

Date of Hearing: June 28, 2016

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Rudy Salas, Chair

SB 622(Hernandez) – As Amended June 22, 2016

SENATE VOTE: 33-4

SUBJECT: Optometry

SUMMARY: This bill expands the scope of practice for optometrists to include the use noninvasive, nonsurgical technology to treat a condition authorized by the Optometric Act (Act), perform laser and minor procedures, and administer certain vaccines.

EXISTING LAW:

- 1) Establishes the California Board of Optometry (Board), within the Department of Consumer Affairs (DCA), which licenses optometrists and regulates the practice of optometry. (BPC § 3010.5)
- 2) Authorizes the Board to establish educational and examination requirements for licensure. (BPC § 3041.2)
- 3) Defines the practice of optometry as follows:
 - a) Prevention and diagnosis of disorders and dysfunctions of the visual system;
 - b) Treatment and management of certain disorders and dysfunctions of the visual systems;
 - c) Provision of rehabilitative optometric services;
 - d) Examination of the human eyes;
 - e) Determination of the powers or range of human vision;
 - f) Prescribing or directing the use of any optical device in connection with ocular exercises, visual training, vision training or orthoptics;
 - g) Prescribing of contact lenses and glasses; and,
 - h) Use of topical pharmaceutical agents for the purpose of the examination of the human eye or eyes for any disease or pathological condition. (BPC § 3041)
- 4) Specifies that an optometrist who is certified to use therapeutic pharmaceutical agents may also diagnose and treat the human eye or eyes or any of its appendages for the following conditions:
 - a) Infections;

- b) Ocular allergies;
 - c) Ocular inflammation, non-surgical in cause except when co-managed with the treating physician and surgeon;
 - d) Traumatic or recurrent conjunctival or corneal abrasions and erosions;
 - e) Corneal surface disease and dry eyes;
 - f) Ocular pain, non-surgical in cause except when co-managed with the treating physician and surgeon; and,
 - g) Glaucoma in patients over the age of 18. (BPC § 3041(b)(1))
- 5) Permits optometrists to use the following therapeutic pharmaceutical agents:
- a) Topical miotics;
 - b) Topical lubricants;
 - c) Anti-allergy agents;
 - d) Topical and oral anti-inflammatories;
 - e) Topical antibiotic agents;
 - f) Topical hyperosmotics;
 - g) Topical and oral anti-glaucoma agents;
 - h) Non-prescription medications;
 - i) Oral antihistamines;
 - j) Prescription oral non-steroidal anti-inflammatory agents;
 - k) Oral antibiotics for treatment of ocular disease;
 - l) Topical and oral antiviral medication for treatment of:
 - i) Herpes;
 - ii) Viral Keratitis;
 - iii) Herpes Simplex Viral conjunctivitis;
 - iv) Periocular herpes simplex viral dermatitis;

- v) Varicella zoster viral keratitis;
 - vi) Varicella zoster viral conjunctivitis; and,
 - vii) Periocular varicella zoster viral dermatitis;
 - m) Oral analgesics that are not controlled substances; and,
 - n) Codeine with compounds and hydrocodone with compounds with specific restrictions regarding usage timeframe. (BPC § 3041(c))
- 6) Specifies that an optometrist who is certified to use therapeutic pharmaceutical agents may also perform the following:
- a) Corneal scraping with cultures;
 - b) Debridement of corneal epithelia;
 - c) Mechanical epilation;
 - d) Venipuncture for testing patients suspected of having diabetes;
 - e) Suture removal, with prior consultation with the treating physician and surgeon;
 - f) Treatment or removal of sebaceous cysts by expression;
 - g) Administration of oral fluorescein to patients suspected as having diabetic retinopathy;
 - h) Use of an auto-injector to counter anaphylaxis;
 - i) Ordering of smears, cultures, sensitivities, complete blood count, mycobacterial culture, acid fast stain, urinalysis, tear fluid analysis and X-rays necessary for the diagnosis of conditions or diseases of the eye or adnexa;
 - j) A clinical laboratory test or examination classified as waived under CLIA necessary for the diagnosis of conditions and diseases of the eye or adnexa;
 - k) Punctal occlusion by plugs, excluding laser, diathermy, cryotherapy or other means constituting surgery;
 - l) The prescription of therapeutic contact lenses, including lenses or devices that incorporate a medication or therapy the optometrist is certified to prescribe or provide;
 - m) Removal of foreign bodies from the cornea, eyelid and conjunctiva with any appropriate instrument other than a scalpel or needle; and,
 - n) Lacrimal irrigation and dilation, excluding probing of the nasal lacrimal tract for patients over 12 years of age. (BPC § 3401(e))

THIS BILL:

- 1) Requires the Board to establish educational and examination requirements for licensure to ensure the competence of optometrists to use anterior segment lasers and perform minor procedures. Specifies that satisfactory completion of the required educational and examination requirements shall be a condition for the issuance of an original optometrist license or required certifications.
- 2) Specifies that the Board may promulgate regulations authorizing optometrists to use noninvasive, nonsurgical technology to treat conditions, as specified. Further states that the Board shall require a licensee to take a minimum of four hours of education courses on the new technology and perform an appropriate number of complete clinical procedures on live human patients to qualify to use each new technology authorized by the Board.
- 3) Indicates that an optometrist who is certified to use therapeutic pharmaceutical agents may also diagnose and treat the human eye or eyes, or any of its or their appendages, for all of the following conditions:
 - a) Through medical treatment, infections of the anterior segment and adnexa;
 - b) Ocular allergies of the anterior segment and adnexa;
 - c) Ocular inflammation, nonsurgical in cause except when comanaged with the treating physician and surgeon, limited to inflammation resulting from traumatic iritis, peripheral corneal inflammatory keratitis, episcleritis, and unilateral nonrecurrent nongranulomatous idiopathic iritis in patients over 18 years of age;
 - d) Traumatic or recurrent conjunctival or corneal abrasions and erosions;
 - e) Corneal and conjunctival surface disease and dry eyes disease;
 - f) Ocular pain that is nonsurgical in cause, except when comanaged with the treating physician and surgeon; and,
 - g) Hypotrichosis and blepharitis;
- 4) Defines “adnexa” to mean ocular adnexa.
- 5) Specifies that in diagnosing and treating the conditions listed above, an optometrist certified to use therapeutic pharmaceutical agents may use all of the following therapeutic pharmaceutical agents:
 - a) Topical pharmaceutical agents for the purpose of the examination of the human eye or eyes for any disease or pathological condition, including, but not limited to, topical miotics;
 - b) Topical lubricants;
 - c) Antiallergy agents. In using topical steroid medication for the treatment of ocular allergies, an optometrist shall consult with an ophthalmologist if the patient’s condition worsens 21 days after diagnosis;

- d) Topical and oral anti-inflammatories;
 - e) Topical antibiotic agents;
 - f) Topical hyperosmotics;
 - g) Topical and oral antiglaucoma agents pursuant to the certification process, as specified;
 - h) Nonprescription medications used for the rational treatment of an ocular disorder;
 - i) Oral antihistamines;
 - j) Prescription oral nonsteroidal anti-inflammatory agents;
 - k) Oral antibiotics for medical treatment of ocular disease;
 - l) Topical and oral antiviral medication for the medical treatment of herpes simplex viral keratitis, herpes simplex viral conjunctivitis, periocular herpes simplex viral dermatitis, varicella zoster viral keratitis, varicella zoster viral conjunctivitis, and periocular varicella zoster viral dermatitis;
 - m) Oral analgesics that are not controlled substances; and,
 - n) Codeine with compounds and hydrocodone with compounds—the use of these agents shall be limited to five days, with a referral to an ophthalmologist if the pain persists.
- 6) Authorizes an optometrist who is certified to use therapeutic pharmaceutical agents to perform all of the following:
- a) Corneal scraping with cultures;
 - b) Debridement of corneal epithelia;
 - c) Mechanical epilation;
 - d) Collection of blood by skin puncture or venipuncture for testing patients suspected of having diabetes;
 - e) Suture removal, with prior consultation with the treating health care provider;
 - f) Treatment or removal of sebaceous cysts by expression;
 - g) Administration of oral fluorescein to patients suspected as having diabetic retinopathy;
 - h) Use of an auto-injector to counter anaphylaxis;
 - i) Ordering of smears, cultures, sensitivities, complete blood count, mycobacterial culture, acid fast stain, urinalysis, tear fluid analysis, and X-rays necessary for the diagnosis of conditions or diseases of the eye or adnexa. An optometrist may order other types of images subject to prior consultation with an ophthalmologist or appropriate physician and surgeon;

- j) A clinical laboratory test or examination classified as waived under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 U.S.C. Sec. 263a; Public Law 100-578) necessary for the diagnosis of conditions and diseases of the eye or adnexa, to detect systemic disease with ocular effects;
 - k) Skin test to diagnose ocular allergies. Skin tests shall be limited to the superficial layer of the skin;
 - l) Punctal occlusion by plugs, excluding laser, diathermy, cryotherapy, or other means constituting surgery as specified;
 - m) The prescription of therapeutic contact lenses, diagnostic contact lenses, or biological or technological corneal devices that diagnose or treat a condition, as specified;
 - n) Removal of foreign bodies from the cornea, eyelid, and conjunctiva with any appropriate instrument other than a scalpel. Corneal foreign bodies shall be nonperforating, be no deeper than the midstroma, and require no surgical repair upon removal;
 - o) For patients over 12 years of age, lacrimal irrigation and dilation, excluding probing of the nasal lacrimal tract;
 - i) 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 and confirmation of 10 procedures under the supervision of an ophthalmologist or optometrist who is certified in lacrimal irrigation and dilation. Any optometrist who graduated from an accredited school of optometry on or after May 1, 2000, shall be exempt from the certification requirement.
 - p) Use of mechanical lipid extraction of meibomian glands and nonsurgical techniques.
- 7) Specifies that In order to be certified to use therapeutic pharmaceutical agents and authorized to diagnose and treat the conditions listed above, an optometrist shall apply for a certificate from the Board and meet all requirements imposed by the Board.
- 8) Authorizes the Board to grant a certificate to use therapeutic pharmaceutical agents to any applicant who graduated from a California accredited school of optometry prior to January 1, 1996, is licensed as an optometrist in California, and meets specified education and training requirements
- 9) Authorizes the Board to grant a certificate to use therapeutic pharmaceutical agents to any applicant who graduated from a California accredited school of optometry on or after January 1, 1996, who is licensed as an optometrist in California, and who meets specified training and education requirements:
- 10) Indicates that other than for prescription ophthalmic devices as specified, any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.
- 11) Specifies that the practice of optometry does not include performing surgery. "Surgery" means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or laser means, as specified.

- 12) Specifies an optometrist's authority to utilize diagnostic laser and ultrasound technology within his or her scope of practice.
- 13) States that in an emergency, an optometrist shall stabilize, if possible, and immediately refer any patient who has an acute attack of angle closure to an ophthalmologist.
- 14) Defines "glaucoma" as:
 - a) All primary open-angle glaucoma;
 - b) Exfoliation and pigmentary glaucoma;
 - c) Increase in intraocular pressure caused by steroid medication prescribed by the optometrist; and,
 - d) Increase in intraocular pressure caused by steroid medication not prescribed by the optometrist, after consultation and treatment approval by the prescribing physician.
- 15) Specifies requirements for optometrists certified for the treatment of glaucoma, in patients over 18 years of age.
- 16) Defines "anterior segment laser" as any of the following:
 - a) Therapeutic lasers appropriate for treatment of glaucoma;
 - b) Peripheral iridotomy for the prophylactic treatment of angle closure glaucoma; and,
 - c) Therapeutic lasers used for posterior capsulotomy secondary to cataract surgery.
- 17) States that an optometrist certified to treat glaucoma shall be additionally certified for the use of anterior segment lasers after submitting proof of satisfactory completion of a course that is approved by the Board, provided by an accredited school of optometry, and developed in consultation with an ophthalmologist who has experience educating optometric students. The Board shall issue a certificate only to an optometrist that has graduated from an approved school of optometry.
- 18) Indicates that the Board-approved course shall be at least 25 hours in length, and include a test for competency of the following:
 - a) Laser physics, hazards, and safety;
 - b) Biophysics of laser;
 - c) Laser application in clinical optometry;
 - d) Laser tissue interactions;
 - e) Laser indications, contraindications, and potential complications;
 - f) Gonioscopy;

- g) Laser therapy for open-angle glaucoma;
 - h) Laser therapy for angle closure glaucoma;
 - i) Posterior capsulotomy;
 - j) Common complications of the lids, lashes, and lacrimal system;
 - k) Medicolegal aspects of anterior segment procedures;
 - l) Peripheral iridotomy; and,
 - m) Laser trabeculoplasty.
- 19) States that the school of optometry shall require each applicant for certification to perform a sufficient number of complete anterior segment laser procedures to verify that the applicant has demonstrated competency to practice independently. At a minimum, each applicant shall complete 24 anterior segment laser procedures on live humans as follows:
- a) Eight YAG capsulotomy procedures;
 - b) Eight laser trabeculoplasty procedures; and,
 - c) Eight peripheral iridotomy procedures.
- 20) Requires the Board, by regulation, to set the fee for issuance and renewal of a certificate authorizing the use of anterior segment lasers at an amount no higher than the reasonable cost of regulating anterior segment laser certified optometrists, as specified. The fee shall not exceed one hundred fifty dollars (\$150).
- 21) Requires an optometrist certified to use anterior segment lasers to complete four hours of continuing education on anterior segment lasers as part of the required 50 hours of continuing education required to be completed every two years on the diagnosis, treatment, and management of glaucoma.
- 22) Defines “minor procedure” as any of the following:
- a) Removal, destruction, or drainage of lesions of the eyelid and adnexa clinically 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;
 - b) Closure of a wound resulting from a procedure, as specified; or,
 - c) Administration of injections for the diagnoses or treatment of conditions of the eye and adnexa authorized by this chapter, excluding intraorbital injections and injections administered for cosmetic effect.
- 23) Specifies that “minor procedures” do not include blepharoplasty or other cosmetic surgery procedures that reshape normal structures of the body in order to improve appearance and self-esteem.

- 24) Indicates that an optometrist certified to treat glaucoma shall be additionally certified to perform minor procedures after submitting proof of satisfactory completion of a course that is approved by the Board, provided by an accredited school of optometry, and developed in consultation with an ophthalmologist who has experience teaching optometric students. The Board shall issue a certificate pursuant to this section only to an optometrist that has graduated from an approved school of optometry.
- 25) Requires that the Board-approved course be at least 25 hours in length and include a test for competency of the following:
- a) Minor surgical procedures;
 - b) Overview of surgical instruments, asepsis, and the state and federal Occupational Safety and Health Administrations;
 - c) Surgical anatomy of the eyelids;
 - d) Emergency surgical procedures;
 - e) Chalazion management;
 - f) Epiluminescence microscopy;
 - g) Suture techniques;
 - h) Local anesthesia techniques and complications;
 - i) Anaphylaxis and other office emergencies;
 - j) Radiofrequency surgery;
 - k) Postoperative wound care; and,
 - l) Injection techniques.
- 26) Requires the school of optometry to require each applicant for certification to perform a sufficient number of minor procedures to verify that the applicant has demonstrated competency to practice independently. At a minimum, each applicant shall perform 32 complete minor procedures on live humans.
- 27) Authorizes the Board, by regulation, to set the fee for issuance and renewal of a certificate authorizing the use of minor procedures at an amount no greater than the reasonable cost of regulating minor procedure certified optometrists pursuant to this section. The fee shall not exceed one hundred fifty dollars (\$150).
- 28) Requires an optometrist certified to perform minor procedures to complete five hours of continuing education on the diagnosis, treatment, and management of lesions of the eyelid and adnexa as part of the 50 hours of continuing education required every two years.
- 29) Authorizes the Board to grant to an optometrist a certificate for the use of immunizations, if the optometrist is certified and has met all of the following requirements:

- a) Completes an immunization training program endorsed by the federal Centers for Disease Control and Prevention (CDC) 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;
 - b) Is certified in basic life support; and,
 - c) 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.
- 30) Defines "immunization" as the administration of immunizations for influenza, herpes zoster virus, and pneumococcus in compliance with individual Advisory Committee on Immunization Practices (ACIP) vaccine recommendations published by the CDC for persons 18 years of age or older.
- 31) Authorizes the Board, by regulation, to set the fee for issuance and renewal of a certificate for the use of immunizations at the reasonable cost of regulating immunization certified optometrists. The fee shall not exceed one hundred dollars (\$100).
- 32) Subjects optometrists to laws regarding the purposes of practicing telehealth.
- 33) Indicates that optometrists diagnosing or treating eye disease shall be held to the same standard of care to which physicians and surgeons and osteopathic physicians and surgeons are held. An optometrist shall consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider when a situation or condition occurs that is beyond the optometrist's scope of practice.
- 34) Declares that it is the intent of the Legislature that the Office of Statewide Health Planning and Development, under the Health Workforce Pilot Projects Program, designate a pilot project to test, demonstrate, and evaluate expanded roles for optometrists in the performance of management and treatment of diabetes mellitus, hypertension, and hypercholesterolemia.

FISCAL EFFECT: Unknown. This bill has been keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author, "While merely 16 of California's 58 counties meet the needed supply range for primary care physicians, we do have a robust network of providers that are well-trained, evenly distributed throughout the state, regulated by the [DCA] and well positioned to pay particular attention to currently underserved areas. Optometrists are one such provider group who receive a doctorate level training preparing them to be primary eye care providers, and independently diagnose and treat conditions of the eye. [This bill] will remove restrictions in current law to permit optometrists to examine, prevent, diagnose, and treat conditions and disorders of the visual system and the human eye to the full extent of their training. This includes the use of two types of therapeutic lasers by optometrists with postdoctoral advanced certification that have been developed for treatment of glaucoma and post-surgical cataract care, conditions that disproportionately affect patient groups that generally lack sufficient access to physicians. [This bill] is a limited expansion of scope for

optometrists that is consistent with their education and training, and is a logical advancement of the profession that has been proven safe in other states. Moreover, the educational requirements contained in this bill are substantially greater than those required of optometrists in other states and exceed the minimum number of these procedures required for ophthalmologists by the Accreditation Council for Graduate Medical Education.”

Background. According to a report prepared by the Center for the Health Professions at the University of California San Francisco, the number of optometrist licenses in California has declined, but the number of licensees with a secondary practice location has increased. According to the Board, there are over 7,000 licensed optometrists in California, the largest population of optometrists in the United States. The majority of the licensed optometrists are generally concentrated in coastal counties, the Bay Area and counties in the Sacramento region. Several counties have no licensed optometrists with an address of record in those counties, and a number of other counties have ratios that indicate there is approximately one optometrist for every 10,000 people.

Optometrists’ and Ophthalmologists’ Education, Training, and Scope. This bill would expand the types of procedures an optometrist is authorized to perform. This would include some tasks that have been traditionally performed by ophthalmologists. As such, the current education, training and scope of each profession is outlined below.

- Optometrists. Optometrists are trained to diagnose mild to severe eye problems such as serious eye infections, inflammations of the eye, trauma, foreign bodies and glaucoma. They also examine the eye for vision prescription and corrective lenses.

After completion of an undergraduate degree, optometrists complete four years of an accredited optometry college after which they are awarded the Doctor of Optometry degree. Some optometrists also undertake an optional one year non-surgical residency program to enhance their experience in a particular area. Students graduate with 2500 to 3000 patient encounters; these include a mix of post-surgical, medical and routine visits.

Optometrists who graduated from an accredited school or college of optometry on or after May 1, 2008 receive certifications to use diagnostic pharmaceutical agents (DPA); to administer therapeutic pharmaceutical agents (TPA); to perform lacrimal irrigation and dilation (TPL); and to diagnose and treat primary open angle glaucoma (TLG). Optometrists who did not receive these certifications upon licensure may apply for these certifications after meeting the necessary requirements. In order to be certified, the optometrist must pass an exam, obtain a license to practice optometry, be certified by an accredited school of optometry that they are competent in the diagnosis, treatment and management of ocular systemic disease, and complete 10 hours of supervised practice with an ophthalmologist.

- Ophthalmologists. The central focus of ophthalmology is surgery and management of complex eye diseases. An ophthalmologist specializes in the refractive, medical and surgical care of the eyes and visual system and in the prevention of disease and injury.

After obtaining an undergraduate degree, ophthalmologists complete four years at an accredited medical school and earn a Medical Degree. This is followed by a one year internship and a three or four year surgical residency. Many ophthalmologists pursue additional fellowship training in

specialized areas such as retina, glaucoma, or cornea. Ophthalmologists may become certified by the American Board of Ophthalmology, which requires, serving as the primary surgeon or first assistant to the primary surgeon for a minimum of 364 eye surgeries.

Other States. Since 1997, there have been over 45 attempts in over 20 states by optometry associations to expand the scope of practice for optometrists including legislating surgery privileges. However, with the exception of Oklahoma and West Virginia, most states continue to prohibit optometrists from performing surgery, and their statutes specify that the license to practice optometry does not include the right to practice medicine. States such as Colorado and North Carolina specifically exclude surgery from their definition of the practice of optometry. Other states have statutes that delineate between laser and non-laser surgery. Optometrists are authorized to prescribe oral medications in all 50 states, they may prescribe oral steroids in 34 states, injections in 15 states and use lasers in 1 state.

Prior Related Legislation. SB 492 (Hernandez) of 2013, would have permitted an optometrist to diagnose treat and manage additional conditions with ocular manifestations, directed the Board to establish educational and examination requirements and would have permitted optometrists to perform vaccinations and surgical and non-surgical primary care procedures.

NOTE: This bill died on the Assembly inactive file.

SB 668 (Polanco) Chapter 13, Statutes of 1996, expanded the scope of practice of optometrists to provide for the diagnosis and treatment of specified conditions or diseases of the human eye or its appendages, and to use other therapeutic pharmaceutical agents.

SB 929 (Polanco) Chapter 676, Statutes of 2000, expanded the scope of lawful practice for optometrists by specifying additional diseases and conditions that optometrists may treat (in particular certain types of glaucoma) with specified medications, and by specifying the extent of physician involvement that is required under various circumstances.

SB 1406 (Correa) Chapter 352, Statutes of 2008, specified permissible procedures for certified optometrists, and created the Glaucoma Diagnosis and Treatment Advisory Committee to establish glaucoma certification requirements.

AMENDMENTS:

- 1) The author outlines the need for additional health care practitioners to be permitted to administer vaccines to patients. As such, the author should strike all contents of the bill, with the exception of the provisions authorizing an optometrist to, after completing training as specified in the bill, be certified by the Board to provide the following vaccinations: 1) influenza, 2) herpes zoster virus, and 3) pneumococcus for persons 18 years of age or older.
- 2) The current bill specifies the number of hours of training that an optometrist must complete in order to enjoy an expanded scope of practice and perform specified procedures. As there has been much debate about training, education, competence, and appropriateness of expanding the scope of practice for optometrists, the author should instead amend the bill to create a task force under the Board, including those most qualified to review the education and training of optometrists and ophthalmologists and determine the necessary hours of training and education for an expanded scope to perform the following procedures: 1) YAG

capsulotomy procedures, 2) laser trabeculoplasty procedures, and 3) peripheral iridotomy procedures.

The members of the task force should be appointed by the Director of the Department of Consumer Affairs by May 1, 2017. The task force should include: one professor of optometry, one practicing optometrist, one professor of ophthalmology, one practicing ophthalmologist, and one member of the public who has never been licensed by, or appointed to, the Board or the Medical Board of California.

The taskforce shall submit a report with recommendations on what the expanded scope for optometrists should include to the Governor, the President pro Tempore of the Senate, the Speaker of the Assembly, the Assembly Committee on Business and Professions, and the Senate Committee on Business, Professions and Economic Development, by May 1, 2018, on which date the task force shall cease to exist.

REGISTERED SUPPORT:

California Optometric Association
747 individuals

REGISTERED OPPOSITION:

American Academy of Dermatology Association
American Academy of Ophthalmology
American Association for Pediatric Ophthalmology and Strabismus
American College of Surgeons
American Glaucoma Society
American Medical Association
American Society of Cataract and Refractive Surgery
American Society of Ophthalmic Plastic and Reconstructive Surgery
American Society of Retina Specialists
California Academy of Eye Physicians and Surgeons (unless amended)
California Academy of Family Physicians
California Medical Association
California Society of Plastic Surgeons, Inc.
Let's Face it Together
Medical Board of California (unless amended)
Stanford University School of Medicine
Over 400 individuals

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