

MAINE STATE LEGISLATURE

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SAC
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L.D. 1803

Date: 4/8/26

(Filing No. S-57)

MAJORITY

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate.

STATE OF MAINE

SENATE

132ND LEGISLATURE

SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 702, L.D. 1803, "An Act to Amend the Laws Governing Optometric Practice"

Amend the bill by striking out everything after the enacting clause and inserting the following:

PART A

Sec. A-1. 32 MRSA §19101, sub-§24, as enacted by PL 2023, c. 580, §8, is repealed and the following enacted in its place:

24. Practice of optometry. "Practice of optometry" has the same meaning as described in section 19102.

Sec. A-2. 32 MRSA §19102 is enacted to read:

§19102. Practice of optometry

The following provisions describe the practice of optometry for the purposes of this chapter.

1. Definitions. For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Diagnostic and therapeutic pharmaceutical agent" means any prescription or nonprescription drug delivered by any route of administration, which may be used or prescribed for the diagnosis, treatment, prevention or mitigation of abnormal conditions and diseases of the visual system or the human eye and its adnexa, including approved narcotics when used in the treatment of disorders or diseases of the eye and its adnexa.

B. "Ophthalmic surgery" means a procedure upon the human eye and its adnexa in which in vivo tissue is injected, cut, burned, frozen, sutured, vaporized, coagulated or photo disrupted by the use of surgical instrumentation, including, but not limited to, a scalpel, cryoprobe, laser or electric cautery, or by the use of ionizing radiation.

COMMITTEE AMENDMENT

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(S.657)

1 "Ophthalmic surgery" does not include any surgical procedures that do not involve the
2 eye or its adnexa.

3 2. Practice of optometry. The practice of optometry is the evaluation, diagnosis,
4 prevention or treatment of diseases, disorders or conditions of the human vision system,
5 eyes and adjacent and associated structures, including, in addition to all forms of care and
6 treatment approved on the effective date of this subsection:

7 A. Measuring the powers and range of vision of the human eye using subjective and
8 objective means, including the use of lenses, prisms and automated testing devices, to
9 determine its accommodative and refractive state and general scope of function of
10 human vision;

11 B. The adaptation, sale and dispensing of frames and lenses in all their forms to
12 overcome errors of refraction and restore as near as possible normal human vision;

13 C. The adaptation, sale and dispensing of plano or zero power contact lenses;

14 D. Ordering appropriate diagnostic laboratory or imaging tests for the purpose of
15 prescribing contact lenses for prosthetic or therapeutic purposes, including
16 orthokeratology;

17 E. Ordering appropriate diagnostic laboratory or imaging tests to facilitate the
18 provision of contact lenses for cosmetic purposes;

19 F. The use or prescription of lenses, prisms, vision therapy and vision rehabilitation;

20 G. The prescription of diagnostic and therapeutic pharmaceutical agents for ocular
21 disease, by any delivery system necessary, including controlled substances included in
22 schedules III, IV and V as described in 21 United States Code, Section 812;

23 H. The use and prescription of medical devices;

24 I. The removal of benign skin lesions of the eyelid;

25 J. The use of Kenalog injection for chalazions;

26 K. The removal of chalazions or benign skin tags of the eyelid, including the ordering
27 of any biopsy, blood test or other appropriate diagnostic laboratory or imaging tests;

28 L. The prescription of oral and topical antihistamines or anti-allergy medication,
29 including the prescription of medicated contact lenses;

30 M. The prescription of oral and topical anti-inflammatory medication, including
31 steroids such as prednisone;

32 N. The prescription of oral and topical anti-glaucoma medication, including oral
33 acetazolamide;

34 O. The use of therapeutic ultrasound, radio frequency and intense pulsed light
35 treatments;

36 P. Ophthalmic surgery as expressly provided in this paragraph, except for the
37 performance of the procedures described in subsection 3. An optometrist may utilize
38 local anesthesia by injection in performing the following procedures:

39 (1) The intralésional injection of a steroid to treat a chalazion;

40 (2) The primary removal of a pedunculated skin tag;

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- 1 (3) The intradermal injection of a paralytic agent;
- 2 (4) The incision and curettage of a nonrecurrent chalazion; and
- 3 (5) The removal of foreign bodies from the eye not involving lid margin or lacrimal
- 4 drainage structures and extending no deeper than the orbicularis oculi muscle;
- 5 Q. Selective laser trabeculoplasty to treat ocular hypertension or glaucoma;
- 6 R. Posterior capsulotomy using an yttrium aluminum garnet laser to treat a posterior
- 7 capsule opacification; and
- 8 S. Laser peripheral iridotomy to prevent or treat angle closure glaucoma.

9 3. Ophthalmic surgery procedures excluded from practice of optometry. The
10 following ophthalmic surgery procedures are excluded from the practice of optometry,
11 except for the preoperative and postoperative care for those procedures:

- 12 A. Retina laser procedures;
- 13 B. Penetrating keratoplasty or corneal transplant of any kind;
- 14 C. Surgery performed with general anesthesia, regional anesthesia or monitored
- 15 anesthesia care or the administration of such anesthesia;
- 16 D. Injection into the vitreous chamber of the eye to treat any retinal or macular disease;
- 17 E. Laser-assisted in situ keratomileusis;
- 18 F. Corneal implants;
- 19 G. Surgery related to removal of the eye from a living human being;
- 20 H. Surgery requiring full thickness incision or excision of the cornea or sclera;
- 21 I. Surgery requiring incision of the iris and ciliary body, including diathermy or
- 22 cryotherapy;
- 23 J. Vitrectomy;
- 24 K. Retinal surgery;
- 25 L. Surgical extraction of an intraocular or crystalline lens;
- 26 M. Surgical implantation of an intraocular lens;
- 27 N. Incisional or excisional surgery of the extraocular muscles;
- 28 O. Surgery of the eyelid for confirmed malignancies or for incisional cosmetic or
- 29 incisional mechanical repair;
- 30 P. Surgery of the orbit;
- 31 Q. Incisional or excisional surgery of the lacrimal system; and
- 32 R. Surgery requiring full thickness conjunctivoplasty, including pterygium or
- 33 pinguecula excision.

34 4. Credentialing requirements for ophthalmic surgery and laser procedures. A
35 person may not perform ophthalmic surgery or laser procedures unless the person has
36 satisfied the credentialing requirements established by the board. At a minimum, the
37 credentialing requirements must:

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A. Require an optometrist to be a graduate of an accredited optometry school and hold an active state license in good standing;

B. Require an optometrist to:

(1) Have received a passing score on the laser examination and on the surgical procedures examination offered by the National Board of Examiners in Optometry; or

(2) If the optometrist graduated from an accredited optometry school prior to July 1, 2024, have satisfactorily completed a course approved by the board that is at least 32 hours in length, that includes content related to each procedure set forth in subsection 2, paragraphs P, Q, R and S and that is proctored by an ophthalmologist or an optometrist authorized to perform all of the procedures set forth in subsection 2, paragraphs P, Q, R and S by the licensing board in a state in which a qualified optometrist may perform these procedures; and

C. Demonstrate competency in the performance of laser procedures by participating in 8 additional hours of working under a preceptor who is either a licensed ophthalmologist or licensed and credentialed optometrist. The preceptor must be licensed to perform the laser procedures, and the training must take place in the state in which the preceptor is licensed. The supervising ophthalmologist or optometrist shall notify the board when competency has been demonstrated in the form and manner prescribed by the board.

5. Mechanical work associated with eyeglasses with ophthalmic lenses. This section does not prevent a person from doing the mechanical work associated with adapting, fitting, bending, adjusting, providing, replacing or duplicating eyeglasses with ophthalmic lenses.

6. Construction. This section may not be construed to limit the ability of an optometrist to use diagnostic or therapeutic instruments using laser, light, radio frequency or ultrasound technology in the performance of eye care or limit an optometrist's ability to perform ophthalmic surgery procedures other than those surgical procedures excluded under subsection 3, as long as the optometrist has satisfied the appropriate credentialing requirements of the board.

7. Repeal. This section is repealed January 1, 2033.

Sec. A-3. 32 MRSA §19103 is enacted to read:

§19103. Scope of practice; board authority

The board shall adopt rules to further define the scope of practice of optometry in accordance with section 19102, subsections 2 and 3.

Sec. A-4. 32 MRSA §19202, sub-§8, as enacted by PL 2023, c. 580, §8, is amended to read:

8. Authority to order a mental or physical examination. The authority to direct a licensee or license applicant, who by virtue of an application for and acceptance of a license to practice under this chapter is considered to have given consent, to submit to an examination of the board's choice. With respect to a licensee, the board may order that licensee to submit to an examination whenever information is received by the board that would cause the board to reasonably determine that the licensee may be suffering from a mental illness or physical illness that may be interfering with competent practice under this

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1 chapter or from the use of intoxicants or drugs to an extent that the use is preventing the
2 licensee from practicing optometry competently and safely. A licensee or license applicant
3 examined pursuant to an order of the board may not prevent the testimony of the examining
4 individual or prevent the acceptance into evidence of the report of the examining individual
5 in a proceeding under this chapter. The board may petition the District Court for immediate
6 suspension of license if the licensee fails to comply with an order of the board to submit to
7 a mental or physical examination pursuant to this subsection; and

8 **Sec. A-5. 32 MRSA §19202, sub-§9**, as enacted by PL 2023, c. 580, §8, is amended
9 to read:

10 **9. Report.** The duty to submit to the commissioner, on or before August 1st of each
11 year, the board's annual report of its operations and financial position for the preceding
12 fiscal year ending June 30th, together with comments and recommendations the board
13 considers essential; and

14 **Sec. A-6. 32 MRSA §19202, sub-§10** is enacted to read:

15 **10. Advisory opinions; declaratory rulings.** The authority to issue advisory opinions
16 and declaratory rulings related to this chapter and any rules adopted pursuant to this
17 chapter.

18 **Sec. A-7. 32 MRSA §19204**, as enacted by PL 2023, c. 580, §8, is amended to read:

19 **§19204. Rulemaking Rule-making authority**

20 The board shall adopt rules that are necessary for the implementation of this chapter.
21 The rules may include, but need not be limited to, requirements for licensure, license
22 renewal and license reinstatement as well as practice setting standards, including scope of
23 practice, that apply to individuals licensed under this chapter. Rules relating to scope of
24 practice are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. All
25 other rules adopted pursuant to this chapter are routine technical rules as defined in Title 5,
26 chapter 375, subchapter 2-A.

27 **Sec. A-8. 32 MRSA §19304, sub-§2, ¶A**, as enacted by PL 2023, c. 580, §8, is
28 amended by amending subparagraph (2) to read:

29 (2) ~~Nothing in this~~ This paragraph may not be construed to permit the optometric
30 use of pharmaceutical agents that are:

31 (a) Controlled substances identified in schedules I and II as described in 21
32 United States Code, Section 812; and

33 ~~(b) Administered exclusively by subdermal injection, intramuscular injection,~~
34 ~~intravenous injection, subcutaneous injection or retrobulbar injection, except~~
35 ~~injections for the emergency treatment of anaphylactic shock; and~~

36 (c) For the specific treatment of a systemic disease unless the pharmaceutical
37 agent is used specifically for an ocular disease.

38 **Sec. A-9. 32 MRSA §19308**, as enacted by PL 2023, c. 580, §8, is amended to read:

39 **§19308. Standard of care**

40 A licensee shall be held to the same standard of care in diagnosis, treatment and
41 management of patient care as that degree of skill and proficiency commonly exercised by

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1 a physician with a specialty in eye care in this State. A licensee shall ensure that the services
2 provided are consistent with the licensee's scope of practice, including the licensee's
3 education, training, experience, ability, licensure and certification. A licensee shall carry
4 malpractice insurance in an amount established by the board.

5 **Sec. A-10. 32 MRSA §19312, sub-§2, ¶D,** as amended by PL 2025, c. 390, Pt. A,
6 §53, is further amended to read:

7 D. The dispensing party may dispense contact lenses only upon receipt of a written
8 prescription, except that an optometrist may fill a prescription of another optometrist
9 or a physician without a copy of the prescription. Mail order contact lens suppliers
10 must be licensed by and register with the Maine Board of Pharmacy pursuant to section
11 13751 and are subject to discipline by that board for violations of that board's rules and
12 the laws governing the board. An individual who fills a contact lens prescription shall
13 maintain a copy of that prescription for a period of 5 10 years. A dispensing party other
14 than an optometrist with an optometrist-patient relationship shall forward a copy of the
15 details of a prescription for contact lenses to the optometrist with the optometrist-
16 patient relationship.

17 **Sec. A-11. 32 MRSA §19602,** as enacted by PL 2023, c. 580, §8, is amended to
18 read:

19 **§19602. Telehealth services permitted**

20 A person licensed under this chapter may provide telehealth services as long as the
21 licensee acts within the scope of practice of the licensee's license, in accordance with any
22 requirements and restrictions imposed by this ~~subchapter~~ chapter and in accordance with
23 standards of practice.

24 **Sec. A-12. 32 MRSA §19605,** as enacted by PL 2023, c. 580, §8, is amended to
25 read:

26 **§19605. Rulemaking**

27 The board shall adopt rules governing the provision of telehealth services by a person
28 ~~licensed under this chapter~~ in accordance with section 19204. These rules must establish
29 standards of practice and appropriate restrictions for the various types and forms of
30 telehealth services.

31 **Sec. A-13. Report.** No later than January 15, 2032, the State Board of Optometry
32 shall submit a report to the joint standing committee of the Legislature having jurisdiction
33 over optometry licensing matters recommending whether the Maine Revised Statutes, Title
34 32, section 19102 should be repealed as required by Title 32, section 19102, subsection 7
35 or if that section should be continued or modified. The joint standing committee of the
36 Legislature having jurisdiction over optometry licensing matters may report out a bill based
37 on the recommendation to the Second Regular Session of the 135th Legislature.

38 **Sec. A-14. Effective date.** This Part takes effect January 1, 2028.

39 **PART B**

40 **Sec. B-1. Commission to Review the State Board of Optometry.**
41 Notwithstanding Joint Rule 353, the Commission to Review the State Board of Optometry,
42 referred to in this section as "the commission," is established as follows.

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- 1 **1. Membership.** The commission consists of 10 members appointed as follows:
- 2 A. Two members of the Senate, appointed by the President of the Senate, including a
- 3 member from each of the 2 parties holding the largest number of seats in the
- 4 Legislature;
- 5 B. Two members of the House of Representatives, appointed by the Speaker of the
- 6 House of Representatives, including a member from each of the 2 parties holding the
- 7 largest number of seats in the Legislature;
- 8 C. One physician licensed to practice in the State with a specialty in ophthalmology,
- 9 appointed by the President of the Senate;
- 10 D. One optometrist licensed to practice in the State, appointed by the Speaker of the
- 11 House of Representatives;
- 12 E. The Attorney General or the Attorney General's designee;
- 13 F. The chair of the State Board of Optometry; and
- 14 G. Two members of the public, one each appointed by the President of the Senate and
- 15 the Speaker of the House of Representatives as long as the members do not have any
- 16 pecuniary interests in or connection to optometry, medicine or ophthalmology.
- 17 **2. Chairs.** The first-named Senate member is the Senate chair and the first-named
- 18 House of Representatives member is the House chair of the commission.
- 19 **3. Appointments; convening of commission.** All appointments must be made no later
- 20 than 30 days following the effective date of this section. The appointing authorities shall
- 21 notify the Executive Director of the Legislative Council once all appointments have been
- 22 completed. After appointment of all members, the chairs shall call and convene the first
- 23 meeting of the commission. If 30 days or more after the effective date of this section a
- 24 majority of but not all appointments have been made, the chairs may request authority and
- 25 the Legislative Council may grant authority for the commission to meet and conduct its
- 26 business.
- 27 **4. Duties.** The commission shall evaluate the State Board of Optometry, referred to in
- 28 this subsections as "the board," as follows:
- 29 A. The adequacy of staffing of the board pursuant to the Maine Revised Statutes, Title
- 30 32, section 19202, subsection 5;
- 31 B. The adequacy of funding of the board pursuant to the Maine Revised Statutes, Title
- 32 32, section 19202, subsection 4; and
- 33 C. The adequacy of legal assistance provided to the board by the Office of the Attorney
- 34 General.
- 35 **5. Staff assistance.** The Legislative Council shall provide necessary staffing services
- 36 to the commission, except that Legislative Council staff support is not authorized when the
- 37 Legislature is in regular or special session.
- 38 **6. Report.** The commission shall report its findings to the joint standing committee of
- 39 the Legislature having jurisdiction over matters concerning the State Board of Optometry
- 40 on or before March 1, 2027. The joint standing committee of the Legislature having
- 41 jurisdiction over matters concerning the State Board of Optometry may report out a bill to
- 42 the 133rd Legislature in 2027.

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PART C

Sec. C-1. Appropriations and allocations. The following appropriations and allocations are made.

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Optometry - Board of 0385

Initiative: Establishes 0.5 Public Service Manager I position and provides funding for related All Other costs.

OTHER SPECIAL REVENUE FUNDS	2025-26	2026-27
POSITIONS - LEGISLATIVE COUNT	0.000	0.500
Personal Services	\$0	\$63,347
All Other	\$0	\$93,668
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$157,015

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment, which is the majority report of the committee, replaces the bill.

Part A of the amendment, which takes effect January 1, 2028, makes changes to the provisions of the law governing optometrists by providing a more detailed explanation of what constitutes the practice of optometry. The definition of "practice of optometry" in current law does not include surgical procedures.

Under the amendment, certain types of ophthalmic surgeries and laser procedures are included in the practice of optometry and certain ophthalmic surgical procedures are specifically excluded. An optometrist may only perform ophthalmic surgery or laser procedures if the optometrist meets minimum credentialing requirements established in law and any additional requirements established by the State Board of Optometry in rule. The amendment repeals these provisions of the amendment January 1, 2033 and requires the board to recommend to the Legislature whether to continue, modify or repeal these provisions no later than January 15, 2032. The joint standing committee of the Legislature having jurisdiction over optometry licensing matters may report out a bill based on the recommendation to the Second Regular Session of the 135th Legislature.

Part A also broadens the authority of an optometrist to dispense and administer certain medications independently and removes language that prohibits an optometrist from administering drugs intravenously or by injection. The amendment directs the board to adopt rules to further define the scope of practice of optometry and establish credentialing requirements for ophthalmic surgery procedures. The rules are designated major substantive and are subject to legislative approval before final adoption. Finally, Part A requires an optometrist to obtain malpractice insurance in an amount established by the board and also makes minor changes to the provisions relating to telehealth services and filling contact lenses and spectacle prescriptions.

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COMMITTEE AMENDMENT "A" to S.P. 702, L.D. 1803 (S657)

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Part B of the amendment establishes the Commission to Review the State Board of Optometry. It requires the commission to evaluate the adequacy of funding, staffing and legal assistance to the board provided by the Office of the Attorney General. The commission is required to report its findings to the joint standing committee of the Legislature having jurisdiction over matters concerning the State Board of Optometry on or before March 1, 2027, and the committee may report out a bill based on these findings to the 133rd Legislature in 2027.

FISCAL NOTE REQUIRED
(See attached)

COMMITTEE AMENDMENT



132nd MAINE LEGISLATURE

LD 1803

LR 1434(02)

An Act to Amend the Laws Governing Optometric Practice

Fiscal Note for Bill as Amended by Committee Amendment *A(5-65)*
 Committee: Health Coverage, Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

Legislative Cost/Study

	FY 2025-26	FY 2026-27	Projections FY 2027-28	Projections FY 2028-29
Appropriations/Allocations				
Other Special Revenue Funds	\$0	\$157,015	\$130,768	\$129,100

Legislative Cost/Study

The general operating expenses of this study are projected to be \$3,050 in fiscal year 2026-27. The Legislature's budget for the 2026-2027 biennium includes \$7,253 in fiscal year 2025-26 and \$17,696 in fiscal year 2026-27 for the costs of legislative studies, as well as \$41,338 of balances carried over from prior fiscal years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources.

Fiscal Detail and Notes

The bill includes Other Special Revenue Funds allocations of \$157,015 to the Department of Professional and Financial Regulation, Board of Optometry program, in fiscal year 2026-27 to establish 0.5 Public Service Manager I position and to support rulemaking and implementation associated with changes to the practice of optometry, including licensing and regulatory oversight.

The Board does not have sufficient resources to support these costs and will need to increase licensing fees. The current statutory fee cap may need to be adjusted to generate sufficient revenue.