.
- 8 (D) Hormone modulators.
  - (E) Immunomodulators.
- 10 (F) Neuromuscular blockers.
  - (5) The following are excluded from authorization under subparagraph (G) of paragraph (5) of subdivision (a):
    - (A) A laboratory test or imaging study.
  - (B) Any noninvasive device or technology that constitutes surgery under paragraph (6).
  - (6) Performing surgery is excluded from the practice of optometry. "Surgery" means any act in which human tissue is cut, altered, or otherwise infiltrated by any means. It does not mean an act that solely involves the administration or prescribing of a topical or oral therapeutic pharmaceutical.
  - (7) (A) Treatment with topical and oral medications authorized in subdivision (a) related to an ocular surgery shall be comanaged with the ophthalmologist that performed the surgery, or another ophthalmologist designated by that surgeon, during the customary preoperative and postoperative period for the procedure. For purposes of this subparagraph, this may involve treatment of ocular inflammation in a patient under 18 years of age.
  - (B) Where published, the postoperative period shall be the "global" period established by the federal Centers for Medicare and Medicaid Services, or, if not published, a reasonable period not to exceed 90 days.
  - (C) Such comanaged treatment may include addressing agreed-upon complications of the surgical procedure occurring in any ocular or adnexal structure with topical and oral medications authorized in subdivision (a). For patients under 18 years of age, this subparagraph shall not apply unless the patient's primary care provider agrees to allowing comanagement of complications.
  - (c) An optometrist certified pursuant to Section 3041.3 shall be certified to medically treat authorized glaucomas under this chapter after meeting the following requirements:

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(1) For licensees who graduated from an accredited school of optometry on or after May 1, 2008, submission of proof of graduation from that institution.

- (2) For licensees who were certified to treat glaucoma under this section before January 1, 2009, submission of proof of completion of that certification program.
- (3) For licensees who completed a didactic course of not less than 24 hours in the diagnosis, pharmacological, and other treatment and management of glaucoma, submission of proof of satisfactory completion of the case management requirements for certification established by the board.
- (4) For licensees who graduated from an accredited school of optometry on or before May 1, 2008, and who are not described in paragraph (2) or (3), submission of proof of satisfactory completion of the requirements for certification established by the board under Chapter 352 of the Statutes of 2008.
- (d) An optometrist certified pursuant to Section 3041.3 shall be certified to administer authorized immunizations, as described in subparagraph (D) of paragraph (5) of subdivision (a), after the optometrist meets all of the following requirements:
- (1) Completes an immunization training program endorsed by the federal Centers for Disease Control and Prevention (CDC) or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and maintains that training.
  - (2) Is certified in basic life support.
- (3) Complies with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.
- (4) Applies for an immunization certificate in accordance with Section 3041.5.
- (e) Other than for prescription ophthalmic devices described in subdivision (b) of Section 2541, any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.
- (f) An optometrist licensed under this chapter is subject to the provisions of Section 2290.5 for purposes of practicing telehealth.

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(g) For the purposes of this chapter, all of the following definitions shall apply:

- (1) "Adnexa" means the eyelids and muscles within the eyelids, the lacrimal system, and the skin extending from the eyebrows inferiorly, bounded by the medial, lateral, and inferior orbital rims, excluding the intraorbital extraocular muscles and orbital contents.
- (2) "Anterior segment" means the portion of the eye anterior to the vitreous humor, including its overlying soft tissue coats.
- (3) "Ophthalmologist" means a physician and surgeon, licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, specializing in treating eye disease.
- (4) "Physician and surgeon" means a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.
- (5) "Prevention" means use or prescription of an agent or noninvasive device or technology for the purpose of inhibiting the development of an authorized condition or disease.
- (6) "Treatment" means use of or prescription of an agent or noninvasive device or technology to alter the course of an authorized condition or disease once it is present.
- SEC. 2. Section 3041.4 is added to the Business and Professions Code, to read:
- 3041.4. (a) An optometrist certified to treat glaucoma pursuant to subdivision (c) of Section 3041 shall be certified to perform the following set of advanced procedures after meeting the requirements in subdivision (b) after graduating from an accredited school of optometry:
  - (1) Laser trabeculoplasty.

- (2) Laser peripheral iridotomy for the prophylactic treatment of a clinically significant narrow drainage angle of the anterior chamber of the eye.
  - (3) Laser posterior capsulotomy after cataract surgery.
- (4) Excision or drainage of nonrecurrent lesions of the adnexa evaluated consistent with the standard of care by the optometrist to be noncancerous, not involving the eyelid margin, lacrimal supply, or drainage systems, no deeper than the orbicularis muscle, excepting chalazia, and smaller than five millimeters in diameter. Tissue excised that is not fully necrotic shall be submitted for surgical pathological analysis.

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(5) Closure of a wound resulting from a procedure described 2 in paragraph (4).

- (6) Injections for the treatment of chalazia and to administer local anesthesia required to perform procedures delineated in paragraph (4).
- (7) Corneal crosslinking procedure, or the use of medication and ultraviolet light to make the tissues of the cornea stronger.
- (b) An optometrist shall satisfy the requirements specified in paragraphs (1) and (2) to perform the advanced procedures specified in subdivision (a).
- (1) Within two years prior to beginning the requirements in paragraph (2), an optometrist shall satisfy both of the following:
- (A) Complete a board-approved course of at least 32 hours that is designed to provide education on the advanced procedures delineated in subdivision (a), including, but not limited to, medical decisionmaking that includes cases that would be poor surgical candidates, an overview and case presentations of known complications, practical experience performing the procedures, including a detailed assessment of the optometrist's technique, and a written examination for which the optometrist achieves a passing score.
- (B) Pass both sections of the Laser and Surgical Procedures Examination of the National Board of Examiners in Optometry, or, in the event this examination is no longer offered, its equivalent, as determined by the board. At the board's discretion, the requirement to pass the Laser and Surgical Procedures Examination may be waived if an optometrist has successfully passed both sections of the examination previously.
- (2) Within three years, complete a board-approved training program conducted in California, including the performance of all required procedures that shall involve sufficient direct experience with live human patients to permit certification of competency, by an accredited California school of optometry that shall contain the following:
- (A) Hands-on instruction on no less than the following number of simulated eyes before performing the related procedure on live human patients:
- 38 (i) Five for each laser procedure set forth in clauses (i), (ii), and (iii) of subparagraph (B). 39

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(ii) Five to learn the skills to perform excision and drainage procedures and injections authorized by this section.

- (iii) Five to learn the skills related to corneal crosslinking.
- (*B*) The performance of at least 43 complete surgical procedures on live human patients, as follows:
  - (i) Eight laser trabeculoplasties.
  - (ii) Eight laser posterior capsulotomies.
- 8 (iii) Five laser peripheral iridotomies.
  - (iv) Five chalazion excisions.

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- (v) Four chalazion intralesional injections.
- (vi) Seven excisions of an authorized lesion of greater than or equal to two millimeters in size.
  - (vii) Five excisions or drainages of other authorized lesions.
- (viii) One surgical corneal crosslinking involving removal of epithelium.
- (C) If necessary to certify the competence of the optometrist, the program shall require sufficient additional experience to that specified in subparagraph (B) performing complete procedures on live human patients.
- (D) The training required by this section shall include at least a certain percent of the required procedures in subparagraph (B) performed in a cohort model where, for each patient and under the direct in-person supervision of a qualified educator, each member of the cohort independently assesses the patient, develops a treatment plan, evaluates the clinical outcome post-treatment, develops a plan to address any adverse or unintended clinical outcomes, and discusses and defends medical decisionmaking. The board-approved training program shall be responsible for determining the percentage of the required procedures in subparagraph (B).
- (E) Any procedures not completed under the terms of subparagraph (D) may be completed under a preceptorship model where, for each patient and under the direct in-person supervision of a qualified educator, the optometrist independently assesses the patient, develops a treatment plan, evaluates the clinical outcome post-treatment, develops a plan to address any adverse or unintended clinical outcomes, and discusses and defends medical decisionmaking.

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(F) The qualified educator shall certify the competent performance of procedures completed pursuant to subparagraphs (D) and (E) on a form approved by the board.

- (G) Upon the optometrist's completion of all certification requirements, the course administrator, who shall be a qualified educator for all the procedures authorized by subdivision (a), on behalf of the program and relying on the certifications of procedures by qualified educators during the program, shall certify that the optometrist is competent to perform advanced procedures using a form approved by the board. On a case-by-case basis, the course administrator may certify competency under this section if the optometrist performs at least 43 complete surgical procedures on live human patients, is deemed competent to perform all procedures, but is unable to perform the minimum number of procedures for each category specified in subparagraph (B).
- (c) The optometrist shall make a timely referral of a patient and all related records to an ophthalmologist or, in an urgent or emergent situation and an ophthalmologist is unavailable, a qualified center to provide urgent or emergent care, after stabilizing the patient to the degree possible if either of the following occur:
- (1) The optometrist makes an intraoperative determination that a procedure being performed does not meet a specified criterion required by this section.
- (2) The optometrist receives a pathology report for a lesion indicating the possibility of malignancy.
- (d) This section does not authorize performing blepharoplasty or any cosmetic surgery procedure, including injections, with the exception of removing acrocordons that meet other qualifying criteria.
- (e) An optometrist shall monitor and report the following information to the board on a form provided by the board or using an internet-based portal:
- (1) At the time of license renewal or in response to a request of the board, the number and types of procedures authorized by this section that the optometrist performed and the diagnosis of the patient at the time the procedure was performed.
- (2) Within three weeks of the event, any adverse treatment outcomes that required a referral to or consultation with another health care provider.

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(f) (1) With each subsequent license renewal after being certified to perform the advanced procedures delineated in subdivision (a), the optometrist shall attest that they have performed at least two of the delineated procedures in clauses (i), (ii), or (iii) of subparagraph (B) of paragraph (2) of subdivision (b) and at least two of the delineated procedures in clauses (iv), (v), (vi), (vii), or (viii) of subparagraph (B) of paragraph (2) of subdivision (b) during the period of licensure preceding the renewal, which may include procedures performed during a certification process and within the timeframe.

- (2) If the optometrist fails to attest to performance, as specified in paragraph (1), the optometrist's advanced procedure certification shall be restricted to the category of uncertified procedures until the optometrist performs at least two of the uncertified procedures in clauses (i), (ii), or (iii) of subparagraph (B) of paragraph (2) of subdivision (b) or at least two of the uncertified procedures in clauses (iv), (v), (vi), (vii), or (viii) of subparagraph (B) of paragraph (2) of subdivision (b), as applicable, under the supervision of a qualified educator through either the cohort or preceptorship model outlined in subparagraphs (D) and (E) of paragraph (3) of subdivision (b), subject to subparagraph (F) of paragraph (3) of subdivision (b), and reports that cure to the board.
- (3) If one or more procedures remains in restricted status for two sequential renewal attestations or more, the optometrist's advance procedure certification shall be restricted related to the category of uncertified procedures until such time as the optometrist performs at least two of each of the delineated procedures in clauses (i), (ii), and (iii) of subparagraph (B) of paragraph (2) of subdivision (b) or at least two of each the delineated procedures in clauses (iv), (v), (vi) (vii), and (viii) of subparagraph (B) of paragraph (2) of subdivision (b), as applicable, under the supervision of a qualified educator through either the cohort or preceptorship model outlined in subparagraphs (D) and (E) of paragraph (3) of subdivision (b), subject to subparagraph (F) of paragraph (3) of subdivision (b). Upon the optometrist's completion of these requirements, the course administrator, who shall be a qualified educator for all the procedures authorized by subdivision (a), on behalf of the program and relying on the certifications of procedures by qualified

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educators during the program, shall certify that the optometrist is competent to perform the category of advanced procedures and the optometrist shall report that information to the board.

- (g) The board shall review adverse treatment outcome reports required under subdivision (e) in a timely manner, requesting additional information as necessary to make decisions regarding the need to impose additional training, or to restrict or revoke certifications based on its patient safety authority. The board shall compile a report summarizing the data collected pursuant to subdivision (e), including, but not limited to, percentage of adverse outcomes distributions by unidentified licensee and board interventions, and shall make the report available on its internet website.
  - (h) The board may adopt regulations to implement this section.
- (i) The board, by regulation, shall set the fee for issuance and renewal of a certificate authorizing the use of advanced procedures at an amount no higher than the reasonable cost of regulating optometrists certified to perform advanced procedures pursuant to this section.
- (j) For the purposes of this section, the following definitions apply:
- (1) "Complete procedure" means all reasonably included steps to perform a surgical procedure, including, but not limited to, preoperative care, informed consent, all steps of the actual procedure, required reporting and review of any specimen submitted for pathologic review, and postoperative care. Multiple surgical procedures performed on a patient during a surgical session shall be considered a single surgical procedure.
- (2) "Qualified educator" means a person nominated by an accredited California school of optometry as a person who is believed to be a suitable instructor, is subject to the regulatory authority of that person's licensing board in carrying out required responsibilities under this section, and is either of the following:
- (A) A California-licensed optometrist in good standing certified to perform advanced procedures approved by the board who has been continuously certified for three years and has performed at least 10 of the specific advanced procedure for which they will serve as a qualified educator during the preceding two years.
- (B) A California-licensed physician and surgeon who is board-certified in ophthalmology, in good standing with the

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Medical Board of California, and in active surgical practice an
average of at least 10 hours per week.
(k) A qualified educator shall notify their licensing board of

- (k) A qualified educator shall notify their licensing board of their participation as a qualified educator. The board may establish reasonable standards and expectations for a licensee who acts as a qualified educator. The Medical Board of California may establish reasonable standards and expectations for a licensed physician and surgeon who acts as a qualified educator.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
- SECTION 1. Section 3041.4 is added to the Business and Professions Code, to read:
- 3041.4. (a) For purposes of this section, the following shall apply:
  - (1) "Anterior segment laser" means any of the following:
  - (A) Therapeutic lasers appropriate for treatment of glaucoma.
  - (B) Peripheral iridotomy for the prophylactic treatment of angle elosure glaucoma.
  - (C) Therapeutic lasers used for posterior capsulotomy secondary to cataract surgery.
    - (2) (A) "Minor procedure" means any of the following:
  - (i) Removal, destruction, or drainage of lesions of the adnexa elinically evaluated by the optometrist to be noncancerous, not involving the eyelid margin, lacrimal supply, or drainage systems, no deeper than the orbicularis muscle, and smaller than five millimeters in diameter.
  - (ii) Closure of a wound resulting from a procedure described in clause (i).
  - (iii) Subcutaneous, intramuscular, subconjunctival, and intralesional injections for the diagnosis or treatment of conditions of the eye and adnexa authorized by this chapter.
- (iv) Corneal crosslinking procedure, or the use of medication and ultraviolet light to make the tissues of the cornea stronger.

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(B) "Minor procedure" does not include blepharoplasty or other cosmetic surgery procedures that reshape normal structures of the body in order to improve appearance and self-esteem.

- (b) An optometrist certified to treat glaucoma pursuant to subdivision (c) of Section 3041 may use anterior segment lasers and may preform minor procedures if the optometrist is additionally certified pursuant to this section. To apply for certification, an optometrist shall meet all the following requirements:
- (1) The optometrist shall complete a board-approved course that is at least 32 hours in length and 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 decisionmaking. The course shall include hands-on instruction on no less than 5 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 examination.
- (2) The optometrist shall pass the National Board of Examiners in Optometry's "Laser and Surgical Procedures Examination," or, in the event this examination is no longer offered, its equivalent, as determined by the board.
- (3) (A) The optometrist shall complete a training by an accredited school of optometry that relates to the use of both anterior segment lasers and minor procedures. The training shall include direct experience with as many live human patients as needed to ensure competency. The training shall include the performance of at least the following number of the following complete procedures:
- (i) Five laser trabeculoplasty procedures.
- (ii) Five laser posterior capsulotomy procedures.
- (iii) Four laser peripheral iridotomy procedures.
- 35 (iv) Three chalazia.
- 36 (v) Five other types of lesion procedures authorized by this section.
- 38 (vi) One of each other type of injection authorized by this section on live humans.

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(B) The training required by subparagraph (A) may be completed either by a clinical rotation or a preceptorship.

- (i) The 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 decisionmaking.
- (ii) The 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. The preceptor shall certify completion of the preceptorship, including the performance of the complete procedures required pursuant to subparagraph (A) and the competency of the optometrist performing the procedures, using a form approved by the board.
- (c) The board, by regulation, shall set the fee for issuance and renewal of a certificate authorizing the use of anterior segment lasers and performance of minor procedures at an amount no higher than the reasonable cost of regulating anterior segment laser and minor procedure certified optometrists pursuant to this section.
- (d) An optometrist certified to use anterior segment lasers and perform minor procedures pursuant to this section shall complete 5 hours of continuing education on anterior segment lasers and the diagnosis, treatment, and management of lesions of the adnexa as part of the 50 hours of continuing education required every two years pursuant to Section 3059.
- (e) An optometrist who removes a lesion pursuant to a minor procedure performed pursuant to this section shall have the lesion biopsied. If, during a minor procedure, a lesion is determined to be outside of the parameters described in clause (i) of subparagraph (A) of paragraph (2) of subdivision (a), the optometrist shall stabilize the patient to the greatest extent possible and refer the patient to an appropriate medical professional.
- (f) (1) An optometrist who performs a procedure using an anterior segment laser or performs a minor procedure shall monitor and report all of the following information to the board on a yearly basis:
- (A) The number and type of anterior segment laser procedures and minor procedures performed.

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1 (B) The diagnosis of the patient at the time the procedure was 2 performed.

- (C) Any adverse treatment outcomes associated with the anterior segment laser procedure or minor procedure that required a referral to an ophthalmologist.
- (2) The board shall make the report available on its internet website.
- (g) An optometrist certified pursuant to this section shall 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.
- (h) The board may adopt rules and regulations to implement this section.
- (i) Notwithstanding Section 3120 or any other provision of law, a false report or a failure to report pursuant to subdivision (f) shall not be a crime.