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BOARD OF OPTOMETRIC EXAMINERS
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KBOE ADVISORY OPINION 2024-001

December 6, 2024

Question:	"[Are] intracameral drug delivery systems such as Durysta [included within a Kentucky-licensed optometrist's scope of practice]?"
Answer:	Yes, intracameral drug delivery systems such as Durysta are included within a Kentucky-licensed optometrist's scope of practice.
Statute(s) construed:	KRS 320.210(2)
Legal authority:	KRS 320.240(7); Ky. OAG 24-10

Legal Basis for Opinion of the Kentucky Board of Optometric Examiners

Pursuant to KRS 320.240(7),[1] the Kentucky Board of Optometric Examiners ("KBOE") "shall have the sole authority to determine what constitutes the practice of optometry…" This exclusive statutory authority has been further scrutinized by Kentucky's Office of the Attorney General, which has confirmed that the KBOE "has the sole authority to determine what constitutes the practice of optometry, constrained only by statutory limitations." *See* OAG 24-10.[2]

KRS 320.240(7) also expressly authorizes the KBOE to "issue advisory opinions…related to [KRS] chapter [320]." This Advisory Opinion is therefore being issued in response to the following inquiry, which was recently submitted to the KBOE:

> "[Are] intracameral drug delivery systems such as Durysta [included within a Kentucky-licensed optometrist's scope of practice]?"

[1] Attached hereto as Exhibit A.
[2] Attached hereto as Exhibit B.

Opinion of the Kentucky Board of Optometric Examiners

Based on the KBOE's analysis and assessment, intracameral drug delivery systems such as Durysta are included within a Kentucky-licensed optometrist's scope of practice. Although the KBOE acknowledges that it is "constrained…by statutory limitations [of KRS Chapter 320]"—as the Office of the Attorney General noted in OAG 24-10—an examination of that Chapter's plain language reveals that intracameral drug delivery systems such as Durysta do not fall within any of its prohibitions.

Those prohibitions have been specifically itemized in KRS 320.210(2).[3] While the General Assembly has explicitly excluded nonlaser surgeries "requiring full thickness incision or excision of the cornea or sclera,"[4] "[n]onlaser surgical intraocular implants,"[5] and "nonlaser injections into the posterior chamber of the eye to treat any macular or retinal disease,"[6] from the practice of optometry, none of these exclusions apply to intracameral drug delivery systems such as Durysta.

First, Durysta is injected into the anterior chamber of the eye, so the exclusion of injections in the posterior chamber in KRS 320.210(2)(b)16. does not apply. Second, since the application of Durysta involves an injection with a needle rather than a "full thickness incision or excision of the cornea," it is not excluded by KRS 320.210(2)(b)3. Finally, because delivery of Durysta does not meet the commonly accepted definition of a "surgical" procedure, and because Durysta itself is a time-released medication that dissolves in the eye—rather than an "implant"—it does not fall within the exclusion set out in KRS 320.210(2)(b)9.

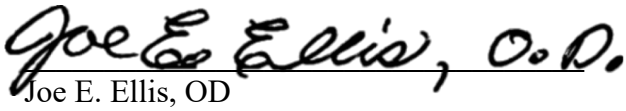
To reach the last conclusion, one need only review the Cambridge Dictionary definition of "surgery," which is set out as "the treatment of injuries or diseases in people or animals by cutting open the body and removing or repairing the damaged part." *See* "*Surgery*", Cambridge Dictionary (2024), available at https://dictionary.cambridge.org/us/dictionary/english/surgery (accessed Dec. 3, 2024). Because Durysta administration merely involves the injection of dissolvible medication into the eye—and does not encompass any act of cutting open a person's body, or removing or repairing any body parts—it clearly does not fall within the above-referenced definition.

Similarly, Durysta is not captured by the generally recognized definition of "implant." Again, the Cambridge Dictionary is instructive on that front, defining the term as "an organ, group of cells, or device that has been put into the body in a medical operation." *See* "*Implant*", Cambridge Dictionary (2024), available at https://dictionary.cambridge.org/us/dictionary/english/implant (accessed Dec. 3, 2024). Since Durysta is simply a time-released medication that slowly dissolves after being injected into the eye, it does not fit into the category of "organ[s], group[s] of cells, or device[s]" that are covered by the definition of "implant."

In sum, intracameral drug delivery systems such as Durysta fall within the basic statutory scope of the "practice of optometry," which KRS 320.210(2)(a) defines as the "evaluation, diagnosis, prevention, or surgical, nonsurgical, or related treatment of diseases, disorders, or conditions of

[3] Attached hereto as Exhibit C.
[4] KRS 320.210(b)(3).
[5] KRS 320.210(b)(9).
[6] KRS 320.210(b)(16).

the eye and its appendages…" Moreover, because Durysta does not fall within any of the specific statutory exclusions listed in KRS 320.210(2)(b)—and because KRS 320.240(7) and Ky. OAG 24-10 unequivocally confirm that the KBOE "has the sole authority to determine what constitutes the practice of optometry, constrained only by statutory limitations"—the KBOE hereby advises that intracameral drug delivery systems such as Durysta are included within a Kentucky-licensed optometrist's scope of practice.



Joe E. Ellis, OD
President, Kentucky Board of Optometric Examiners
December 6, 2024

Exhibit A

320.240 Board's meetings, officers, powers, and duties -- Licensure and classification of optometrists -- Board to have sole authority over practice of optometry -- Authorization to administer and prescribe pharmaceutical agents and certain oral medications.

(1) The board shall meet at least once each year, at which time it shall choose from among its members the president, vice president, and secretary-treasurer. In addition, the board, upon call of its officers, may hold meetings at any time as it deems necessary. A full record of the board's proceedings shall be kept in the office of the board and shall be open to inspection at all reasonable times.

(2) The board shall keep a register containing the name, address, and license number of every person licensed to practice optometry in this state.

(3) The Attorney General shall render to the board legal services as it may require in carrying out and enforcing the provisions of this chapter.

(4) Subject to and consistent with the provisions of this chapter, the board shall promulgate reasonable administrative regulations and do any and all things that it may deem necessary or proper for the effective enforcement of this chapter and for the full and efficient performance of its duties hereunder and the reasonable regulation of the profession of optometry and the practice thereof by licensed optometrists. The administrative regulations shall include the classification and licensure of optometrists by examination or credentials, retirement of a license, and reinstatement of a license.

(5) An optometrist shall not administer drugs, prescribe drugs, or perform laser or nonlaser surgery procedures until he or she is licensed by the board. Any therapeutically licensed optometrist authorized to practice under this section shall meet the educational and competence criteria set forth by the board in order to perform expanded therapeutic procedures. Evidence of proof of continuing competency shall be determined by the board.

(6) Nothing in this chapter shall be construed as allowing any agency, board, or other entity of this state other than the Kentucky Board of Optometric Examiners to determine what constitutes the practice of optometry.

(7) The board shall have the sole authority to determine what constitutes the practice of optometry and sole jurisdiction to exercise any other powers and duties under this chapter. The board may issue advisory opinions and declaratory rulings related to this chapter and the administrative regulations promulgated under this chapter.

(8) The board shall have:

(a) A common seal;

(b) The right to determine what acts on the part of any person licensed as an optometrist in this state shall constitute unprofessional conduct under this chapter; and

(c) Other powers and duties as authorized by this chapter.

(9) The board may administer oaths and require the attendance of witnesses, the production of books, records, and papers pertinent to any matters coming before the board by the issuance of process that shall be served and returned in the same manner as in civil actions and for the disobedience of which the board shall have the power to invoke the same rights as are provided for

disobedience of a subpoena or subpoena duces tecum in a civil action.

(10) The board may assist in the prosecution of any violation of this chapter and in the enforcement of any of the provisions of this chapter.

(11) The board shall report its proceedings to the Governor on or about January 1 of each year, including an accounting of all moneys received and disbursed.

(12) The board may permit persons engaging in the practice of optometry under the provisions of this chapter to administer diagnostic pharmaceutical agents limited to miotics for emergency use only, mydriatics, cycloplegics, and anesthetics applied topically only, but excluding any drug classified as a controlled substance pursuant to KRS Chapter 218A. These pharmaceutical agents shall be applied in diagnostic procedures only as part of an eye examination. The application of the diagnostic pharmaceutical agents shall be limited to those persons who have sufficient education and professional competence as determined by the board and who have earned transcript credits of at least six (6) semester hours in a course or courses in general and ocular pharmacology, with particular emphasis on diagnostic pharmaceutical agents applied topically to the eye, from a college or university accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or by the United States Department of Education.

(13) The board may authorize only those persons who have qualified for use of diagnostic pharmaceutical agents as set out in subsection (12) of this section to utilize and prescribe therapeutic pharmaceutical agents in the examination or treatment of any condition of the eye or its appendages. Any therapeutically certified optometrist licensed under the provisions of this subsection shall be authorized to prescribe oral medications, except any controlled substances classified in Schedule I and any controlled substances classified in Schedule II other than hydrocodone combination products as defined in KRS 218A.010, for any condition which an optometrist is authorized to treat under the provisions of this chapter. The use of injections for other than treatment of the human eye and its appendages shall be limited to the administration of benadryl, epinephrine, or equivalent medication to counteract anaphylaxis or anaphylactic reaction. In a public health emergency, the commissioner of health may authorize therapeutically licensed optometrists to administer inoculation for systemic health reasons. The authority to prescribe a Schedule II hydrocodone combination product as defined in KRS 218A.010 and a Schedule III, IV, or V controlled substance shall be limited to prescriptions for a quantity sufficient to provide treatment for up to seventy-two (72) hours. No refills of prescriptions for controlled substances shall be allowed. The utilization or prescribing of therapeutic pharmaceutical agents shall be limited to those persons who have sufficient education and professional competence as determined by the board and who have earned transcript credits of at least six (6) semester hours in a course or courses in general and ocular pathology and therapy, with particular emphasis on utilization of therapeutic pharmaceutical agents from a college or university accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or by the United States Department of Education. These six (6) semester hours are in addition to the six (6) semester hours

required by subsection (12) of this section, making a total of twelve (12) semester hours.

(14) Any optometrist authorized by the board to utilize diagnostic pharmaceutical agents shall be permitted to purchase for use in the practice of optometry diagnostic pharmaceutical agents limited to miotics for emergency use only, mydriatics, cycloplegics, and anesthetics. Any optometrist authorized by the board to utilize therapeutic pharmaceutical agents shall be permitted to prescribe in the practice of optometry therapeutic pharmaceutical agents. Optometrists so authorized by the board to purchase pharmaceutical agents shall obtain them from licensed drug suppliers or pharmacists on written orders placed in the same or similar manner as any physician or other practitioner authorized by KRS Chapter 217. Purchases shall be limited to those pharmaceutical agents specified in this subsection and in subsection (12) of this section, based upon the authority conferred upon the optometrist by the board consistent with the educational qualifications of the optometrist as set out herein.

Effective: April 27, 2016

History: Amended 2016 Ky. Acts ch. 135, sec. 8, effective April 27, 2016. -- Amended 2011 Ky. Acts ch. 1, sec. 2, effective June 8, 2011. -- Amended 2000 Ky. Acts ch. 361, sec. 4, effective July 14, 2000. -- Amended 1996 Ky. Acts ch. 376, sec. 2, effective July 15, 1996. -- Amended 1990 Ky. Acts ch. 256, sec. 8, effective July 13, 1990. -- Amended 1986 Ky. Acts ch. 12, sec. 2, effective July 15, 1986. -- Amended 1978 Ky. Acts ch. 179, sec. 2, effective June 17, 1978. -- Created 1954 Ky. Acts ch. 183, sec. 5.

Legislative Research Commission Note (6/8/2011). 2011 Ky. Acts ch. 1, sec. 4, provides that this section and KRS 320.210 shall be known and may be cited as the "Better Access to Quality Eye Care Act."

Exhibit B

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

RUSSELL COLEMAN
ATTORNEY GENERAL

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October 9, 2024

OAG 24-10

Subject: Whether the Kentucky Board of Optometric Examiners has the sole authority to determine what constitutes the practice of optometry.

Requested by: Benjamin C. Fultz,
Counsel for the Kentucky Board of Optometric Examiners

Written by: Lindsey Keiser,
Assistant Attorney General

Syllabus: The Kentucky Board of Optometric Examiners has the sole authority to determine what constitutes the practice of optometry, constrained only by statutory limitations.

Opinion of the Attorney General

The Kentucky Board of Optometric Examiners ("KBOE") has asked the Office of the Attorney General to provide an opinion on whether the KBOE has the sole authority to determine what constitutes the practice of optometry. The question has arisen because a Medicare administrator informed KBOE by letter that it would deny coverage for the placement of a dissolvable implant, called Durysta, into the eye by optometrists in Kentucky. Specifically, this Medicare administrator asserted that Durysta should be coded like other implants, and therefore, as an implant, it is excluded from the scope of the practice of optometry under Kentucky law. The KBOE has determined the procedure is within the practice of optometry as defined by KRS 320.210(2), and believes other entities, including insurance companies, should not be able to dispute the KBOE's determination.

Background on Durysta

Durysta is an FDA-approved ocular implant intended to reduce eye pressure caused by open angle glaucoma or high eye pressure.[1] The implant is preloaded in a

[1] DURYSTA, https://www.durysta.com/#about-durysta (last visited Sept. 19, 2024).

sterile applicator with a 28-gauge needle tip.[2] Then the needle is inserted into the cornea and through to the anterior chamber where the implant is released.[3] The implant releases medicine as it dissolves over time.[4]

Durysta and the Scope of Optometry under Kentucky Law

Under Kentucky law, the practice of optometry means "[t]he evaluation, diagnosis, prevention, or surgical, nonsurgical, or related treatment of diseases, disorders, or conditions of the eye." KRS 320.210. It includes "all routes of administration of pharmaceutical agents," KRS 320.210(1)(a)(1), although the type of pharmaceutical agents that can be used—and when and by whom—is limited by statute, *see* KRS 320.240(12)-(14). The General Assembly has also explicitly excluded some types of procedures from the scope of optometry. Relevant here, the General Assembly has excluded nonlaser surgeries "requiring full thickness incision or excision of the cornea or sclera," KRS 320.210(b)(3), "[n]onlaser surgical intraocular implants," KRS 320.210(b)(9), and "nonlaser injections into the posterior chamber of the eye to treat any macular or retinal disease," KRS 320.210(b)(16).

The KBOE believes none of these exclusions apply to Durysta. First, Durysta is injected into the anterior chamber of the eye, so the exclusion of injections in the posterior chamber in (b)(16) does not apply. Second, since the application of Durysta involves an injection with a needle rather than a "full thickness incision or excision of the cornea," it is not excluded by (b)(3). Third, the KBOE asserts Durysta should not be excluded by (b)(9) as a non-laser surgical intraocular implant because the KBOE believes this exclusion refers to "permanent artificial replacements" and Durysta is not permanent.

At least one Medicare administrator disagrees. In a letter to KBOE, the Medicare administrator seems to assert Durysta is excluded from the scope of optometry by (b)(9) simply because it is an implant. The Medicare administrator seems to think that if Durysta is an implant, it is not an injection. In particular, the Medicare administrator asserted it was improper for optometrists to use CPT code 66030: "Injection, anterior chamber of eye with medication" for Durysta rather than one of the HCPCS J-codes, which cover the administration of medicine by implants. And indeed, there is a J-code for a bimatoprost intracameral implant—and that is what Durysta is—just for a different dosage amount.[5]

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[2] Ahmad A. Aref, *Durysta (Bimatoprost Implant)*, AMERICAN ACADEMY OF OPHTHALMOLOGY, https://eyewiki.aao.org/Durysta_(Bimatoprost_Implant).

[3] *Id*.

[4] *Id*.

[5] *Compare* https://www.hcpcsdata.com/Codes/J (providing J7351 for "Injection, bimatoprost, intracameral implant, 1 microgram") *with supra* note 1 (identifying Durysta as a bimatoprost intracameral implant of 10 micrograms).

Who decides whether Durysta is in the scope of optometry in Kentucky?

In KRS 320.240(7), the General Assembly established that the KBOE "shall have the sole authority to determine what constitutes the practice of optometry." Indeed, the General Assembly clarified that nothing in the statute should be construed to allow any other agency, board, or entity of the State to make such a determination. KRS 320.240(6). Therefore, when there are questions about whether a procedure is within the scope of the practice of optometry in Kentucky, the KBOE has the "sole authority" to make that determination.[6] *See* KRS 320.240(7). Thus, interpreting Kentucky's law to determine whether Durysta is within the scope of optometry is a job reserved solely for the KBOE.

Of course, the KBOE remains constrained by any limitations imposed by the General Assembly through statute. This includes the explicit exclusion of "[n]onlaser surgical intraocular implants." KRS 320.210(b)(9). The KBOE cannot ignore these constraints or, more generally, the constraints of statutory interpretation principles. For instance, "[d]iscerning legislative intent requires a focus on the words chosen by the legislature." *Kenton Cnty. Bd. of Adjustment v. Meitzen*, 607 S.W.3d 586, 592 (Ky. 2020). This means the intent of the legislature must be ascertained from the "words used in enacting statutes rather than surmising what may have been intended but was not expressed." *In re Partin*, 517 B.R. 770, 773 (Bankr. E.D. Ky. 2014) (citations omitted); *see also Dolt, Thompson, Shepherd & Conway, P.S.C. v. Commonwealth ex rel. Landrum*, 607 S.W.3d 683, 689 (Ky. 2020) ("[O]ur rules of statutory interpretation assume the Legislature knows what it is doing and intends the clearly expressed language of the legislation."); *Univ. of Louisville v. Rothstein*, 532 S.W.3d 644, 648 (Ky. 2017) ("[W]e assume that the Legislature meant exactly what it said, and said exactly what it meant." (cleaned up and citations omitted)). So, if the KBOE believes "non-laser surgical intraocular implants" only refers to permanent implants, it needs to demonstrate some basis in the text for this belief. But it is indeed for the KBOE—

[6] This Opinion does not address an instance where the KBOE's determination clearly conflicts with federal law or regulations such that preemption must be considered. Here, the only question is whether Durysta is in the scope of the practice of optometry *in Kentucky*. It does not seem federal regulations exclude procedures coded under HCPCS codes from the practice of optometry. *See, e.g., Health Insurance Reform: Standards for Electronic Transactions,* 65 Fed. Reg. 50312 at 50370, § 162.1002(e) (Aug. 17, 2000), *available at* https://www.govinfo.gov/content/pkg/FR-2000-08-17/pdf/00-20820.pdf (establishing that, for "vision services," the Secretary adopts the "combination" of HCPCS and CPT-4 code sets as the standard medical data code sets); *Understanding Optical Billing Codes*, PECAA https://www.pecaa.com/community/blog/billing-coding/understanding-optical-billing-codes (explaining that "optometry practices use ICD codes for diagnoses, the CPT codes for procedures, and the HCPCS codes for remaining procedures and products not covered in CPT"). Rather, the issue is that the Medicare administrator believes Durysta should be coded like other similar implant procedures and, as an implant, is not within the permissible scope of optometry *in Kentucky*.

and not any other entity[7]—to make this demonstration as part of its determination about whether Durysta is in the scope of optometry.

Kentucky's statutory provisions about insurance coverage support this conclusion. Under KRS 304.17-305, "any policy of health insurance issued in this state" that "provides for reimbursement of any service which is within the lawful scope of practice of an optometrist duly licensed as provided in KRS Chapter 320" must reimburse for such services. This means insurance providers providing such coverage must cover what the KBOE determines to be within the scope of the practice of optometry because the General Assembly has designated the KBOE as the sole authority to make that determination as a matter of law.

Conclusion

Accordingly, the question of whether a procedure is within the scope of the practice of optometry is solely within the decision-making purview of the KBOE as constrained by statutory limitations.

Russell Coleman
ATTORNEY GENERAL

Lindsey R. Keiser
Assistant Attorney General

[7] Nothing in Kentucky law evinces that the General Assembly envisioned—or allows—a role for any other entity. This includes the Office of the Attorney General. Therefore, nothing in this opinion should be read as a determination about whether Durysta is within the scope of the practice of optometry. The Attorney General has no authority to make that determination and does not attempt to do so here.

Exhibit C

320.210 Definitions for chapter.

As used in this chapter, unless the context requires otherwise:

(1) "Board" means the Kentucky Board of Optometric Examiners;

(2) "Practice of optometry" means:

(a) The evaluation, diagnosis, prevention, or surgical, nonsurgical, or related treatment of diseases, disorders, or conditions of the eye and its appendages and their impact on the human body provided by an optometrist within the scope of his or her education, training, and experience and in accordance with this chapter, the ethics of the profession, and applicable law. The practice of optometry includes the examination, diagnosis, and treatment of the human eye and its appendages to correct and relieve ocular abnormalities and to determine eye health, the visual efficiency of the human eye, or the powers or defects of vision in any authorized manner, including but not limited to:

1. Prescribing and adapting lenses, contact lenses, spectacles, eyeglasses, prisms, ocular devices, and all routes of administration of pharmaceutical agents, as authorized by KRS 320.240; or
2. Employing vision therapy or orthoptics, low vision rehabilitation, and laser surgery procedures, excluding retina, LASIK, and PRK.

The practice of optometry includes the correction and relief of ocular abnormalities by surgical procedures not excluded in paragraph (b) of this subsection;

(b) The following procedures are excluded from the scope of practice of optometry, except for the preoperative and postoperative care of these procedures:

1. Retina laser procedures, LASIK, and PRK;
2. Nonlaser surgery related to removal of the eye from a living human being;
3. Nonlaser surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside the eye;
4. Penetrating keratoplasty (corneal transplant), or lamellar keratoplasty;
5. Nonlaser surgery requiring incision of the iris and ciliary body, including iris diathermy or cryotherapy;
6. Nonlaser surgery requiring incision of the vitreous;
7. Nonlaser surgery requiring incision of the retina;
8. Nonlaser surgical extraction of the crystalline lens;
9. Nonlaser surgical intraocular implants;
10. Incisional or excisional nonlaser surgery of the extraocular muscles;
11. Nonlaser surgery of the eyelid for eyelid malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis, and tarsorrhaphy;
12. Nonlaser surgery of the bony orbit, including orbital implants;

13. Incisional or excisional nonlaser surgery of the lacrimal system other than lacrimal probing or related procedures;
14. Nonlaser surgery requiring full thickness conjunctivoplasty with graft or flap;
15. Any nonlaser surgical procedure that does not provide for the correction and relief of ocular abnormalities;
16. Laser or nonlaser injection into the posterior chamber of the eye to treat any macular or retinal disease; and
17. The administration of general anesthesia;

(c) Any person shall be regarded as practicing optometry if he or she:

1. Performs or advertises to perform optometric operations of any kind, including diagnosing or treating diseases of the eye or visual system or deficiencies of the eye and its appendages, or attempts to correct the vision thereof;
2. Prescribes, provides, furnishes, adapts, uses, or employs lenses, prisms, contact lenses, visual therapy, orthoptics, ocular exercise, autofractometry, or any other means or device for the aid, relief, or correction of the human eye and its appendages, except upon the written prescription of a licensed optometrist; or
3. Uses the words "optometrist," "doctor of optometry," the letters "O.D," or other letters or title in connection with his or her name, which in any way represents him or her as being engaged in the practice of optometry; and

(d) Low vision rehabilitation;

(3) "Appendages" means the eyelids, the eyebrows, the conjunctiva, and the lacrimal apparatus;

(4) "Visual aid glasses" means eyeglasses, spectacles, or lenses designed or used to correct visual defects; provided, however, that nothing in the provisions of this chapter relating to the practice of optometry shall be construed to limit or restrict, in any respect, the sale of sunglasses designed and used solely to filter out light; and further provided that nothing in this chapter relating to the practice of optometry shall be construed to limit or restrict, in any respect, the sale of completely assembled eyeglasses or spectacles designed and used solely to magnify;

(5) "Orthoptic technician" means a person who trains and directs individuals to engage in ocular exercises designed to correct visual defects, and shall not be required to be licensed under the provisions of this chapter if such training and directions are done pursuant to and under the instructions of a duly-licensed physician, osteopath, or optometrist and consists solely of visual training, orthoptics, or ocular exercises; and

(6) "Low vision rehabilitation" means the evaluation, diagnosis, and management of the low vision patient, including but not limited to, prescription, low vision rehabilitation therapy, education, and interdisciplinary consultation when indicated. Any person who prescribes or provides comprehensive low vision care for the rehabilitation and treatment of the visually impaired or legally blind patient; prescribes corrective eyeglasses, contact lenses, prisms, or filters;

employs any means for the adaptation of lenses, low vision devices, prisms, or filters; evaluates the need for, recommends, or prescribes optical, electronic, or other low vision devices; or recommends or provides low vision rehabilitation services independent of a clinical treatment plan prescribed by an optometrist, physician, or osteopath is engaged in the practice of optometry.

Effective: April 27, 2016

History: Amended 2016 Ky. Acts ch. 135, sec. 7, effective April 27, 2016. -- Amended 2011 Ky. Acts ch. 1, sec. 1, effective June 8, 2011. -- Amended 2000 Ky. Acts ch. 361, sec. 1, effective July 14, 2000. -- Amended 1996 Ky. Acts ch. 376, sec. 1, effective July 15, 1996. -- Amended 1986 Ky. Acts ch. 12, sec. 1, effective July 15, 1986. -- Amended 1978 Ky. Acts ch. 179, sec. 1, effective June 17, 1978. -- Created 1954 Ky. Acts ch. 183, sec. 2.

Legislative Research Commission Note (6/8/2011). 2011 Ky. Acts ch. 1, sec. 4, provides that this section and KRS 320.240 shall be known and may be cited as the "Better Access to Quality Eye Care Act."