**A** **BILL**

TO AMEND SECTION 40‑37‑20, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE DEFINITION OF TERMS USED IN CONNECTION WITH THE LICENSURE AND REGULATION OF OPTOMETRISTS, SO AS TO DELETE THE DEFINITIONS OF “BASIC CERTIFIED OPTOMETRIST”, “DIAGNOSTIC CERTIFIED OPTOMETRIST”, AND “THERAPEUTIC CERTIFIED OPTOMETRIST”; TO AMEND SECTION 40‑37‑30, AS AMENDED, RELATING TO LICENSURE REQUIREMENTS FOR OPTOMETRISTS, SO AS TO FURTHER SPECIFY ACTIVITIES THAT CONSTITUTE THE PRACTICE OF OPTOMETRY; TO AMEND SECTION 40‑37‑290, AS AMENDED, RELATING TO OPTOMETRISTS ADMINISTERING AND PRESCRIBING PHARMACEUTICAL AGENTS, SO AS TO FURTHER SPECIFY WHAT PHARMACEUTICAL AGENTS MAY BE PRESCRIBED BY OPTOMETRISTS, AND FOR WHAT PURPOSES, TO DELETE THE PROVISION REQUIRING AN OPTOMETRIST TO COMMUNICATE AND COLLABORATE WITH AN OPHTHALMOLOGIST WHEN PRESCRIBING TOPICAL STEROIDS FOR MORE THAN TWENTY‑ONE DAYS, AND TO PROVIDE THOSE INSTANCES WHEN AN OPTOMETRIST MAY ADMINISTER INJECTIONS; TO AMEND SECTION 40‑37‑310, RELATING TO REFERRALS TO OPHTHALMOLOGISTS AND OTHER OPTOMETRISTS AND THE PROHIBITION AGAINST OPTOMETRISTS PERFORMING SURGERY, TO REQUIRE ADDITIONAL MALPRACTICE INSURANCE, AMONG OTHER THINGS, SO AS TO DELETE THE PROVISIONS PERTAINING TO THESE REFERRALS AND THE PROHIBITION AGAINST PERFORMING SURGERY, TO REQUIRE ADDITIONAL MALPRACTICE INSURANCE, AND TO PROVIDE WHAT TYPE OF SURGICAL PROCEDURES ARE NOT INCLUDED IN THE PRACTICE OF OPTOMETRY; AND TO REPEAL SECTION 40‑37‑420 RELATING TO LICENSURE TRANSITION PROVISIONS THAT ARE OBSOLETE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 40‑37‑20 of the 1976 Code, as last amended by Act 135 of 2005, is further amended to read:

“Section 40‑37‑20. As used in this chapter:

(1) ‘Board’ means the South Carolina Board of Examiners in Optometry~~;~~.

(2) ‘Contact lens’ means any device placed in contact with the eye for the purpose of, but not limited to, correcting vision, therapy, or cosmetic alteration~~;~~.

(3) ‘Direct supervision’ means supervision provided by a licensed optometrist who must:

(a) be present in the department or facility where the supervisee is performing services;

(b) be immediately available to assist the supervisee in the services being performed; and

(c) maintain continued involvement in appropriate aspects of each treatment~~;~~.

(4) ‘Optical supplies’ include, but are not limited to, contact lenses, ophthalmic lenses, ophthalmic frames~~;~~.

(~~5)~~ ~~‘Basic certified optometrist’ means an optometrist without education or training in the use of pharmaceutical agents and licensed to practice optometry without the use of pharmaceutical agents;~~

~~(6)~~ ~~‘Diagnostic certified optometrist’ means an optometrist educated and trained in the use of pharmaceutical agents for diagnostic purposes only and licensed to practice optometry in conjunction with the use of pharmaceutical agents for diagnostic purposes only;~~

~~(7)~~ ~~‘Therapeutic certified optometrist’ means an optometrist educated and trained in the use of pharmacological agents for diagnostic and therapeutic purposes and licensed to practice optometry with the use of pharmacological agents for diagnostic and therapeutic purposes.~~”

SECTION 2. Section 40‑37‑30 of the 1976 Code, as last amended by Act 135 of 2005, is further amended to read:

“Section 40‑37‑30. (A) It is unlawful for a person to engage in the practice of optometry in this State without being licensed by the board, except as otherwise authorized by this chapter.

(B) A person is deemed to be practicing optometry within the meaning of this chapter if the person:

(1) displays a sign or in any way advertises as an optometrist;

(2) employs any means, including the use of autorefractors or other automated testing devices, for the measurement of the powers of vision or the adaptation of lenses for the aid of vision;

(3) uses lenses in the testing of the eye in the sale of spectacles, eyeglasses, or lenses other than lenses actually sold;

(4) examines the human eye by the employment of any subjective or objective physical means to ~~ascertain~~ diagnose the presence of defects or abnormal conditions of the eye and ocular adnexa for the purpose of, but not limited to, relieving them by the use of lenses, prisms, or other physical or mechanical means;

(5) practices, fits, dispenses, or prescribes orthoptics, ~~or prescribes contact lenses~~ low vision rehabilitation, or contact lenses, including plano or cosmetic contact lenses and contact lenses classified by the FDA as a drug; ~~or~~

(6) utilizes pharmaceutical agents for diagnostic and/or therapeutic purposes in the practice of optometry in accordance with this chapter; or

(7) performs surgical procedures including the treatment of the lacrimal drainage system, removal or foreign bodies from the eye and ocular adnexa, excision and drainage of lesions of the lid and ocular adnexa, and other procedures of the eye and ocular adnexa unless they are specifically prohibited in Section 40‑37‑310.

(C) The possession of appliances for the examination of the eye, optical supplies, ophthalmic instruments, or optical equipment is prima facie evidence of practicing optometry and requires compliance with this chapter.”

SECTION 3. Section 40‑37‑290 of the 1976 Code, as last amended by Act 135 of 2005, is further amended to read:

“Section 40‑37‑290. Notwithstanding any other provision of law, an optometrist may purchase, possess, administer, supply, and prescribe all appropriate pharmaceutical agents~~, including oral and topically applied medications~~ for the treatment of ocular and ocular adnexal disease, other than Schedule I and II controlled substances as defined in Section 44‑53‑110, for diagnostic and therapeutic purposes in the practice of optometry, except that:

(1) ~~when prescribing oral and topically applied medications, an optometrist is limited to these oral pharmaceutical agents: antihistamines, antimicrobial, antiglaucoma, over‑the‑counter drugs, and analgesics for the treatment of ocular and ocular adnexal eye disease.~~ an optometrist ~~may~~ only may prescribe these medications for the treatment of ocular and ocular adnexal ~~eye~~ disease;

(2) when prescribing medications for the treatment of ocular and ocular adnexal disease, documentation in the patient’s chart and appropriate consultations and referrals must be in accordance with the standard of care provided for in Section 40‑37‑310(E);

(3) when prescribing analgesics, the prescription must be limited to a seven‑day supply;

(4) ~~when prescribing topical steroids, if after twenty‑one days of treatment it is necessary to continue this medication, the optometrist shall communicate and collaborate with an ophthalmologist;~~

~~(5)~~ no medications may be given by injection or intravenously except for injections into the eyelid and subconjunctival injections.”

SECTION 4. Section 40‑37‑310 of the 1976 Code, as added by Act 135 of 2005, is amended to read:

“Section 40‑37‑310. (A) In the diagnosis and treatment of ocular and ocular adnexal eye disease, documentation in the patient’s chart and appropriate consultations and referrals must be in keeping with the standards of care provided for in this section.

(B) ~~In the diagnosis or treatment of eye disease, an optometrist, using judgment and that degree of skill, care, knowledge, and attention ordinarily possessed and exercised by optometrists in good standing under like circumstances, shall refer a patient to an appropriate medical or osteopathic doctor including, but not limited to, corneal, glaucoma, or retinal ophthalmological specialists when additional evaluation or treatment is necessary. However, an optometrist may refer a patient to another optometrist when additional evaluation or treatment is necessary or to a medical or osteopathic doctor as provided for in this section, and an optometrist may refer a patient to another optometrist for the purpose of fitting or dispensing eye glasses, contact lenses, or low vision aids. The South Carolina Board of Examiners in Optometry shall promulgate regulations for the maintenance of records of referrals by optometrists in accordance with this section.~~

~~(C)~~ ~~Notwithstanding subsection (B), in treating and managing glaucoma an optometrist must strive to achieve a stable range of intraocular pressures considered unlikely to cause further optic nerve damage in that patient. Once this range of pressures is selected based on conditions presented by the patient, the optometrist must enter this range in the patient’s chart. If no measurable progress is achieved in realizing the selected range of pressures within sixty days of initiating treatment, the optometrist shall refer the patient to an ophthalmologist. However, when treating acute angle closure glaucoma, an optometrist immediately shall initiate treatment, after which, the optometrist shall make an appropriate referral to an ophthalmologist.~~

~~(D)~~ ~~An optometrist is prohibited from performing surgery. For purposes of this section surgery includes, but is not limited to, an invasive procedure using instruments that require closure by suturing, clamping, or other similar devices or a procedure in which the presence or assistance of a nurse anesthetist or an anesthesiologist is required. An optometrist is also prohibited from performing laser surgery. However, nothing in this section or any other provision of law may be construed to prohibit an optometrist from removing superficial ocular and ocular adnexal foreign bodies; removal of other foreign bodies must be referred to an ophthalmologist.~~

~~(E)~~ An optometrist must be held to the same standard of care as persons licensed under Chapter 47, Title 40, Physicians, Surgeons, and Osteopaths, and shall maintain ~~a minimum of one million dollars in malpractice insurance coverage~~ safety malpractice insurance in the amount of two million dollars for each occurrence and four million dollars in the aggregate.

(C) The practice of optometry does not include the use of the following surgical procedures in the treatment of eye diseases:

(1) surgery requiring full‑thickness incision or excision of the cornea or sclera;

(2) laser in‑situ keratomileusis (LASIK) and photorefractive keratectomy (PRK);

(3) penetrating or lamellar keratoplasty (corneal transplant), pterygium surgery, or corneal biopsy;

(4) incisional surgery for cosmetic or mechanical repair of blepharochalaiss, ptosis, and tarsorrhaphy;

(5) surgery of the retina and ciliary body, including cryotherapy;

(6) surgical extraction of the crystalline lens (cataract surgery);

(7) surgery of the extraocular muscles; or

(8) use of any laser.”

SECTION 5. Section 40‑37‑420 of the 1976 Code is repealed.

SECTION 6. This act takes effect upon approval by the Governor.

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