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## A compilation of the laws currently regulating TPA use by optometrists

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## A compilation of the laws currently regulating TPA use by optometrists

### Abstract

Optometrists are expanding the scope of primary care optometry by passing legislation to allow them to treat eye diseases with medications. The scope of the laws governing therapeutic use by optometrists in those states where legislation has been passed was determined by soliciting specific information from each of the state boards. Optometrists in all twenty-five states can prescribe topical anti-microbials and anti-histamines. Corticosteroids can be utilized in twenty-one states, and in ten states anti-glaucoma agents may be administered. Oral drugs to treat eye disease can be prescribed by optometrists in eight states.

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A COMPILATION OF THE LAWS CURRENTLY REGULATING  
TPA USE BY OPTOMETRISTS.

JEFFREY R.M. NIVALA AND STEVEN J. KOPP

A thesis submitted to the faculty of the  
College of Optometry  
Pacific University Forest Grove, Oregon  
for the degree of  
Doctor of Optometry  
May, 1991

Advisor:

Diane Yolton, OD., Ph.D.

**GRADE PAGE**

**A COMPILATION OF THE LAWS CURRENTLY REGULATING  
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## ABSTRACT

Optometrists are expanding the scope of primary care optometry by passing legislation to allow them to treat eye diseases with medications. The scope of the laws governing therapeutic use by optometrists in those states where legislation has been passed was determined by soliciting specific information from each of the state boards. Optometrists in all twenty-five states can prescribe topical anti-microbials and anti-histamines. Corticosteroids can be utilized in twenty-one states, and in ten states anti-glaucoma agents may be administered. Oral drugs to treat eye disease can be prescribed by optometrists in eight states.

## **BIOGRAPHY**

### **JEFFREY R.M. NIVALA**

My undergraduate education was completed at El Camino College in Torrance, California and California State University at Long Beach where I received an A.A. in social science and a B.A. in physical anthropology respectively. I received the anthropology department award for academic achievement from El Camino College and graduated "with distinction" from CSULB. Upon graduating from Pacific University, I plan to sit for the state board examinations in Oregon, Minnesota and Wisconsin. Ultimately, I intend to practice primary care optometry in the great state of Minnesota.

### **STEVEN J. KOPP**

I completed my undergraduate studies at Idaho State University in 1987. I received a B.S. degree in zoology and one in biology. I am currently attending Pacific University and upon receiving my degree in optometry, I plan to take state board exams in Idaho, Montana, Washington, and Utah. Eventually, I plan to practice as a primary eye care practitioner in a group setting.



## ACKNOWLEDGEMENT

We wish to thank Judith E. DuChateau of the American Optometric Association and those state board associations for providing us with the data necessary to complete this paper. The material in this paper was believed to be correct at the time of writing, but it should be noted that therapeutic laws and their scope are dynamic factors and subject to change.

## INTRODUCTION

Recently, there has been a concerted effort towards enacting legislation to allow optometrists to utilize therapeutic pharmaceutical agents (TPA). Many optometrists would like to diagnose and treat diseases in their patients. Those states permitting TPA use also require that optometrists be certified for their use. Twenty-five states now authorize the use of therapeutic agents. Therapeutic bills are currently pending in New Jersey, New York, Ohio, Pennsylvania, Michigan, and Massachusetts<sup>1</sup>. Legislation for several of the remaining states is presently under consideration or being planned for introduction to their respective state legislatures<sup>1</sup>. This paper is a synopsis of the scope of the TPA use and the certification requirements in those states with TPA laws in place.

## METHOD

A letter was mailed to the optometry boards of those states with TPA laws requesting information regarding the scope of their laws. The following items were requested: 1) A list of the categories of drugs that can be used to treat ocular diseases/conditions, 2) The approved drug formulary (if applicable), 3) The specific ocular diseases/conditions that can be treated, and 4) TPA certification requirements for an optometrist in that state (i.e. examinations, coursework, etc.). We also contacted the American Optometric Association for any pertinent information. Follow-up telephone calls were made to those states not initially responding to the letter. We also contacted some states for further information or clarification of their laws.

## RESULTS

Twenty-three of the twenty-five states responded to our letter with follow-up phone calls made to those states which did not initially respond. The primary therapeutic agents available to optometrists are topical. The most widely allowed topical agents are the anti-microbials (all twenty-five states), anti-histamines (all twenty-five states), and corticosteroids (twenty-one states). The use of topical anti-glaucoma medications are the most restricted. Currently, only ten states allow the use of anti-glaucoma topical agents (Arkansas, Idaho, Iowa, Kentucky, New Mexico, North Carolina, Oklahoma, Washington, West Virginia, Wyoming).

Orally administered TPA's are generally not available to optometrists in most of the therapeutic states. However, optometrist can administered drugs orally in eight states: Colorado, Florida, Iowa, Missouri, Montana, North Carolina, North Dakota, Wyoming. The oral agents most available to optometrists in these states are anti-microbials, anti-histamines, and analgesics. The most restricted orals are the anti-glaucomas and corticosteroids.

The parenteral/injectible application of drugs is the most restricted for optometry. Only North Carolina and Tennessee are allowed to use parenterals. In North Carolina the optometrist must first consult with a physician before administering the agent. In Tennessee the only available injectibles are Benadryl or epinephrine to counteract anaphylactic reactions.

As table 1 illustrates, there are various provisions and conditions for use of certain TPA's. The most restrictive aspect of TPA use by optometrists is the method of application. Although specific drugs can be used topically, the same class of drugs can not be used through oral or parenteral administration in most states. However, the scope and extent of the TPA laws is subject to modification at any time.

Most therapeutic states require clinical training, education or a combination thereof to certify optometrists for TPA use. A number of states require an examination i.e., state administered, Treatment and Management of Ocular Disease (TMOD) etc., for TPA certification

or a combination of coursework, training and examination. Only five state laws did not specify any certification requirements in their statutes (Indiana, North Carolina, Oklahoma, Rhode Island, West Virginia) but the state board has the authority and responsibility to promulgate such rules.

TABLE 1

TPA LAW PROVISIONS  
MARCH 1991

TOPICALS	AR	CO	FL	GA	ID	IN	IA	KS	KY	ME	MO	MT	NE	NM	NC	ND	OK	RI	SD	TN	VA	WA	WV	WI	WY
Anti-glaucoma	*(1)	NP	NP	NP	(4)		P	NP	P	NP	NP	NP	NP	(1)	P	NP	P	NP	NP	NP	NP	P	P	NS	P
Anti-histamine	P	P	P	P	P		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	NS	P
Corticosteroids	P	P	NP	P	P		P	(5)	P	P	P	NP	P	P	P	P	P	(8)	(9)	(10)	NP	P	P	NS	P
<b>Anti-infectives</b>																									
Anti-biotics	P	P	P	P	P		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	NS	P
Anti-fungal	P	P	NP	P	NP		P	P	P	P	P	P	P	P	P	P	P	P	P	P	NP	P	P	NS	P
Anti-microbial	P	P	P	P	P		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	NS	P
Anti-virals	NP	P	NP	P	NP		P	P	P	P	P	P	P	P	P	P	P	P	P	P	NP	P	P	NS	P
<b>ORALS</b>																									
Anti-microbial	NP	(2)	NP	NP	NP		P	NP	NP	NP	P	NP	NP	NP	(1)	P	NP	NP	NP	NP	NP	NP	NP	NS	P
Anti-histamine	NP	P	NP	NP	NP		P	NP	NP	NP	P	NP	NP	NP	(1)	P	NP	NP	NP	NP	NP	NP	NP	NS	NP
Anti-glaucoma	NP	NP	NP	NP	NP		P	NP	NP	NP	NP	NP	NP	NP	(1)	NP	NP	NP	NP	NP	NP	NP	NP	NS	NP
Corticosteroids	NP	NP	NP	NP	NP		NP	NP	NP	NP	NP	NP	NP	NP	(1)	NP	NP	NP	NP	NP	NP	NP	NP	NS	NP
Analgesics	NP	P	(3)	NP	NP		P	NP	NP	NP	(6)	(7)	NP	NP	(1)	P	NP	NP	NP	NP	NP	NP	NP	NS	NP
<b>PARENTERAL</b>																									
Injectibles	NP	NP	NP	NP	NP		NP	NP	NP	NP	NP	NP	NP	NP	(1)	NP	NP	NP	NP	(11)	NP	NP	NP	NS	NP
<b>COMMENTS**</b>																									
	(A)		(B)	(C)	(D)	(E)						(F)			(G)			(H)		(I)	(J)			(K)	

\* See footnotes

\*\* See Appendix A

KEY

P=Permitted

NP=Not permitted

NS=Not specified

## FOOTNOTES

- (1) With physician consultation.
- (2) Except oral anti-viral and anti-fungal agents.
- (3) Non-controlled oral analgesics for forty-eight hours; requires physician's consultation if for longer period.
- (4) Beta blockers are not authorized for use except in consultation with a physician
- (5) After 2 days of controlled substance use without improvement, must consult physician.
- (6) Limited to fourteen day supply administered topically.
- (7) Codeine, propoxyphene, hydrocodone, dihydrocodeine, alone or in combination with non-scheduled or non-regulated drugs.
- (8) After fourteen days of prescribed topical steroid use, must consult physician.
- (9) After seven days of prescribed topical steroid use, must consult physician.
- (10) Use/prescription limited to seven calendar days from onset of treatment.
- (11) Benadryl or epinephrine may be used to counteract anaphylactic reaction.

## APPENDIX A

(A) Drug formulary established by "Optometric Therapeutic Committee."

(B) A "formulary shall consist of those topical ocular pharmaceutical agents which the certified optometrist is qualified pursuant to this section to use"; the formulary is currently under legal challenge.

(C) "The Board shall establish by rule a list, which may be modified from time to time, of topically applied pharmaceutical agents which optometrist shall be allowed to use for treatment purposes."

(D) Specific "topically applied therapeutic pharmaceutical ophthalmic agents" to be "jointly agreed upon by the Board of Optometry and either the Board of Medicine or the Board of Pharmacy."

(E) General legislation, favorable attorney general's opinion. Legislation which would have prohibited pharmaceutical utilization defeated. Appeal from dismissal of litigation which have prohibited pharmaceutical utilization denied by state supreme court, February 27, 1986.

(F) Only the topical pharmaceutical agents described by the state board can be administered, dispensed, or prescribed by certified optometrist.

(G) "In using or prescribing pharmaceutical agents, other than topical pharmaceutical agents within the definition herein above set out which are used for the purpose of examining the eye, the optometrist so using or prescribing shall communicate and collaborate with a physican."

(H) A technical advisory panel "shall recommend.... specific conditions, medication, training and testing requirements with respect to those ocular conditions that duly qualified and licensed optometrists of this state may use."

(I) Optometrists certified by the Board are approved for

“treatment (other than by surgery) of patients with infections, inflammations, and abrasions of the eye or eyelid with topically applied drops, ointments or creams.”

(J) An optometrist may treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic pharmaceutical agents if he has successfully completed the requirements for certification established by the Board of Medicine. These requirements are in the process of being promulgated.

(K) An optometrist may treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents and remove superficial foreign bodies if the optometrist has successfully completed the education and examination requirements for certification and is certified by the Optometry Examining Board. The pharmaceutical agents will subsequently be determined by administrative rulemaking.



TABLE 2

TPA CERTIFICATION REQUIREMENTS MARCH 1991				
STATE	CLINICAL TRAINING	COURSE REQUIREMENT	OTHER REQUIREMENTS	EXAMINATION
ARKANSAS	100 hrs. by a certified ophthalmologist.			State board approved
COLORADO	60 hrs. by attendance.	60 hrs. for therapeutics.		By state board.
FLORIDA	1yr. internship.		110 hrs. combined clinical/courses.	State board approved
GEORGIA			Board approved programs.	State board approved.
IDAHO			Board approved programs.	*IAB/TMOD.
INDIANA			None specified.	IAB/TMOD.
IOWA	60 hrs. supervised training.	40 hrs. of didactic training.	44 hrs. of additional ed. prior to use of topical/oral agents.	IAB/TMOD.
KANSAS		Minium of 100 hrs. of didactic/clinical training.		By state board.
KENTUCKY		Minium of 6 semester Hrs.		
MAINE	25 hrs. supervised training	75 hrs. of ocular therapeutics.		IAB/TMOD.
MISSOURI	Minium of 100 hrs. supervised training.	Unspecified hrs. (course includes clinical)		State board approved.
MONTANA			Completion of courses at an accredited institution.	IAB/state board approved.
NEBRASKA			100 hrs. of classroom /clinical training.	IAB/TMOD.
NEW MEXICO		Minium of 105 hrs. classroom /clinical		By state board.
NORTH CAROLINA			None specified	IAB/TMOD
NORTH DAKOTA	24 hrs. of clinical application	76 hrs. of didactic instruction		IAB/TMOD
OKLAHOMA			None specified	IAB/state board approved.
RHODE ISLAND			Authority delegated to panel of 2 OD's, 2 MD's, and 1 pharmacologist.	IAB/TMOD
SOUTH DAKOTA	Minium of 40 hrs. of experience	150 hrs. of instruction		IAB/TMOD
TENNESSEE	Minium of 40 hrs. of experience	150 hrs. of instruction		By state therapeutic certification panel.
VIRGINIA			Board of Medicine approved programs.	By Board of Medicine.
WASHINGTON		Minium of 75 Hrs. of didactic/clinical instruction.		IAB/TMOD
WEST VIRGINIA			None specified.	IAB/TMOD
WISCONSIN		100 hrs.		At an accredited institution.
WYOMING			Board approved course.	IAB/TMOD

\*International Association of Boards/Treatment and Management of Ocular Disease

## DISCUSSION

The advent of therapeutic use by optometrists represents a huge step forward in expanding the scope of primary care optometry. Some state boards, in conjunction with medical or state pharmacy boards, determine the TPA's that can be utilized. These states have designed their laws to allow flexibility in response to any advances in the clinical or educational training of optometrists in disease management. However, most laws limit the use of therapeutic drugs by optometrists by either the method of application or category of drug. Only when optometrists have no restrictions and can use medications commensurate with their education and experience can primary care optometry truly succeed.

In conclusion, this report has attempted to provide a simple and concise reference guide for optometrists, optometric institutions, and state legislative bodies specifying the scope of current TPA legislation in those states permitting their use by optometrists.

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