

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 383

(SENATE AUTHORS: JENSEN, Lourey, Sheran and Benson)

DATE	D-PG	OFFICIAL STATUS
01/29/2015	165	Introduction and first reading Referred to Health, Human Services and Housing
02/26/2015	450	Author added Benson
03/23/2015	1074a 1224	Comm report: To pass as amended and re-refer to Finance Withdrawn and re-referred to Judiciary
03/25/2015	1319a	Comm report: To pass as amended and re-refer to State and Local Government
04/09/2015	1496	Comm report: To pass and re-referred to Finance
05/06/2015	3309a 3392	Comm report: To pass as amended Second reading
05/12/2015	3538 3538	Special Order Third reading Passed
		See SF1458, Art. 10, Sec. 1-2, 6-8, 10-14, 34

A bill for an act

1.1 relating to health occupations; changing provisions for licensing of optometrists;
1.2 amending Minnesota Statutes 2014, sections 148.03; 148.52; 148.54; 148.57;
1.3 148.574; 148.575; 148.577; 148.603; proposing coding for new law in Minnesota
1.4 Statutes, chapter 148; repealing Minnesota Statutes 2014, sections 148.571;
1.5 148.572; 148.573, subdivision 1; 148.576, subdivisions 1, 2.
1.6

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2014, section 148.03, is amended to read:

1.9 **148.03 APPOINTMENT.**

1.10 The governor shall appoint a Board of Chiropractic Examiners consisting of two
1.11 public members as defined by section 214.02 and five resident chiropractors who shall
1.12 have practiced chiropractic in this state for at least three years immediately prior to the
1.13 time of appointment, all of whom shall be graduates of a course of chiropractic, ~~but no~~
1.14 ~~more than two of whom shall be graduates of the same school or college of chiropractic.~~
1.15 Membership terms, compensation of members, removal of members, the filling of
1.16 membership vacancies, and fiscal year and reporting requirements shall be as provided in
1.17 sections 214.07 to 214.09. The provision of staff, administrative services and office space;
1.18 the review and processing of complaints; the setting of board fees; and other provisions
1.19 relating to board operations shall be as provided in chapter 214. The board shall have
1.20 the authority to prescribe rules relative to the examination of applicants for license to
1.21 practice chiropractic and for the annual renewal of licenses. Vacancies caused by death or
1.22 otherwise shall be filled by the governor within 60 days. No member of the board shall be
1.23 financially interested in any chiropractic school or college or be in any way affiliated with
1.24 the practice of other methods of healing as are now regulated by law in this state.

2.1 Sec. 2. Minnesota Statutes 2014, section 148.52, is amended to read:

2.2 **148.52 BOARD OF OPTOMETRY.**

2.3 The Board of Optometry shall consist of two public members as defined by section
2.4 214.02 and five ~~qualified~~ Minnesota licensed optometrists appointed by the governor.
2.5 Membership terms, compensation of members, removal of members, the filling of
2.6 membership vacancies, and fiscal year and reporting requirements shall be as provided in
2.7 sections 214.07 to 214.09.

2.8 The provision of staff, administrative services and office space; the review and
2.9 processing of complaints; the setting of board fees; and other provisions relating to board
2.10 operations shall be as provided in chapter 214.

2.11 Sec. 3. Minnesota Statutes 2014, section 148.54, is amended to read:

2.12 **148.54 BOARD; SEAL.**

2.13 The Board of Optometry shall elect from among its members a president, vice
2.14 president, and secretary and may adopt a seal.

2.15 Sec. 4. Minnesota Statutes 2014, section 148.57, is amended to read:

2.16 **148.57 LICENSE.**

2.17 Subdivision 1. **Examination.** (a) A person not authorized to practice optometry in
2.18 the state and desiring to do so shall apply to the state Board of Optometry by filling out
2.19 and swearing to an application for a license granted by the board ~~and accompanied by a~~
2.20 ~~fee in an amount of \$87.~~ With the submission of the application form, the candidate shall
2.21 prove that the candidate:

2.22 (1) is of good moral character;

2.23 (2) has obtained a clinical doctorate degree from a board-approved school or college
2.24 of optometry, or is currently enrolled in the final year of study at such an institution; and

2.25 (3) has passed all parts of an examination.

2.26 (b) The examination shall include both a written portion and a clinical practical
2.27 portion and shall thoroughly test the fitness of the candidate to practice in this state. In
2.28 regard to the written and clinical practical examinations, the board may:

2.29 (1) prepare, administer, and grade the examination itself;

2.30 (2) recognize and approve in whole or in part an examination prepared, administered
2.31 and graded by a national board of examiners in optometry; or

2.32 (3) administer a recognized and approved examination prepared and graded by or
2.33 under the direction of a national board of examiners in optometry.

3.1 (c) The board shall issue a license to each applicant who satisfactorily passes the
3.2 examinations and fulfills the other requirements stated in this section ~~and section 148.575~~
3.3 ~~for board certification for the use of legend drugs. Applicants for initial licensure do not~~
3.4 ~~need to apply for or possess a certificate as referred to in sections 148.571 to 148.574. The~~
3.5 ~~fees mentioned in this section are for the use of the board and in no case shall be refunded.~~

3.6 Subd. 2. **Endorsement.** (a) An optometrist who holds a current license from another
3.7 state, and who has practiced in that state not less than three years immediately preceding
3.8 application, may apply for licensure in Minnesota by filling out and swearing to an
3.9 application for license by endorsement furnished by the board. The completed application
3.10 with all required documentation shall be filed at the board office ~~along with a fee of \$87.~~
3.11 ~~The application fee shall be for the use of the board and in no case shall be refunded.~~

3.12 (b) To verify that the applicant possesses the knowledge and ability essential to the
3.13 practice of optometry in this state, the applicant must provide evidence of:

3.14 (1) having obtained a clinical doctorate degree from a board-approved school
3.15 or college of optometry;

3.16 (2) successful completion of both written and practical examinations for licensure in
3.17 the applicant's original state of licensure that thoroughly tested the fitness of the applicant
3.18 to practice;

3.19 (3) successful completion of an examination of Minnesota state optometry laws;

3.20 (4) compliance with the requirements ~~for board certification~~ in section 148.575;

3.21 (5) compliance with all continuing education required for license renewal in every
3.22 state in which the applicant currently holds an active license to practice; and

3.23 (6) being in good standing with every state board from which a license has been
3.24 issued.

3.25 (c) Documentation from a national certification system or program, approved by
3.26 the board, which supports any of the listed requirements, may be used as evidence. The
3.27 applicant may then be issued a license if the requirements for licensure in the other state
3.28 are deemed by the board to be equivalent to those of sections 148.52 to 148.62.

3.29 Subd. 3. **Revocation, suspension.** ~~The board may revoke the license or suspend~~
3.30 ~~or restrict the right to practice of any person who has been convicted of any violation of~~
3.31 ~~sections 148.52 to 148.62 or of any other criminal offense, or who violates any provision~~
3.32 ~~of sections 148.571 to 148.576 or who is found by the board to be incompetent or guilty~~
3.33 ~~of unprofessional conduct. "Unprofessional conduct" means any conduct of a character~~
3.34 ~~likely to deceive or defraud the public, including, among other things, free examination~~
3.35 ~~advertising, the loaning of a license by any licensed optometrist to any person; the~~
3.36 ~~employment of "cappers" or "steerers" to obtain business; splitting or dividing a fee with~~

4.1 ~~any person; the obtaining of any fee or compensation by fraud or misrepresentation;~~
 4.2 ~~employing directly or indirectly any suspended or unlicensed optometrist to perform any~~
 4.3 ~~work covered by sections 148.52 to 148.62; the advertising by any means of optometric~~
 4.4 ~~practice or treatment or advice in which untruthful, improbable, misleading, or impossible~~
 4.5 ~~statements are made. After one year, upon application and proof that the disqualification~~
 4.6 ~~has ceased, the board may reinstate such person.~~

4.7 ~~Subd. 4. **Peddling or canvassing forbidden.** Every licensed optometrist who~~
 4.8 ~~shall temporarily practice optometry outside or away from the regular registered place~~
 4.9 ~~of business shall display the license and deliver to each customer or person there~~
 4.10 ~~fitted or supplied with glasses a receipt or record which shall contain the signature,~~
 4.11 ~~permanent registered place of business or post office address, and number of license of~~
 4.12 ~~the optometrist, together with the amount charged therefor, but nothing contained in this~~
 4.13 ~~section shall be construed as to permit peddling or canvassing by licensed optometrists.~~

4.14 ~~Subd. 5. **Change of address.** A person regulated by the board shall maintain a~~
 4.15 ~~current name and address with the board and shall notify the board in writing within 30~~
 4.16 ~~days of any change in name or address. If a name change only is requested, the regulated~~
 4.17 ~~person must request revised credentials and return the current credentials to the board.~~
 4.18 ~~The board may require the regulated person to substantiate the name change by submitting~~
 4.19 ~~official documentation from a court of law or agency authorized under law to receive and~~
 4.20 ~~officially record a name change. If an address change only is requested, no request for~~
 4.21 ~~revised credentials is required. If the regulated person's current credentials have been lost,~~
 4.22 ~~stolen, or destroyed, the person shall provide a written explanation to the board.~~

4.23 Sec. 5. Minnesota Statutes 2014, section 148.574, is amended to read:

4.24 **148.574 PROHIBITIONS RELATING TO LEGEND DRUGS;**
 4.25 **~~AUTHORIZING SALES BY PHARMACISTS UNDER CERTAIN CONDITIONS.~~**

4.26 ~~An optometrist shall not purchase, possess, administer, prescribe or give any legend~~
 4.27 ~~drug as defined in section 151.01 or 152.02 to any person except as is expressly authorized~~
 4.28 ~~by sections 148.571 to 148.577. Nothing in chapter 151 shall prevent a pharmacist from~~
 4.29 ~~selling topical ocular drugs to an optometrist authorized to use such drugs according to~~
 4.30 ~~sections 148.571 to 148.577. Notwithstanding sections 151.37 and 152.12, an optometrist~~
 4.31 ~~is prohibited from dispensing legend drugs at retail, unless the legend drug is within the~~
 4.32 ~~scope designated in section 148.56, subdivision 1, and is administered to the eye through~~
 4.33 ~~an ophthalmic good as defined in section 145.711, subdivision 4.~~

5.1 Sec. 6. Minnesota Statutes 2014, section 148.575, is amended to read:

5.2 **148.575 ~~CERTIFICATE REQUIRED~~ REQUIREMENT FOR USE OF**
 5.3 **~~TOPICAL~~ LEGEND DRUGS.**

5.4 ~~Subdivision 1. **Certificate required for use of legend drugs.** A licensed optometrist~~
 5.5 ~~must be board certified to use legend drugs for therapy under section 148.576.~~

5.6 Subd. 2. ~~**Board-certified Requirements defined.** "Board certified" means that A~~
 5.7 ~~licensed optometrist has been issued a certificate by the Board of Optometry certifying~~
 5.8 ~~that the optometrist has complied~~ shall comply with the following requirements for the use
 5.9 of legend drugs described in section 148.576:

5.10 ~~(1) successful completion of at least 60 hours of study in general and ocular~~
 5.11 ~~pharmacology emphasizing drugs used for examination or treatment purposes, their~~
 5.12 ~~systemic effects and management or referral of adverse reactions;~~

5.13 ~~(2)~~ (1) successful completion of at least 100 hours of study in the examination,
 5.14 diagnosis, and treatment of conditions of the human eye with legend drugs;

5.15 ~~(3)~~ (2) successful completion of two years of supervised clinical experience in
 5.16 differential diagnosis of eye disease or disorders as part of optometric training or one year
 5.17 of that experience and ten years of actual clinical experience as a licensed optometrist; and

5.18 ~~(4)~~ (3) successful completion of a nationally standardized examination approved or
 5.19 administered by the board on the subject of treatment and management of ocular disease.

5.20 Subd. 3. ~~**Display of certificate required.** A certificate issued under this section~~
 5.21 ~~to a licensed optometrist by the Board of Optometry supersedes any previously issued~~
 5.22 ~~certificate limited to topical ocular drugs described in sections 148.571 to 148.574 and~~
 5.23 ~~must be displayed in a prominent place in the licensed optometrist's office.~~

5.24 Subd. 4. **Accreditation of courses.** The Board of Optometry may approve courses
 5.25 of study in general or ocular pharmacology and examination, diagnosis, and treatment
 5.26 of conditions of the human eye only if they are taught by an institution that meets the
 5.27 following criteria:

5.28 (1) the institution has facilities for both didactic and clinical instruction in
 5.29 pharmacology and ocular disease treatment;

5.30 (2) the institution certifies to the Board of Optometry that the course of instruction is
 5.31 comparable in content to courses of instruction required by other health-related licensing
 5.32 boards whose license holders or registrants are permitted to administer pharmaceutical
 5.33 agents in their professional practice for either diagnostic or therapeutic purposes or
 5.34 both; and

5.35 (3) the institution is accredited by a regional or professional accrediting organization
 5.36 recognized by the Council for Higher Education Accreditation or its successor agency.

6.1 ~~Subd. 5. **Notice to Board of Pharmacy.** The Board of Optometry shall notify the~~
 6.2 ~~Board of Pharmacy of each licensed optometrist who meets the certification requirements~~
 6.3 ~~in this section.~~

6.4 ~~Subd. 6. **Board certification required.** Optometrists who were licensed in this state~~
 6.5 ~~prior to August 1, 2007, must have met the board certification requirements under this~~
 6.6 ~~section by August 1, 2012, in order to renew their license.~~

6.7 Sec. 7. Minnesota Statutes 2014, section 148.577, is amended to read:

6.8 **148.577 STANDARD OF CARE.**

6.9 A licensed optometrist who is board certified under section 148.575 is held to the
 6.10 same standard of care in the use of those legend drugs as physicians licensed by the state
 6.11 of Minnesota.

6.12 Sec. 8. Minnesota Statutes 2014, section 148.603, is amended to read:

6.13 **148.603 FORMS OF GROUNDS FOR DISCIPLINARY ACTIONS ACTION.**

6.14 ~~When grounds exist under section 148.57, subdivision 3, or other statute or rule~~
 6.15 ~~which the board is authorized to enforce, the board may take one or more of the following~~
 6.16 ~~disciplinary actions, provided that disciplinary or corrective action may not be imposed~~
 6.17 ~~by the board on any regulated person except after a contested case hearing conducted~~
 6.18 ~~pursuant to chapter 14 or by consent of the parties:~~

6.19 (1) ~~deny an application for a credential;~~

6.20 (2) ~~revoke the regulated person's credential;~~

6.21 (3) ~~suspend the regulated person's credential;~~

6.22 (4) ~~impose limitations on the regulated person's credential;~~

6.23 (5) ~~impose conditions on the regulated person's credential;~~

6.24 (6) ~~censure or reprimand the regulated person;~~

6.25 (7) ~~impose a civil penalty not exceeding \$10,000 for each separate violation, the~~

6.26 ~~amount of the civil penalty to be fixed so as to deprive the person of any economic~~

6.27 ~~advantage gained by reason of the violation or to discourage similar violations or to~~

6.28 ~~reimburse the board for the cost of the investigation and proceeding. For purposes of~~

6.29 ~~this section, the cost of the investigation and proceeding may include, but is not limited~~

6.30 ~~to, fees paid for services provided by the Office of Administrative Hearings, legal and~~

6.31 ~~investigative services provided by the Office of the Attorney General, court reporters,~~

6.32 ~~witnesses, reproduction of records, board members' per diem compensation, board staff~~

6.33 ~~time, and travel costs and expenses incurred by board staff and board members; or~~

7.1 ~~(8) when grounds exist under section 148.57, subdivision 3, or a board rule, enter~~
7.2 ~~into an agreement with the regulated person for corrective action which may include~~
7.3 ~~requiring the regulated person:~~

7.4 ~~(i) to complete an educational course or activity;~~

7.5 ~~(ii) to submit to the executive director or designated board member a written~~
7.6 ~~protocol or reports designed to prevent future violations of the same kind;~~

7.7 ~~(iii) to meet with a board member or board designee to discuss prevention of future~~
7.8 ~~violations of the same kind; or~~

7.9 ~~(iv) to perform other action justified by the facts.~~

7.10 Listing the measures in clause (8) does not preclude the board from including
7.11 them in an order for disciplinary action. The board may refuse to grant a license or
7.12 may impose disciplinary action as described in section 148.607 against any optometrist
7.13 for the following:

7.14 (1) failure to demonstrate the qualifications or satisfy the requirements for a license
7.15 contained in this chapter or in rules of the board. The burden of proof shall be on the
7.16 applicant to demonstrate the qualifications or the satisfaction of the requirements;

7.17 (2) obtaining a license by fraud or cheating, or attempting to subvert the licensing
7.18 examination process. Conduct which subverts or attempts to subvert the licensing
7.19 examination process includes, but is not limited to: (i) conduct which violates the
7.20 security of the examination materials, such as removing examination materials from the
7.21 examination room or having unauthorized possession of any portion of a future, current, or
7.22 previously administered licensing examination; (ii) conduct which violates the standard of
7.23 test administration, such as communicating with another examinee during administration
7.24 of the examination, copying another examinee's answers, permitting another examinee
7.25 to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an
7.26 examinee or permitting an impersonator to take the examination on one's own behalf;

7.27 (3) conviction, during the previous five years, of a felony or gross misdemeanor,
7.28 reasonably related to the practice of optometry. Conviction as used in this section shall
7.29 include a conviction of an offense which if committed in this state would be deemed a
7.30 felony or gross misdemeanor without regard to its designation elsewhere, or a criminal
7.31 proceeding where a finding or verdict of guilt is made or returned but the adjudication of
7.32 guilt is either withheld or not entered thereon;

7.33 (4) revocation, suspension, restriction, limitation, or other disciplinary action against
7.34 the person's optometry license in another state or jurisdiction, failure to report to the
7.35 board that charges regarding the person's license have been brought in another state or
7.36 jurisdiction, or having been refused a license by any other state or jurisdiction;

8.1 (5) advertising which is false or misleading, which violates any rule of the board, or
8.2 which claims without substantiation the positive cure of any disease;

8.3 (6) violating a rule promulgated by the board or an order of the board, a state or
8.4 federal law, which relates to the practice of optometry, or a state or federal narcotics or
8.5 controlled substance law;

8.6 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm
8.7 the public, or demonstrating a willful or careless disregard for the health, welfare, or
8.8 safety of a patient; or practice of optometry which is professionally incompetent, in that
8.9 it may create unnecessary danger to any patient's life, health, or safety, which in any of
8.10 the cases, proof of actual injury need not be established;

8.11 (8) failure to supervise an optometrist's assistant or failure to supervise an
8.12 optometrist under any agreement with the board;

8.13 (9) aiding or abetting an unlicensed person in the practice of optometry, except that
8.14 it is not a violation of this section for an optometrist to employ, supervise, or delegate
8.15 functions to a qualified person who may or may not be required to obtain a license or
8.16 registration to provide health services if that person is practicing within the scope of that
8.17 person's license or registration or delegated authority;

8.18 (10) adjudication as mentally incompetent, mentally ill, or developmentally
8.19 disabled, or as a chemically dependent person, a person dangerous to the public, a sexually
8.20 dangerous person, or a person who has a sexual psychopathic personality by a court of
8.21 competent jurisdiction, within or without this state. Such adjudication shall automatically
8.22 suspend a license for the duration of the license unless the board orders otherwise;

8.23 (11) engaging in unprofessional conduct which includes any departure from or the
8.24 failure to conform to the minimal standards of acceptable and prevailing practice in which
8.25 case actual injury to a patient need not be established;

8.26 (12) inability to practice optometry with reasonable skill and safety to patients
8.27 by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of
8.28 material or as a result of any mental or physical condition, including deterioration through
8.29 the aging process or loss of motor skills;

8.30 (13) revealing a privileged communication from or relating to a patient except when
8.31 otherwise required or permitted by law;

8.32 (14) improper management of medical records, including failure to maintain
8.33 adequate medical records, to comply with a patient's request made pursuant to sections
8.34 144.291 to 144.298 or to furnish a medical record or report required by law;

8.35 (15) fee splitting, including without limitation:

- 9.1 (i) paying, offering to pay, receiving, or agreeing to receive a commission, rebate, or
 9.2 remuneration, directly or indirectly, primarily for the referral of patients or the prescription
 9.3 of drugs or devices; and
- 9.4 (ii) dividing fees with another optometrist, other health care provider, or a
 9.5 professional corporation, unless the division is in proportion to the services provided
 9.6 and the responsibility assumed by each professional and the optometrist has disclosed
 9.7 the terms of the division;
- 9.8 (16) engaging in abusive or fraudulent billing practices, including violations of the
 9.9 federal Medicare and Medicaid laws or state medical assistance laws;
- 9.10 (17) becoming addicted or habituated to a drug or intoxicant;
- 9.11 (18) prescribing a drug or device for other than accepted therapeutic or experimental
 9.12 or investigative purposes authorized by the state or a federal agency;
- 9.13 (19) engaging in conduct with a patient which is sexual or may reasonably be
 9.14 interpreted by the patient as sexual, or in any verbal behavior which is seductive or
 9.15 sexually demeaning to a patient;
- 9.16 (20) failure to make reports as required by section 148.604 or to cooperate with an
 9.17 investigation of the board as required by section 148.606;
- 9.18 (21) knowingly providing false or misleading information that is directly related to
 9.19 the care of a patient; and
- 9.20 (22) practice of a board-regulated profession under lapsed or nonrenewed credentials.

9.21 **Sec. 9. [148.604] REPORTING OBLIGATIONS.**

9.22 Subdivision 1. **Permission to report.** A person who has knowledge of any conduct
 9.23 constituting grounds for discipline under sections 148.52 to 148.62 may report the
 9.24 violation to the board.

9.25 Subd. 2. **Institutions.** Any hospital, clinic, prepaid medical plan, or other health
 9.26 care institution or organization located in this state shall report to the board any action
 9.27 taken by the institution or organization or any of its administrators or medical or other
 9.28 committees to revoke, suspend, restrict, or condition an optometrist's privilege to practice
 9.29 or treat patients in the institution, or as part of the organization, any denial of privileges,
 9.30 or any other disciplinary action. The institution or organization shall also report the
 9.31 resignation of any optometrist prior to the conclusion of any disciplinary proceeding, or
 9.32 prior to the commencement of formal charges but after the optometrist had knowledge
 9.33 that formal charges were contemplated or in preparation. Each report made under this
 9.34 subdivision must state the nature of the action taken, state in detail the reasons for
 9.35 the action, and identify the specific patient medical records upon which the action was

10.1 based. No report shall be required of an optometrist voluntarily limiting the practice of
10.2 the optometrist at a hospital provided that the optometrist notifies all hospitals where the
10.3 optometrist has privileges of the voluntary limitation and the reasons for it.

10.4 Subd. 3. **Licensed professionals.** A licensed optometrist shall report to the board
10.5 personal knowledge of any conduct by any optometrist which the person reasonably
10.6 believes constitutes grounds for disciplinary action under sections 148.52 to 148.62,
10.7 including any conduct indicating that the person may be incompetent, may have engaged
10.8 in unprofessional conduct, or may be physically unable to safely engage in the practice
10.9 of optometry.

10.10 Subd. 4. **Self-reporting.** An optometrist shall report to the board any personal
10.11 action which would require that a report be filed with the board by any person, health care
10.12 facility, business, or organization pursuant to subdivisions 2 and 3.

10.13 Subd. 5. **Deadlines; forms; rulemaking.** Reports required by subdivisions 2 to
10.14 4 must be submitted not later than 30 days after the occurrence of the reportable event
10.15 or transaction. The board may provide forms for the submission of reports required by
10.16 this section, may require that reports be submitted on the forms provided, and may adopt
10.17 rules necessary to ensure prompt and accurate reporting.

10.18 Subd. 6. **Subpoenas.** The board may issue subpoenas for the production of any
10.19 reports required by subdivisions 2 to 4 or any related documents.

10.20 Sec. 10. **[148.605] IMMUNITY.**

10.21 Subdivision 1. **Reporting.** Any person, health care facility, business, or organization
10.22 is immune from civil liability or criminal prosecution for submitting a report to the
10.23 board pursuant to section 148.604 or for otherwise reporting to the board violations or
10.24 alleged violations of section 148.603, if they are acting in good faith and in the exercise
10.25 of reasonable care.

10.26 Subd. 2. **Investigation; indemnification.** (a) Members of the board, persons
10.27 employed by the board, consultants retained by the board for the purpose of investigation
10.28 of violations, the preparation of charges, and management of board orders on behalf
10.29 of the board, are immune from civil liability and criminal prosecution for any actions,
10.30 transactions, or publications in the execution of, or relating to, their duties under sections
10.31 148.52 to 148.62, if they are acting in good faith and in the exercise of reasonable care.

10.32 (b) Members of the board and persons employed by the board or engaged in
10.33 maintaining records and making reports regarding adverse health care events are immune
10.34 from civil liability and criminal prosecution for any actions, transactions, or publications

11.1 in the execution of, or relating to, their duties under sections 148.52 to 148.62, if they are
11.2 acting in good faith and in the exercise of reasonable care.

11.3 (c) For purposes of this section, a member of the board or a consultant described in
11.4 paragraph (a) is considered a state employee under section 3.736, subdivision 9.

11.5 Sec. 11. **[148.606] OPTOMETRIST COOPERATION.**

11.6 An optometrist who is the subject of an investigation by or on behalf of the board
11.7 shall cooperate fully with the investigation. Cooperation includes responding fully and
11.8 promptly to any question raised by or on behalf of the board relating to the subject of the
11.9 investigation and providing copies of patient medical records, as reasonably requested
11.10 by the board, to assist the board in its investigation. If the board does not have written
11.11 consent from a patient permitting access to the patient's records, the optometrist shall
11.12 delete identifying information on the patient before providing the record to the board.

11.13 Sec. 12. **[148.607] DISCIPLINARY ACTIONS.**

11.14 When the board finds that a licensed optometrist under section 148.57 has violated a
11.15 provision or provisions of sections 148.52 to 148.62, it may do one or more of the following:

11.16 (1) revoke the license;

11.17 (2) suspend the license;

11.18 (3) impose limitations or conditions on the optometrist's practice of optometry,
11.19 including the limitation of scope of practice to designated field specialties; the imposition
11.20 of retraining or rehabilitation requirements; the requirement of practice under supervision;
11.21 or the conditioning of continued practice on demonstration of knowledge or skills by
11.22 appropriate examination or other review of skill and competence;

11.23 (4) impose a civil penalty not exceeding \$10,000 for each separate violation, the
11.24 amount of the civil penalty to be fixed so as to deprive the optometrist of any economic
11.25 advantage gained by reason of the violation charged or to reimburse the board for the cost
11.26 of the investigation and proceeding; and

11.27 (5) censure or reprimand the licensed optometrist.

11.28 Sec. 13. **REPEALER.**

11.29 Minnesota Statutes 2014, sections 148.571; 148.572; 148.573, subdivision 1; and
11.30 148.576, subdivisions 1 and 2, are repealed.

148.571 USE OF TOPICAL OCULAR DRUGS.

Subdivision 1. **Authority.** Subject to the provisions of sections 148.571 to 148.574, optometrists who are currently licensed on August 1, 2007, and are not board certified under section 148.575 may possess a valid topical ocular drug certificate, referred to in sections 148.571 to 148.574, allowing them to administer topical ocular drugs to the anterior segment of the human eye during an eye examination in the course of practice in their normal practice setting, solely for the purposes of determining the refractive, muscular, or functional origin of sources of visual discomfort or difficulty, and detecting abnormalities which may be evidence of disease. Authority granted under sections 148.571 to 148.574 is granted to optometrists who are board certified under section 148.575.

Subd. 2. **Drugs specified.** For purposes of sections 148.571 to 148.574, "topical ocular drugs" means:

- (1) commercially prepared topical anesthetics as follows: proparacaine HC1 0.5 percent, tetracaine HC1 0.5 percent, and benoxinate HC1 0.4 percent;
- (2) commercially prepared mydriatics as follows: phenylephrine HC1 in strength not greater than 2.5 percent and hydroxyamphetamine HBr in strength not greater than 1 percent; and
- (3) commercially prepared cycloplegics/mydriatics as follows: tropicamide in strength not greater than 1 percent and cyclopentolate in strength not greater than 1 percent.

148.572 ADVICE TO SEEK DIAGNOSIS AND TREATMENT.

Whether or not topical ocular drugs have been used, if any licensed optometrist is informed by a patient or determines from examining a patient, using judgment and that degree of skill, care, knowledge and attention ordinarily possessed and exercised by optometrists in good standing under like circumstances, that there are present in that patient signs or symptoms which may be evidence of disease that requires treatment that is beyond the practice of optometry permitted by law, then the licensed optometrist shall (1) promptly advise that patient to seek evaluation by an appropriate licensed physician for diagnosis and possible treatment and (2) not attempt to treat such condition by the use of drugs or any other means.

148.573 TOPICAL OCULAR DRUG USE.

Subdivision 1. **Certificate required.** A licensed optometrist shall not purchase, possess or administer any topical ocular drugs unless the optometrist has obtained a topical ocular drug certificate from the Board of Optometry certifying that the optometrist has complied with the requirements in paragraphs (a) and (b).

(a) Successful completion of 60 classroom hours of study in general and clinical pharmacology as it relates to the practice of optometry, with particular emphasis on the use of topical ocular drugs for examination purposes. At least 30 of the 60 classroom hours shall be in ocular pharmacology and shall emphasize the systemic effects of and reactions to topical ocular drugs, including the emergency management and referral of any adverse reactions that may occur. The course of study shall be approved by the Board of Optometry, and shall be offered by an institution which is accredited by a regional or professional accreditation organization recognized or approved by the Council on Postsecondary Education or the United States Department of Education or their successors. The course shall be completed prior to entering the examination required by this section.

(b) Successful completion of an examination approved by the Board of Optometry on the subject of general and ocular pharmacology as it relates to optometry with particular emphasis on the use of topical ocular drugs, including emergency management and referral of any adverse reactions that may occur.

148.576 USE OF LEGEND DRUGS; LIMITATIONS; REPORTS.

Subdivision 1. **Authority to prescribe or administer.** A licensed optometrist who is board certified under section 148.575 may prescribe or administer legend drugs to aid in the diagnosis, cure, mitigation, prevention, treatment, or management of disease, deficiency, deformity, or abnormality of the human eye and adnexa included in the curricula of accredited schools or colleges of optometry. Nothing in this section shall allow (1) legend drugs to be administered intravenously, intramuscularly, or by injection except for treatment of anaphylaxis, (2) invasive surgery including, but not limited to, surgery using lasers, (3) Schedule II and III oral legend drugs and oral steroids to be administered or prescribed, (4) oral antivirals to be prescribed or

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administered for more than ten days, or (5) oral carbonic anhydrase inhibitors to be prescribed or administered for more than seven days.

Subd. 2. **Adverse reaction reports.** An optometrist certified to prescribe legend drugs shall file with the Board of Optometry within ten working days of its occurrence a report on any adverse reaction resulting from the optometrist's administration of a drug. The report must include the optometrist's name, address, and license number; the patient's name, address, and age; the patient's presenting problem; the diagnosis; the agent administered and the method of administration; the reaction; and the subsequent action taken.