

Florida Jurisprudence: Laws and Rules of Practice

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CARL H. SPEAR OD, MBA, FAAO

CHIEF MEDICAL OFFICER & EXECUTIVE VICE
PRESIDENT ESSILORLUXOTTICA NORTH AMERICA

PRESIDENT, EYE EXAM CALIFORNIA

PRESIDENT-ELECT, AMERICAN ACADEMY of
OPTOMETRY

FLORIDA OPTOMETRIC ASSOCIATION
CO-CHAIR VENDOR RELATIONS
CO-CHAIR CONTINUING EDUCATION
MEMBER LEGISLATIVE

RETIRED MILITARY 39 YEARS



FINANCIAL DISCLOSURES:

- ESSILORLUXOTTICA
- OPTOMETRIC MANAGEMENT EDUCATION

DISCLOSURES:

Former Vice-Chair, Florida Board of Optometry
Former Chair FBO Probable Cause Panel



Description: This course will review the governing statutes and rules that regulate the practice of Optometry in the State of Florida. The course is designed and presented to meet the two-hour Florida Jurisprudence CE requirement.

OBJECTIVES



- **Understand the History and Evolution of the Florida Board of Optometry**
- **Identify the pertinent Florida Statutes and Rules that regulate the profession of optometry**
- **Review the Rules of Optometric practice in Florida**
- **Understand the process for initial licensure and licensure renewal in Florida**
- **Understand the process for requesting waivers or variances**
- **Understand the Relationship between the Florida Department of Health, Board of Optometry, and The Florida Optometric Association.**



Disclaimer: This lecture is solely the work of Dr. Carl Spear and does not represent the views and opinions of the Florida Board of Optometry or guarantee final disposition of any items that go before the Board for consideration.

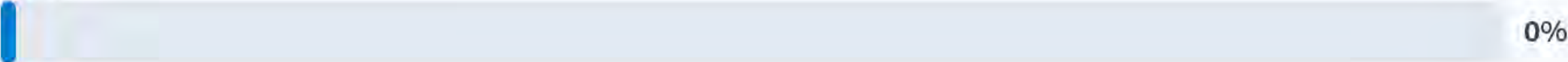


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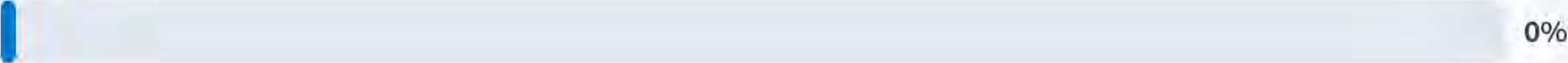


Do You Practice In Florida

Yes



No



When poll is active, respond at pollev.com/carlspear295

Text **CARLSPEAR295** to **22333** once to join

If you were in college today would you still go to optometry school or would you select a different profession?

would choose optometry again
would choose a different career

What Do You
Want To Talk
About?



What Do You Want To Talk About?

Communication as it relates to patient flow




Optometry Evolution



“Optometry is a legislated profession. It is, therefore, absolutely the duty of every optometrist to become involved in the legislative process”

-Dr. Ed Walker-





'Eyeballs wars' likely to continue into 2025 Legislative Session



'In the (2024) eyeball wars, neither side blinked.'

It came down to the wire, but the Florida Optometric Association again beat back efforts to ban optometrists from being able to describe themselves as physicians by keeping **SB 1112** from being sent to the Governor.

Protecting our Profession

i. First Lobbyist

1. Miss Louise Gibbons

ii. First Legislative Chair

1. Dr. Ed Walker

- a. Served on Board of Optometry for
23 Years

In The Beginning

- **First Meeting 1902**
- **Initial Optometry Practice Act 1909**
- **1911 First Exam and First Female**
- **Revised in 1931**
 - **Specifically Prohibited Use of Pharmaceuticals**
- **Revised Again in 1939**
 - **Silent on Prescription Medications**

How \$600 Shaped Our Future

- **1939**
- **Vote 5-1 then easily in House and Senate**
- **Some Things Never Change**

- **Now The Bastards Can Do Anything**
 - **Diagnostics**

The Challenge of 1951

- **26 OD's Challenged Board**
- **Supreme Court 1954**
- **The greatest step forward**
- **State of Optometry**
 - **1954**
 - **399 Optometrists and 121 FOA members**

Why So Important

- Self Regulation a Hallmark of any Profession
- Protect the Consumer/Public
- Complaints must be in Writing
- Once an investigation begins the Board can look into all aspects of practice

What Does COVID-19 have to do with Alma and
1966 Doral Hotel in Miami Beach?

And again in 1972?

2020???

1957 and Florida Society of
Ophthalmology Resolution to
change the Statute – 50K

1967 The first education
requirement in the rule – 4 Hours

Early 1970's

The move to pharmaceuticals

Joint Study Commission

2 Senators, 2 Representatives, 2

Optometrists, 2 Ophthalmologists

Decided we should work it out

Changes in 1979

i. Legislative Changes

i. DPR Umbrella Agency

ii. Moved to DOH 455 to 456

ii. Decrease in Autonomy and Board Power

iii. Slow Power shift since 1979

Changes in 1997

- i. Move from DPR to DOH
- ii. Evolution of Chapter 456

a. Therapeutic Legislation

i. Finally, 1986

- OC 0000001
- Sunset all Medical Acts
- 13th State

ii. But what happened in 1984?

i. Jon Jacobs

a. Co-Management Under Fire

1991 proposed to legislate away

b. Formulary moved from DPR to Board of Optometry 1991

c. Again in 2000 proposed to legislate away co-management

d. 1996-2016

- 1986 – Topical Therapeutics authorized by law
- 1987 – OD reimbursement using CPT allowed
- 1989 – OD eligibility for HMO/PPO gained
- 1992 – Legal challenge for treatment of glaucoma defeated
- 1993 – Defeated legislation to restrict OD's post-op services
- 1995 – Defeated legislation restricting c/I Rx requirements
- 1995 – Legislatively gained exemption from optical permit laws
- 1999 – Defeated bill allowing opticians to refract
- 2001 - Defeated bill eliminating co-management
- 2002 – Defeated amendments to restrict OD scope of practice
- 2005 - Defeated amendments to restrict OD scope of practice
- 2006 – Legislatively reauthorized adult Medicaid eyewear
- 2007 – Legislation to secure 1.5% bonus on all Medicare claims for PQRI to include OD's
- 2008 – Legislatively prevented a 10.6% cut in Medicare payments to OD's
- 2008 – Legislatively secured 2% bonus on all Medicare claims for PQRI and 2% for e- Rx'
- 2008 – Legislation granted exemption to OD's from Durable Medical Equipment certification
- 2013 – Optometric Practice Act
- 2015 – Vision Insurance Bill

Florida Optometry Legislative History

CO-MANAGEMENT TODAY:

(11) Co-management of postoperative care shall be conducted pursuant to the requirements of this section and a patient-specific transfer of care letter that governs the relationship between the physician who performed the surgery and the licensed practitioner. The patient must be fully informed of, and consent in writing to, the co-management relationship for his or her care. The transfer of care letter shall confirm that it is not medically necessary for the physician who performed the surgery to provide such postoperative care to the patient and that it is clinically appropriate for the licensed practitioner to provide such postoperative care. Before co-management of postoperative care commences, the patient shall be informed in writing that he or she has the right to be seen during the entire postoperative period by the physician who performed the surgery. In addition, the patient must be informed of the fees, if any, to be charged by the licensed practitioner and the physician performing the surgery, and must be provided with an accurate and comprehensive itemized statement of the specific postoperative care services that the physician performing the surgery and the licensed practitioner render, along with the charge for each service.

History.—ss. 14, 21, ch. 86-289; s. 70, ch. 91-137; s. 4, ch. 91-429; s. 237, ch. 97-103; s. 6, ch. 2013-26.



With Thanks and
Gratitude!

Dr. Ed Walker

What Do You Want to Talk About? What are your Questions?

Nobody has responded yet.

Hang tight! Responses are coming in.

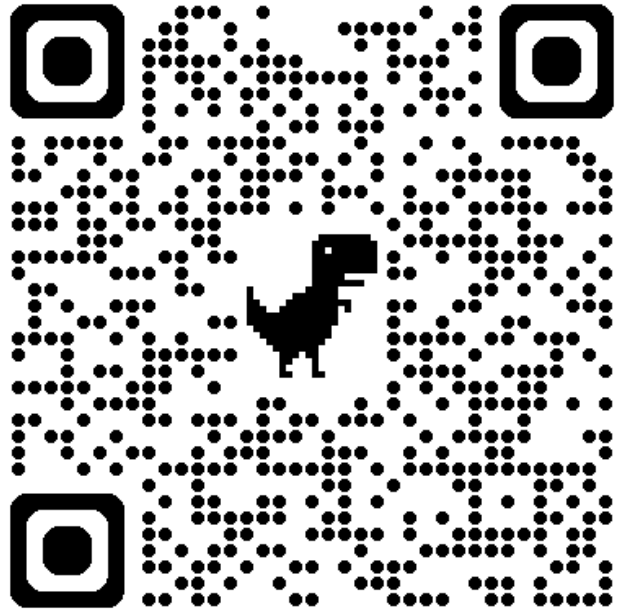
Hot Topics!

- Scope Expansion 2025-2026 Session and Beyond
- Opticians – 2025-2026 Issues and Beyond
- Licensing - MOBILE 2024
- IPL Declaratory Statement
- Registration Requirement
- New Medications
- Electronic Licensing
- Malpractice Insurance

Senate Bill and Update

- SB 230 in 2023
- SB 1112 in 2024
- Senate President Kathleen Passidomo
- 2025 Half Hearted Attempt No Traction

<https://thefloridachannel.org/videos/3-15-23-senate-session/>





RON DESANTIS
GOVERNOR

June 2, 2023

2023 JUN -2 PM 11:46
STATE
TALLAHASSEE, FL

Secretary Cord Byrd
Secretary of State
R.A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399

Dear Secretary Byrd:

By the authority vested in me as Governor of the State of Florida, under the provisions of Article III, Section 8, of the Constitution of Florida, I do hereby veto and transmit my objections to Committee Substitute for Committee Substitute for Senate Bill 230 (CS/CS/SB 230), enacted during the 125th Session of the Legislature of Florida, during the Regular Session of 2023 and entitled:

An act relating to Health Care Practitioner Titles and Designations

Sincerely,

Ron DeSantis
Governor

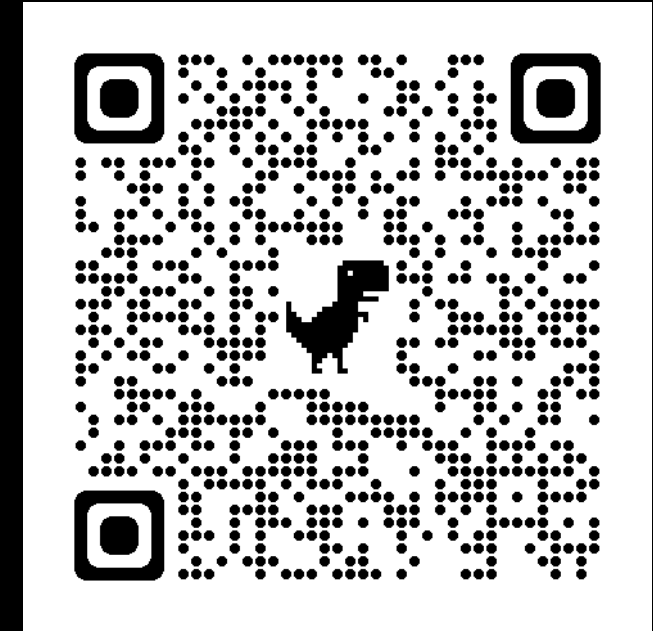
<https://thefloridachannel.org/videos/3-7-24-senate-session/>



<https://thefloridachannel.org/videos/3-5-24-press-availability-with-senate-president-kathleen-passidomo/>

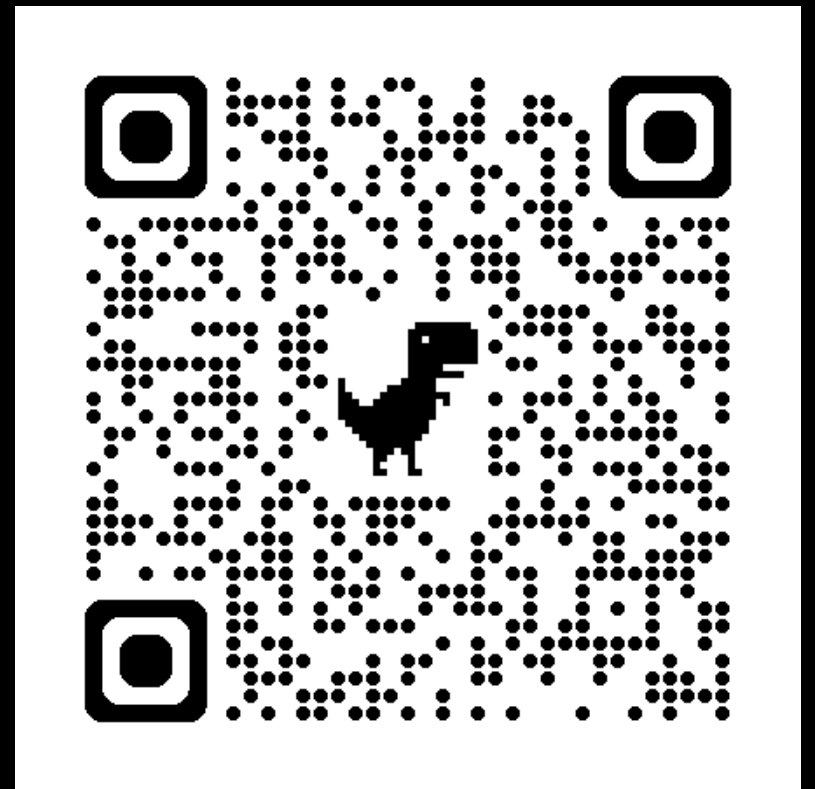
2:50 MARK

3/5/24 Press Availability with Senate President Kathleen Passidomo



SB 172

3/25/25 Senate Committee on Health Policy



2025 Update

HB 449 - Optometry

Expand the scope of practice for optometrists by authorizing certain ophthalmic procedures, revising definitions, and establishing additional licensure and supervision requirements. Revises definitions in s. 463.002, including the addition of an “optometrist certified in ophthalmic procedures,” and clarifies the meaning of “surgery,” excluding specified procedures from that definition. Changes Board of Optometry membership to include certified optometrists or optometrists certified in ophthalmic procedures. Grants the board expanded rulemaking authority on standards of practice, ophthalmic procedures, telehealth, and related examinations. Requires a board-approved course and examination for administering and prescribing certain oral ocular pharmaceuticals and performing board-approved laser and non-laser ophthalmic procedures. Mandates background screenings and successful completion of new training courses and exams as part of licensure and renewal. Allows certified optometrists to remove superficial foreign bodies and perform other procedures previously considered outside their scope when carried out under specified conditions. Increases authority for nonlicensed supportive personnel under the indirect supervision of a licensed optometrist to assist in various tasks, including dispensing optical devices. Creates standards for financial responsibility that include minimum insurance or escrow requirements for licensed or out-of-state telehealth optometrists. Authorizes additional professional titles and abbreviations for use by certified optometrists.

Died in messages.

Committee Vote on CS/CS/HB 449

Bill Number: 0449

Action: Favorable With Committee Substitute

Committee: Health Professions & Programs Subcommittee

Location: Reed Hall (102 HOB)

Duration: 3.00

Date: 3/20/2025 2:00:00 PM

Sponsor: Health & Human Services Committee, Health Professions & Programs Subcommittee, Rizo

Subject: Optometry

Record Vote:

Y Aristide	N Bracy Davis	N Hunschofsky	Y Redondo	Y Temple
N Baker	Y Edmonds	Y Maggard	Y Rizo	Y Tuck
N Black	Y Esposito	Y Overdorf	N Rosenwald	
N Brackett	Y Grow	Y Porras	Y Salzman	

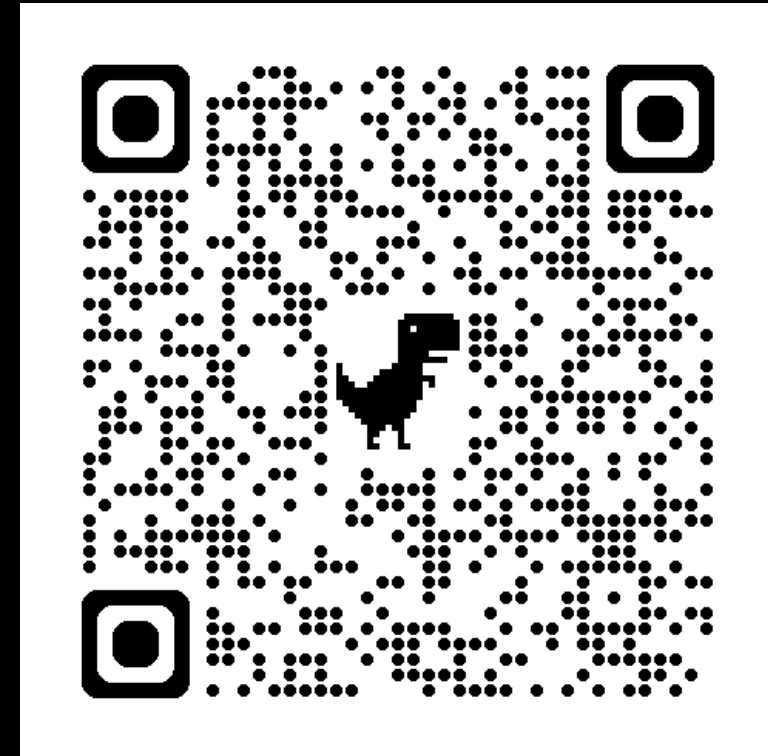
Total Yeas: 12 Total Nays: 6 Total Missed: 0 Total Votes: 18

Amendment Actions:

Type	Barcode	Sponsor	Action
A	642651	Rizo	Adopted Without Objection

HB 449 2025 Legislative Session

3/20/25 House Health Professions & Programs Subcommittee



HB 449 House Session 2025

4/24/25 House Session



*“We are two votes and a signature
away from extinction”*

-Me-

SB 1544 - Opticianry

Enacts stricter regulations on the practice of opticianry, focusing on licensure and personnel oversight. Prohibits opticians from delegating any duties to unlicensed supportive personnel, enforcing that only licensed opticians can engage in opticianry. Removes an exception that previously allowed employees of physicians or optometrists to practice opticianry without a license under direct supervision.

Died in Committee.

Optician Bill 2024

Optician Bill SB1544

3/18/25 Senate Committee on Health Policy



Would You Be in Favor of Interstate-Mobility and Universal-Recognition Occupational Licensing Act

Yes **A**

No **B**

Yes with Limitations **C**

NEVER **D**

HB 1333 and SB 1364

In 2023

- **Interstate-Mobility and Universal-Recognition Occupational Licensing Act:** Requires agencies, boards, departments to issue occupational license or government certification to persons; authorizes such entities to require person to pass specified examination; provides exceptions; authorizes Governor to take actions relating to occupational licenses during declared states of emergency; requires Department of Veterans Affairs to create one-stop online portal system for certain purpose; requires DBPR & DOH to use such system to verify certain credentials.

DID NOT PASS



HB 1273 and SB 1600

In 2024

- **Interstate-Mobility and Universal-Recognition Occupational Licensing Act:** Requires agencies, boards, departments to issue occupational license or government certification to persons; authorizes such entities to require person to pass specified examination; provides exceptions; authorizes Governor to take actions relating to occupational licenses during declared states of emergency; requires Department of Veterans Affairs to create one-stop online portal system for certain purpose; requires DBPR & DOH to use such system to verify certain credentials.



HB 1273 and SB 1600 In 2024

Professions Regulated by the Department of Health

The bill also creates the “Mobile Opportunity by Interstate Licensure Endorsement Act,” or “MOBILE Act,” which requires the Department of Health (DOH) to issue a license by endorsement to a qualified applicant within seven days of receipt of all required documents for specified health care professions regulated by the DOH when the applicant meets all of the following specific criteria:

HB 1273 and SB 1600

2024

The bill requires each applicable board, or the DOH if there is no board, to adopt rules to implement the MOBILE Act within six months after its effective date, including rules relating to legislative intent provided under s. 456.025(1), F.S., and the requirements of s. 456.025(3), F.S., both of which contain provisions for the assessment of fees from applicants and licensees in health care professions.

The bill amends current law for licensure by endorsement in various practice acts to conform to provisions found in the MOBILE Act and to retain statutory guidance for the maximum amounts of related fees. The bill does not alter current law relating to licensure by endorsement for radiologist assistants, radiologic technologists, or respiratory therapists.

The bill provides that, notwithstanding the changes made to the Florida Statutes by the MOBILE Act, a board or the DOH, as applicable, may continue processing applications for licensure by endorsement as authorized under the Florida Statutes (2023) until the rules adopted by such board or the DOH to implement the changes made by the MOBILE Act take **effect or until six months after the bill's effective date, whichever occurs first.**

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.

Vote: Senate 32-0; House 114-0

Optometrist by MOBILE Endorsement

Click on the appropriate tab below to see the Initial Licensing Requirements, Process, Fees, Statutes and Administrative Rules for an Optometrist by Endorsement.

 [Apply Online →](#)

 [← Returning Login](#)

 [Change Profession](#)

[Requirements](#)

[Process](#)

[Fees](#)

[Statutes & Rules](#)

To be licensed as an Optometrist in Florida through the MOBILE Endorsement pathway you must meet the following qualifications, as required by [Section 456.0145, Florida Statutes](#):

1. Must hold an active, unencumbered license issued by another state, the District of Columbia, or a territory of the United States in a profession with a similar scope of practice, determined by the board or the department, as applicable.
2. Must have obtained a passing score on a national licensure examination or hold a national certification recognized by the board.
3. Must have obtained a passing score on the jurisprudence examination specific to state laws and rules that regulate the applicable profession, if the applicable practice act requires such examination.
4. Must have actively practiced the profession for at least three years during the four-year period immediately preceding the date of submission of this application.
5. Must not have ever been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have the report removed.
6. Must not be the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the United States Department of Defense for reason related to the practice of the profession for which the applicant is applying.
7. Must not have had disciplinary action taken in the five years immediately preceding the date of submission of the application.
8. Refer to [Section 456.0145\(2\)\(c\), Florida Statutes](#), for more information regarding licensure ineligibility criteria.

What's Hot?

- IPL Declaratory Statement

Declaratory Statements Example, Is procedure, mode, technique or treatment within our scope or standards of practice?

Previously, September 2014 –Use of Prokera biologic corneal bandage Must be from a licensee requesting an opinion of the board as to the applicability of a specific provision or rule as it applies to that licensees particular set of circumstances.

Prospective not retrospective

Opinion of the board may determine a new standard to other licensee

Recent Action of Florida Board of Optometry to Approve Use of IPL Laser

The Board of Optometry reviewed and granted the Petition for Declaratory Statement we filed on behalf of Dr. April Jasper. The Petition asked the Board whether the use of Intense Pulse Light (IPL) therapy, specifically the use of the device Lumenis Stellar M22 (Optilight) is within the scope of practice of optometry for the treatment of dry eyes due to Meibomian Gland Dysfunction as indicated by the FDA.

The Board addressed and answered two questions: 1) whether Optilight for the treatment for dry eyes is within the scope of practice of optometry; and 2) whether this treatment meets the definition of surgery. The Board found that it is within the scope of practice of optometry and does not meet the definition of surgery.

The effect of the Board's decision is that it will provide protection specifically to Dr. Jasper and any other optometrist in Florida who treats patients with dry eye disease due to Meibomian Gland Dysfunction with Optilight if the treatment is provided exactly as it was described in the Declaratory Statement and indicated by the FDA. Optilight was indicated by the FDA as follows:

Universal IPL with a spectrum of 400-1200nm (with different filters) is indicated for: Improvement of signs of Dry Eye Disease (DED) due to Meibomian Gland Dysfunction (MGD), also known as evaporative dry eye or lipid deficiency dry eye in patients 22 years of age and older with moderate to severe signs and symptoms of DED due to MGD and with Fitzpatrick skin types I-IV. IPL is to be applied only to skin on the malar region of the face, from tragus to tragus including the nose (eyes should be fully covered by protective eyewear). IPL is intended to be applied as an adjunct to other modalities, such as meibomian gland expression, artificial tear lubricants and warm compresses.

These protections will not go into effect until a final order is issued by the Board. We should receive this soon.

Additionally, the Board refused to allow the Florida Society of Ophthalmology (FSO) to intervene as a party. This is important because it prevents the FSO from having standing to appeal the Board's decision.

What's Hot?

• Registration Requirement

Now Required - Background Screening

As of July 1, 2025, all* health care practitioners must comply with background screening requirements when applying for initial licensure or renewing their license.

*Emergency medical technicians, paramedics, pharmacy interns, registered pharmacy technicians, and radiologic technologists are exempt unless applying through the military active-duty spouse licensure pathway. Fingerprint retention requirements do not apply to these professions.



Fingerprint Retention Process at a Glance

1. Register with the [CHAI system](#) (refer to the [User Guide](#) if you experience issues) – you may sign in or register by clicking the button below 'Click Here To Manage Your Fingerprint Retention'.
2. After your existing fingerprints are matched to your account (if you are creating a new account), select 'Check Renewal Availability' to determine if you can retain your fingerprints at this time.
3. The window of opportunity to retain fingerprints opens 75 days and closes 15 days prior to the fingerprint retention expiration date.
4. Initiate payment for \$43.25 plus a small processing fee.
5. Make sure you receive a confirmation email and keep it in a safe place.

New Background Screening Requirements Now Effective

Cleared to Care Launches July 1!

As of July 1, 2025, all health care practitioners in Florida must comply with new background screening requirements when applying for an initial license or renewing an existing license. Compliance with this new law is essential to maintain licensure and continue practicing.

Act Now – Understand Your Timeline!

Failure to complete the required background screening will prevent you from obtaining or renewing your license. Given the multiple steps and processing time involved, delaying this requirement could lead to licensing delays or expiration.

- **Initial Licensure:** A new background screening is required as part of your application—don't wait!
- **License Renewal:** The renewal period opens 90 days before expiration. Complete your background screening well in advance to avoid interruptions in your ability to practice.

Why This Matters

- **Enhanced Public Protection:** Background screening ensures health care practitioners meet high safety and integrity standards, fostering public trust.
- **Streamlined Licensure Process:** The new background screening requirement is integrated into the licensure process, making compliance simple.
- **Improved Practice Reputation:** Maintaining compliance demonstrates professionalism, prevents disciplinary action, and strengthens your credibility in the industry.

Stay ahead of the deadline! Prepare now to ensure a smooth transition under the new requirements.

For more information, visit <https://www.flhealthsource.gov/background-screening/>.



Now Required - Background Screening



If applying for initial licensure

You must complete the new background screening as part of your application.



If renewing your license

Be prepared to complete the screening requirements ahead of your next renewal date.

The renewal period begins approximately 90-120 days before your license expires. Visit the "Florida Boards" tab at www.FLHealthSource.gov, select your board, click on renewals, and choose your profession for more details about the renewal process.

All screened professions are required to retain their fingerprints every 5 years and may do so at a cost of \$43.25. Required by section 456.0135(6)(1), Florida Statutes, a \$43.25 fee is required for FDLE to retain your fingerprint for background screening during this licensure cycle. This fee is collected at the time of license renewal if your fingerprint retention is expiring this licensure period.

If your fingerprint retention expires in the next 60 days, you will need to follow the five steps above and pay separately through the AHCA's [Clearinghouse Applicant Initiated \(CHAI\) System](#).

The cost of a new screening is almost double the retention cost and set by the LiveScan Provider. You can manage this requirement by registering on the Clearinghouse Applicant Initiated (CHAI) website. After your account is created, you will be able to view the date of your most recent screening and check renewal availability to learn if the window of opportunity to retain your fingerprints is open.

What's Hot?

- **New Medications**

- Alcon Announces FDA Approval of TRYPTYR (acoltremon ophthalmic solution) 0.003% for the Treatment of the Signs and Symptoms of Dry Eye Disease

- Aceclidine, a Pupil-Selective Miotic, Demonstrates Positive Topline Data

Notice regarding additions to the Formulary of Topical Ocular Pharmaceutical Agents

Effective 12/7/25:

The Florida Board of Optometry approved *acoltremon ophthalmic solution 0.003% (TRYPTYR)* and *aceclidine 1.44% ophthalmic solution (VIZZ)* for addition to [Rule 64B13-18.002, F.A.C.](#) Effective December 7, 2025, licensees are now permitted to prescribe *acoltremon ophthalmic solution 0.003% (TRYPTYR)* and *aceclidine 1.44% ophthalmic solution (VIZZ)*.



What's Hot?

Electronic Licensing

- The Florida Department of Health's Division of Medical Quality Assurance (MQA) is pleased to announce a new licensing experience for health care practitioners. Beginning mid-2023, electronic licenses (e-license) will replace the current practice of printing and mailing paper-based licenses. For each profession regulated by MQA, the transition to paperless licensing means seamlessly retrieving licenses through the [MQA Online Services Portal](#) within two business days of an approved application.
- The electronic process will allow practitioners to obtain newly issued or newly renewed licenses free of charge and 7 to 10 days earlier than previously mailed versions. The e-licenses include QR codes that increase the information security of licenses and enables users, such as employers and consumers, to access and verify credentials of health care practitioners.

FLORIDA
DEPARTMENT OF HEALTH

NOTIFICATION

Fraud Alert: Protect Your License

Scammers are targeting Florida health care practitioners by impersonating MQA. Be aware of fake emails, spoofed websites, and phone calls demanding payment or personal info. [Learn How to Report a Scam.](#)

What's Hot?

What's Hot?

- Malpractice Insurance Exclusions
 - IPL
 - FB
 - Cybersecurity – Get Definition
 - Dog Bites



Successes



Oral Drug Legislation House Bill 239

Published May 15, 2013

Florida ODs Gain Oral Drugs

By RO Staff

It's rare when a war does not end in bloodshed, but such was the case with the so-called "eyeball wars" in Florida. The "war" ended with the passage of HB 239, which permits optometrists in Florida to use oral drugs for eye disease, among other provisions.

"After much soul searching and introspection, everybody looked at it in terms of what's the best for the patient," says Kenneth W. Lawson, OD, legislative chair of the Florida Optometric Association, who has been working on this bill for three years.

The legislation, which was signed by the governor on April 19, achieved unanimous votes in both the state house and senate in favor of its passage. "It shows you can have a peaceful and thoughtful negotiation process that keeps the patient at the front," Dr. Lawson says.

The new law, which takes effect July 1, has several provisions that allow Florida optometrists to better serve their patients:

- **Allows Rx of oral drugs.** The bill listed 14 oral drugs that ODs will be able prescribe for eye care; these include analgesics/Schedule III controlled substances, antibiotics, antivirals and glaucoma medications. The legislation also requires that ODs must first participate in a 20-hour online CE review course and exam on oral pharmaceuticals.
- **Codifies comanagement.** The legislation mandates state-wide statutes regarding comanagement to mirror those of federal guidelines, including informed written consent for comanaged care.

Have you Done the Oral Certification Course

Yes

No

What's
That?

SB 340: Vision Care Plans

GENERAL BILL by [Latvala](#) ; (CO-INTRODUCERS) [Gaetz](#)

Vision Care Plans; Providing that a health insurer, a prepaid limited health service organization, and a health maintenance organization, respectively, may not require a licensed ophthalmologist or optometrist to join a network solely for the purpose of credentialing the licensee for another vision network; providing that such insurers and organizations may not restrict a licensed ophthalmologist, optometrist, or optician to specific suppliers of materials or optical laboratories, etc.

Effective Date: 7/1/2016

Last Action: 3/23/2016 - Chapter No. [2016-65](#)

Location: Became Law

Bill Text: [Web Page](#) | [PDF](#)

Senate Committee References:

1. [Banking and Insurance](#) (BI)
2. [Health Policy](#) (HP)
3. [Rules](#) (RC)

- **Prohibits Restriction of Labs**
- **Requires Doctor Removal From List**
- **Prohibits Forced Credentialing for Vision Plan**
- **5 Votes and Zero Nays**

All nine bills signed by Scott originated in the Florida Senate.

SB 238 Medical Assistant Certification – This bill repeals a voluntary certification program for medical assistants.

SB 242 An Infectious Disease Elimination Pilot Program – This bill creates a pilot program at the University of Miami to prevent the spread of HIV/AIDS and other bloodborne diseases.

SB 340 Vision Care Plans – This bill relates to health insurance coverage for vision care services for ophthalmologists and optometrists.

SB 450 Physical Therapy – This bill relates to the licensure of physical therapists.

SB 590 Adoption – This bill allows judges to make adoption decisions more efficiently and other changes to adoption procedures.

SB 636 Rape Kits – This bill requires rape kits to be tested within a specified time frame.

SB 860 Foster Families – This bill designates the second week of February as “Foster Family Appreciation Week.”

SB 1174 Residential Facilities – This bill clarifies distance requirements for community residential homes.

SB 7020 A Review Under the Open Government Sunset Review – This bill reenacts an existing public records exemption relating to the Florida Health Choices Program.





Your Choice

- Money
- Time
- Talents
- Relationships



What Are Your Questions?

Nobody has responded yet.

Hang tight! Responses are coming in.

What are your Questions?

Nobody has responded yet.

Hang tight! Responses are coming in.



Brief Description of How We Got Here

- **The Law is What the Law Is**
- **The Rules are What the Rules Are**
- **Shift in Board Power**
- **Only Enforce the Laws and Rules**

What Laws and Rule Apply

- **Chapter 463: Optometry Practice Act**
- Chapter 456: Health Professions and Occupations: General Provisions
- Chapter 408: Health Care Administration
- Chapter 120: Administrative Procedure Act
- Chapter 119: Public Records
- Chapter 112: Public Officers and Employees: General Provisions
- Chapter 465: Pharmacy
- Pharmacy law regarding Dispensing Practitioners
- **Rules: Chapter 64B13 (Board of Optometry Rules)**

- Chapter 463 Optometry Practice Act

- 463.0001 Short title.
- 463.001 Purpose; intent.
- 463.002 Definitions.
- 463.003 Board of Optometry.
- 463.004 Board headquarters.
- 463.005 Authority of the board.
- 463.0055 Administration and prescription of ocular pharmaceutical agents.
- 463.0057 Optometric faculty certificate.
- 463.006 Licensure and certification by examination.
- 463.007 Renewal of license; continuing education.
- 463.008 Inactive status.
- 463.009 Supportive personnel.
- 463.011 Exhibition of license.
- 463.012 Prescriptions; filing; release; duplication.
- 463.013 Optometric services for certain public agencies.
- 463.0135 Standards of practice.
- 463.014 Certain acts prohibited.
- 463.0141 Reports of adverse incidents in the practice of optometry.
- 463.015 Violations and penalties.
- 463.016 Grounds for disciplinary action; action by the board.
- 463.018 Reciprocity.

463.0001 Short title.—This chapter shall be known as the “Optometry Practice Act.”

- **463.001 Purpose; intent.**—*The sole legislative purpose in enacting this chapter is to ensure that every person engaged in the practice of optometry in this state meets minimum requirements for safe practice. It is the legislative intent that such persons who fall below minimum standards or who otherwise present a danger to the public shall be prohibited from practicing in this state.*
- Nothing in this chapter shall be construed to prevent a person licensed under chapter 458, chapter 459, or part I of chapter 484 from performing those services which she or he is licensed to perform. The provisions of this chapter shall have no application to any person furnishing assistance in case of an emergency.

463.003 Board Composition

- The **Florida Board of Optometry** is composed of seven members appointed by the Governor and confirmed by the Senate.
- Five members of the board must be licensed practitioners actively practicing in this state.
- The remaining two members must be citizens of the state who are not, and have never been, licensed practitioners.
- Additionally, the consumer members may not be connected with the practice of optometry or with any other vision-related profession or business.
- At least one member of the board must be 60 years of age or older.

Members of the Board



Bryan A. Stam
O.D.
Ponte Vedra Beach
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David Rouse
OD, FAAO
Chair
Cooper City, FL
Term Ends:
10/31/2025
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Katie Gilbert Sp
OD, JD, MPH
Vice-Chair
Pensacola, FL
Term Ends:
10/31/2026
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Denise Burns-LeGros
O.D., FAAO
Indialantic, FL
Term Ends:
10/31/2023
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Robert Easton, Jr.
OD, FAAO
Oakland Park
Term Ends:
10/31/2024
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John E. Griffin
JD
Consumer
Tallahassee FL
Term Ends:
10/31/2026
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Kevin Rollin
Consumer
Vero Beach
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463.005: Authority of the board

- (1) The Board of Optometry has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it. Such rules shall include, but not be limited to, rules relating to:**

 - (a) Standards of practice, including, but not limited to, those provided for in s. 463.0135.**
 - (b) Minimum equipment which a licensed practitioner shall at all times possess to engage in the practice of optometry.**
 - (c) Minimum procedures which shall constitute a visual examination.**
 - (d) Procedures for the safekeeping and transfer of prescription files or case records upon the discontinuance of practice.**
 - (e) Supervision of supportive personnel.**
 - (f) Courses and procedures for continuing education.**
 - (g) Administration and prescription of ocular pharmaceutical agents.**
- (2) The board is authorized to disseminate information, the sole purpose of which is to inform licensed practitioners and the public of regulations regarding the practice of optometry.**

BOARD REGULATION

The Department of Health's Division of Medical Quality Assurance serves as the principle administrative support unit for the board.

The board is supported by a full-time professional staff based in Tallahassee, and its regulatory functions are funded in full by fees paid by its licensees.

Board members are appointed by the Governor and subject to confirmation by the Senate. Members of the board can serve two four-year terms.

Despite the expiration of a term, board members can continue to serve until they have been either replaced or reappointed

LINK AND LIST OF ALL STAFF ON THE WEBSITE

Board Staff

Click to Open/Close



Dayle DeCastro Mooney

Executive Director

Responsibilities: Coordination of Budget; Analyzes & Tracks Legislation; Interaction with Board Members

Dontavia Wilson

Program Operations Administrator

Responsibilities: Administrative Issues, New Legislation and Rules, assist Executive Director

Sarah Shappard

Regulatory Supervisor

Responsibilities: Manages the Optometry licensure section; review Faculty Certificate applications and oversees the licensing processes.

Legal Counsel

Deborah Loucks

Senior Assistant Attorney General/Board Counsel

Meeting Information

The Florida Board of Optometry meets periodically throughout the year. The full board meetings include **disciplinary cases, licensure approvals, correspondence items, committee reports, policy discussion items** and **other necessary board action**.

All full board meetings commence at **9:00 am on Friday** unless otherwise noted. The board will notice respondents of a required appearance if necessary. *Dates and locations are subject to change.*

Board Meeting

October 24, 2025 09:00 AM

Search Events:

SEARCH EVENTS

RESET

Upcoming Events

Public FTP Link

Past Audio, Minutes, and Other Materials

Show Calendar

Show Past Events

October 24, 2025

9:00 am

Board Meeting

If You Want to Be on the Board

Welcome Board Members!

Are you a current or new board member? Helpful resources and information pertinent to your position are available on the new Division of Medical Quality Assurance (MQA) board member website.

If you are interested in becoming a board member, the site contains material that provides insight into the duties and responsibilities of the role. To view the site, please visit <http://flhealthsource.gov/board-members>.



Florida Optometry Board Highlights

OIG Advisory Opinion No. 22-14

III. CONCLUSION

Based on the relevant facts certified in your request for an advisory opinion and supplemental submissions, we conclude that, although Proposed Arrangement A, if undertaken, would generate prohibited remuneration under the Federal anti-kickback statute if the requisite intent were present, the OIG would not impose administrative sanctions on Requestor in connection with Proposed Arrangement A under sections 1128A(a)(7) or 1128(b)(7) of the Act, as those sections relate to the commission of acts described in the Federal anti-kickback statute. In contrast, we conclude that Proposed Arrangement B, Proposed Arrangement C, and Proposed Arrangement D, if undertaken, would generate prohibited remuneration under the Federal anti-kickback statute, if the requisite intent were present, which would constitute grounds for the imposition of sanctions under sections 1128A(a)(7) and 1128(b)(7) of the Act.

Important Statutes, Rules and Changes

463.006 Licensure and certification by examination.—

(1) Any person desiring to be a licensed practitioner pursuant to this chapter must apply to the department and must submit proof to the department that she or he:

(a) Has completed the application forms as required by the board, remitted an application fee for certification not to exceed \$250, remitted an examination fee for certification not to exceed \$250, and remitted an examination fee for licensure not to exceed \$325, all as set by the board.

(b) Is at least 18 years of age.

(c) Has graduated from an accredited school or college of optometry approved by rule of the board.

(d) Is of good moral character.

(e) Has successfully completed at least 110 hours of transcript-quality coursework and clinical training in general and ocular pharmacology as determined by the board, at an institution that:

1. Has facilities for both didactic and clinical instructions in pharmacology; and

2. Is accredited by a regional or professional accrediting organization that is recognized and approved by the Commission on Recognition of Postsecondary Accreditation or the United States Department of Education.

**463.006
Licensure and
certification
by
examination**

(f) Has completed at least 1 year of supervised experience in differential diagnosis of eye disease or disorders as part of the optometric training or in a clinical setting as part of the optometric experience.

(2) The board shall approve a licensure examination consisting of the appropriate subjects and including applicable state laws and rules and general and ocular pharmacology with emphasis on the use and side effects of ocular pharmaceutical agents. The board may by rule substitute a national examination as part or all of the examination and, notwithstanding chapter 456, may by rule offer a practical examination in addition to a written examination.

(3) Each applicant who submits proof satisfactory to the board that he or she has met the requirements of subsection (1), who successfully passes the licensure examination within 3 years before the date of application or after the submission of an application, and who otherwise meets the requirements of this chapter is entitled to be licensed as a practitioner and to be certified to administer and prescribe ocular pharmaceutical agents in the diagnosis and treatment of ocular conditions.

History.—ss. 1, 6, ch. 79-194; ss. 2, 3, ch. 81-318; ss. 7, 20, 21, ch. 86-289; s. 10, ch. 88-205; s. 4, ch. 91-429; s. 4, ch. 93-101; s. 23, ch. 94-310; s. 234, ch. 97-103; s. 5, ch. 2013-26; s. 1, ch. 2018-78.

463.006 Licensure and certification by examination

HB 7059 Application For Licensure

(3) ■ Each applicant who submits proof satisfactory to the board that he or she has met the requirements of subsection (1), who successfully passes the licensure examination within 3 years before the date of application or after the submission of an application, and who otherwise meets the requirements of this chapter is entitled to be licensed as a practitioner and to be certified to administer and prescribe ocular pharmaceutical agents in the diagnosis and treatment of ocular conditions.

64B13-4.001: Examination Requirements

- (1) Licensure Examination. The licensure examination authorized in Section 463.006(2), F.S., shall consist of the following parts:
 - (a) The Patient Assessment and Management (PAM) portion of the examination developed by the National Board of Examiners in Optometry (NBEO) as Part II of its examination which includes an embedded Treatment and Management of Ocular Disease (TMOD) examination. An applicant for licensure in Florida must obtain a passing score on the TMOD section of the examination as well as an overall passing score on the examination.
 - (b) The Clinical Skills (CSE) portion of the examination developed by the NBEO as Part III of its examination.
 - (c) A written examination on applicable Florida laws and rules governing the practice of optometry developed yearly by Florida Board of Optometry approved consultants, and administered by NBEO as Part IV of its examination. The Board shall review and approve the content of the laws and rules examination annually. A score of eighty-four percent (84%) or better must be obtained in order to achieve a passing score on Part IV of the NBEO examination.

64B13-4.001: Examination Requirements

- (d) The Florida Practical Examination. The Florida Practical Examination shall be developed by consultants approved by the Florida Board of Optometry in conjunction with the NBEO, and shall be administered by the NBEO as part of the NBEO National Clinical Skills examination.
 1. Examiners for the Florida Practical Examination, and the grading criteria to be used by the examiners, shall be those selected by the NBEO to examine and grade the NBEO CSE.
 2. The Florida Practical Examination shall include the following tested skills.
 - a. Biomicroscopy
 - b. Binocular Indirect Ophthalmoscopy
 - c. Dilated Biomicroscopy and Non-Contact Fundus Lens Evaluation
 - d. Gonioscopy
 - e. Tonometry

64B13-4.001: Examination Requirements

- (2) Passing Scores.
- (a) An applicant for licensure must achieve a passing score on all four (4) parts of the licensure examination in order to be licensed in Florida. The passing score for the Florida Laws and Rules examination is as set by the Board in this rule. Passing scores for the Patient Assessment and Management portion and the Clinical Skills portion of the NBEO licensure examination are established by the NBEO.
- (b)1. Pursuant to Section 463.006(3), F.S., the Board will accept passing scores obtained on any part of the licensure examination obtained within the three (3) year period immediately preceding application for licensure or within the three (3) year period following submission of an application for licensure in Florida. Scores obtained on any part of the licensure examination obtained more than **three (3) years immediately preceding application or more than three (3) years following the date of submission of an application for Florida licensure will not be accepted.**

64B13-4.001: Examination Requirements

- 2. Pursuant to Section 120.60(1), F.S., the Board's approval of an application will not result in issuance of a license until passing scores on all parts of the Florida licensure examination are achieved.
- 3. If an applicant fails to achieve passing scores on all parts of the Florida licensure examination within the time period specified above, the Board shall not certify the applicant to the Department and the applicant shall not be issued a Florida license based upon the approved application; to achieve licensure, the applicant must re-apply and meet all then-current licensing requirements.
- (c) Pursuant to Rule 64B13-4.004, F.A.C., an application for licensure will not be deemed complete until an applicant demonstrates graduation from a Board approved school or college of optometry as specified in subsection 64B13-4.004(2), F.A.C.; incomplete applications expire one (1) year after initial filing.

Continuing Education (CE) Requirements

To locate board approved CE Courses for this profession, please click [here](#)

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours	26	6 of the 26 hours must be in Transcript Quality if you are a Certified Optometrist
Medical Error	2	2 hours maximum per biennium
Laws and Rules	2	2 hours maximum per biennium
Prescribing Controlled Substances	2	Important Information: All licensees registered with the DEA must complete the course no later than January 31, 2019, and during each subsequent licensure renewal biennium. (May be completed through live, in-person, or online/distance learning format.)

CE: 64B13-5

- 30 hours per biennium
- 2 hours for CPR training optional
- 2 hours PM max 2 hours JP required
- 2 hours ME required
- If DEA licensed 2 hours Controlled Substance required but all licensees can take for credit and can be online



****NOTE:** The ONLY approved CE providers are: (1) The Florida Medical Association, (2) Florida Osteopathic Medical Association, (3) Florida Academy of Family Physicians, and (4) Florida College of Emergency Physicians.

[Click Here for the Mandatory CE Course](#)

All licensed and certified optometrists who registered with the DEA are authorized to administer and prescribe, are impacted by the changes in the Controlled Substances Bill.

There are four key changes in the law for all certified optometrists. They include:

- A requirement that a certified optometrist take a Board-approved 2-hour CE course on prescribing controlled substances;
- Prescription supply limits for the treatment of acute pain that may not exceed 3 days or up to a 7 day supply in special circumstances;
- The Florida Board of Optometry develop guidelines for prescribing controlled substances for acute pain; and
- Mandatory requirement for all certified optometrists to utilize the PDMP for the prescribing or dispensing of controlled substances.

Use the quick links on the right for additional information.

For questions, contact the Florida Department of Health at Takecontrol@FLhealth.gov

- [Controlled Substances Bill Information Page](#)
- [List of Schedule II, III, IV, and V substances](#)
- [FAQs](#)
- [Mandatory CE Course](#)
- [Webinar](#)
- [Board of Optometry](#)
- [PDMP](#)

Nonopioid Alternatives Pamphlet

Posted in [Latest News](#) on *July 2, 2019*.

House Bill 451, Nonopioid Alternatives, was approved by Governor DeSantis and is effective July 1, 2019. The bill requires that before providing anesthesia or prescribing, ordering, dispensing, or administering an opioid listed as a Schedule II controlled substance to treat pain, the patient must be informed about available nonopioid alternatives. A healthcare practitioner will discuss the advantages and disadvantages of using nonopioid alternatives. Under the new law, the department is required to develop an educational pamphlet about using nonopioid alternatives and post the pamphlet on the department's website. Healthcare practitioners must provide the patient with this educational pamphlet. Those healthcare practitioners providing emergency services and care are exempt from these requirements.

[Click here](#) for pamphlets and additional information.

Continuing Education – CE

CE Broker Browser Compatibility with Internet Explorer

In March 2015, CE Broker updated their system to a newer technology that would make it faster and more secure. As a result however, some old internet browsers may not work as well with the new technology. Some users have reported issues when logging in while using old versions of Internet Explorer. If this occurs, it is recommended that the browser be updated or another browser – Firefox or Chrome – be used. For a free and trusted download, use the following links to download either of these browsers. [Firefox](#); [Google Chrome](#)

To find profession specific Continuing Education requirements, please visit [Renewals](#) and choose from the list of professions provided. Click on [Requirements](#), then select the “CE” tab on the requirements page.



Certified Optometrist

License

Florida | OPC2919 ▾

Report CE

OVERVIEW

TRANSCRIPT

COMPLIANCE STATUS

Not completed

We'll show you exactly what you still need in your custom compliance transcript.



Show me what I'm missing →

License details

State Florida

License # OPC2919

CE Cycle 03/01/2023 - 02/28/2025

Course history

NOT COMPLETE

93%

30

Hours required

28

Hours applied

2

Hours needed

Transcript cycle

03/01/2023 - 02/28/2025

...



Please note all continuing education except for Prescribing Controlled Substances must be live continuing education hours. Of the 30 clock hour requirement, licensed practitioners shall be permitted to earn no more than two ... [Load more](#)

[See more info](#)

Hour based requirements

Prescribing Controlled Substances

Hours required 2

No hours applied

0

Hours needed 2

We found 7 courses that will fulfill this requirement

[View courses](#)

[+ Report CE](#)

ONLINE CE

Is Online CE Allowed in Florida???

Online CE Courses

- **4 Hours**
 - **2 Hours Controlled Substance**
 - **2 Hours Practice Management**
 - **20 Hours Oral Medication Course**

License Display

- **463.011 Exhibition of license.**—Each person to whom a license or branch office license is issued by the department shall keep said license conspicuously displayed in the appropriate office and shall, whenever required, exhibit said license to any authorized representative of the department.

How Long is a glasses Rx valid in Florida?

How Long is a Contact Lens Rx Valid in Florida?

64B13-3.012: Prescriptions

- (1) All prescriptions written by a licensed practitioner shall contain the name, address, telephone number and signature of the licensed practitioner who wrote the prescription and the information shall be kept on file by the licensed practitioner for a period of at least two (2) years. If the licensed practitioner maintains electronic patient records, the practitioner may affix an electronic signature to the prescription only if the electronic signature is generated by using either public key infrastructure or signature dynamics technology, and meets the criteria of paragraphs (1)(a)-(d) of Rule 64B13-3.003, F.A.C.
- (2) A spectacle prescription shall be considered valid for a period of five (5) years, and a licensed practitioner shall make available to the patient or his or her agent any spectacle prescription or duplicate copy determined for that patient.

64B13-3.012 Prescriptions

- (3) A prescription for daily wear soft contact lens shall be considered valid for a period of two (2) years and a licensed practitioner shall make available to the patient or his or her agent any daily wear soft contact lens prescription or duplicate copy determined for that patient. This subsection applies only to contact lenses determined by the Federal Drug Administration to be daily wear lenses.



FLORIDA Board of Optometry

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Telehealth

Click here for information on the new law that sets standards of practice and authorizes out-of-state health care practitioners to perform telehealth services for patients in Florida.

Telehealth

Posted in [Latest News](#) on *July 1, 2019*.

Florida passed Telehealth, Chapter 2019-137, Laws of Florida, which establishes standards of practice for telehealth services, including patient evaluations, record-keeping, and controlled substances prescribing. The law also authorizes out-of-state health care practitioners to perform telehealth services for patients in Florida upon meeting certain eligibility requirements and registering with the department of health.

The Department is currently working on the implementation of the Telehealth law and expects the application for out-of-state providers to be available in early fall 2019. Please continue to [check the website for updates](#).

For questions, contact the Florida Department of Health at MQA.Telehealth@flhealth.gov

Telemedicine

- Includes Optometrists
- Synchronous or Asynchronous
- Duty to practice within same standard as if doing an in-person exam
- Can use telehealth to perform a patient evaluation as long as it is sufficient to diagnose and treat the patient and is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide health care services

Telemedicine

- Cannot prescribe controlled substances unless falls into one of the exceptions
- Nonphysician telehealth provider using telehealth and acting within his or her relevant scope of practice is not in violation
- Record documentation must be same as in-person exam
- Providers who are not Licensed in FL can provide services if register with the relevant board and pay fees

Telemedicine Registration

Requirements:

The out-of-state telehealth provider registration is for health care practitioners licensed outside of Florida ONLY. Florida licensees can already provide telehealth services to patients in Florida that they can treat in person.

Health care practitioners with an out-of-state license or certification that falls under section 456.47(1)(b), F.S, qualify for an out-of-state telehealth provider registration number when they meet the following requirements:

- Submit the completed Application for Out-of-State Telehealth Provider Registration;
- Maintain an active, unencumbered license from another state, the District of Columbia, or a possession or territory of the United States (license verification is required);
- Not have a pending investigation, discipline, or revocation on your license within the last five years;
- Designate a duly appointed registered agent for service of process in Florida (see Application for Out-of-State Telehealth Provider Registration)
- Maintain liability coverage or financial responsibility for telehealth services provided to patients in Florida in an amount equal to or greater than Florida health care practitioner requirements
- Not open a Florida office or provide in-person health care services to Florida patients
- Only use a Florida-licensed pharmacy, registered nonresident pharmacy, or outsourcing facility to dispense medicinal drugs to patients in Florida (pharmacists only)

New Additions to Formulary

64B13-18.002 Formulary of Topical Ocular Pharmaceutical Agents.

The formulary of topical ocular pharmaceutical agents consists of pharmaceutical agents that are appropriate to treat or diagnose ocular disease and disorders and which a certified optometrist is qualified to administer and prescribe in the practice of optometry pursuant to Section 463.0055(2)(a), F.S. The topical ocular pharmaceutical agents in the formulary include the following legend drugs alone or in combination in concentrations up to those specified, or any lesser concentration:

What Gets Optometrist is Trouble?



Probable Cause Panel: 64B13-2.008

(1) The determination as to whether probable cause exists to believe that a violation of the provisions of Chapter 456, Part II, or 463, F.S., or of the rules promulgated thereunder, has occurred shall be made by the probable cause panel of the Board.

(2) The probable cause panel shall be composed of at least two (2) present or former members of the Board of Optometry. At least one member of the panel must be a current Board member. At least one member shall be a present or former lay member, if available, willing to serve, and authorized by the Chair.



It's a New Day in Public Health.

The Florida Department of Health works to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

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Enforcement

- Administrative Complaint Process
- Unlicensed Activity
- Inspection Program



Armed Forces Licensing

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Enforcement

The Department of Health investigates complaints and reports involving health care practitioners regulated by the department and enforces appropriate Florida Statutes. Action which may be taken against health care practitioners is administrative in nature (e.g., reprimand, fine, restriction of practice, remedial education, administrative cost, probation, license suspension or license revocation). The Department cannot represent you in civil matters to recover fees paid or seek remedies for injuries. You may wish to consult a private attorney regarding these matters.

Consumer Services Section

- MQA.ConsumerServices@FLhealth.gov
- Fax: 850-488-0796
- Mailing Address**
Florida Department of Health
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32399-3275

[Florida Health Care Complaint Portal](#)

[Enforcement Process Map](#)

Frequently Asked Questions

- WHAT HAPPENS TO A COMPLAINT ONCE IT IS FILED?
- AGAINST WHOM CAN COMPLAINTS BE FILED?



What Gets Board of Optometry in Trouble?

- Sunshine Law
- Public Records

What is Florida's Sunshine Law?

The law consists of two areas:

1. The "Open Meetings Law" (Chapter 286, Florida Statutes) which provides that meetings of an elected board or commission are open to the public; and
2. The "Public Records Law" (Chapter 119, Florida Statutes) which creates a right of access to records made or received in connection with official business of a public body.

Case 1 The Disgruntled Contact Lens Patient

- Problems
 - No Refund
 - Unhappy with Contacts
 - Open Records
 - Uh Oh
 - Corporate Optometry
 - Documentation – Standard of Care
 - Tonometry, VA Near



Thank You

ARBO QR Code

COPE Event 131128

COPE Course # 94648-EJ : Florida Jurisprudence: Laws and Rules of
Practice



64B13-3.008: Corporate, Lay, and Unlicensed Practice of Optometry Prohibited

- (1) By its enactment of Chapter 463, F.S., the legislature has determined that the public health and welfare is best protected when only those individuals who have graduated from an accredited school or college of optometry approved by the Board, and who have been tested and licensed as meeting the minimum requirements for safe practice, are permitted to engage in the practice of optometry.
- (2) No corporation, lay body, organization, or individual other than a licensed practitioner shall engage in the practice of optometry through the means of engaging the services, upon a salary, commission, or other means or inducement, of any person licensed to practice optometry in this state.
- (3) No licensed practitioner shall engage in the practice of optometry with any corporation, organization, group or lay individual.
- (4) Notwithstanding subsections (2) and (3) above, a licensed practitioner may associate with a multidisciplinary group of licensed health care professionals, the primary objective of which is the diagnosis and treatment of the human body. A licensed practitioner may also employ, or form a partnership or professional association with, other Florida licensed practitioners, or with other licensed health care professionals, the primary objective of whom is the diagnosis and treatment of the human body. A licensed practitioner may also be a contract provider for health maintenance organizations.

64B13-3.008 Corporate, Lay, and Unlicensed Practice of Optometry Prohibited

- (5) No licensed practitioner shall enter into any agreement which limits or adversely affects the licensed practitioner's independent professional judgment and responsibility, or which allows, permits, or facilitates any entity which itself is not a licensed practitioner to practice optometry, to offer optometric services to the public through the licensed practitioner, or to control through any means whatever any aspect of the practice of optometry. The professional judgment of the licensed practitioner must be exercised solely for the benefit of his/her patients, and shall be free from any compromising control, influences, obligations, or loyalties.
- (6) For the purposes of this rule, "licensed practitioner" shall mean a person who is a primary health care provider licensed to engage in the practice of optometry under the authority of Chapter 463, F.S.
- (7) For the purposes of this rule, "other means or inducement" shall include the provision of equipment or leased space to a licensed practitioner, if the provision of such equipment or leased space is dependent upon the licensed practitioner's agreement to or forbearance of any term or condition relative to his/her practice of optometry.
- (8) For the purposes of this rule, "entity which itself is not a licensed practitioner" shall refer to any corporation, lay body, organization, individual, or commercial or mercantile establishment which is not a licensed practitioner or which is not comprised solely of licensed health care professionals, the primary objective of whom is the diagnosis and treatment of the human body.

64B13-3.008:Corporate, Lay, and Unlicensed Practice of Optometry Prohibited

- (9) For the purposes of this rule, “control” shall mean to exercise authority or dominating influence over; having the authority or ability to regulate, direct, or dominate.
- (10) For the purposes of this rule, the terms “any aspect of the practice of optometry” and “any term or condition relative to his/ her practice of optometry” shall include:
 - (a) The type, extent, availability, or quality of optometric services;
 - (b) The type of ophthalmic materials available, prescribed, or dispensed;
 - (c) Files and records relating to patients and the optometric practice;
 - (d) Optometric prescriptions;
 - (e) Scheduling and availability of optometric services;
 - (f) Time limitations on patient examinations;
 - (g) Volume of optometric patients;
 - (h) Fee schedules for optometric services and materials, and the establishment thereof, including billing methods; and
 - (i) Information disseminated to the public regarding optometric services.

64B13-3.008:Corporate, Lay, and Unlicensed Practice of Optometry Prohibited

- (11) Except as permitted by Section 542.33, F.S., licensed practitioners are prohibited from agreeing to any contract in restraint of trade. Licensed practitioners are prohibited from agreeing not to compete in the provision of optometric services with any entity which is not itself a licensed practitioner, or which is not licensed or otherwise permitted by law to provide the services which are the subject of the agreement not to compete.
- (12) For the purposes of this rule, “optometric services” shall mean any professional service included within the meaning of “optometry” as defined in Section 463.002(5), F.S.
- (13) Provided he/she is otherwise in compliance with Section 463.014, F.S., and the Board rules promulgated thereunder, a licensed practitioner may, pursuant to Section 463.014(1)(c), F.S., physically locate his/her professional practice in or on the premises of a commercial or mercantile establishment.
- (14) For the purposes of this rule, “commercial or mercantile establishment” shall include an establishment in which the practice of opticianry is conducted pursuant to Chapter 484, Part I, F.S., and an establishment in which optical goods are sold.

64B13-3.008:Corporate, Lay, and Unlicensed Practice of Optometry Prohibited

- (15) The following shall constitute evidence that the licensed practitioner has violated Section 463.014, F.S.:
- (a) Holding him/herself out to the public, or allowing him/herself to be held out to the public, as available to render professional services in any manner which states, implies, or suggests that the licensed practitioner is professionally associated or affiliated with, or employed by, an entity which itself is not a licensed practitioner;
- (b) Entering into any agreement (whether written or oral) which allows, permits, or facilitates any entity which itself is not a licensed practitioner to practice optometry, to offer optometric services to the public, or to control through any means whatever any aspect of the practice of optometry;
- (c) Failing to maintain full and independent responsibility and control over all files and records relating to patients and the optometric practice as prescribed by Rule 64B13-3.003, F.A.C.;
- (d) Agreeing not to compete in the provision of optometric services with any entity which is not itself a licensed practitioner, or which is not licensed or otherwise permitted by law to provide the services which are the subject of the agreement not to compete;
- (e) Failing to maintain full and independent responsibility and control over information disseminated to the public regarding optometric services provided by the licensed practitioner, except in the case of an association, partnership, or employment relationship permitted pursuant to Sections 463.014(1)(a) and (b), F.S.;

64B13-3.007 Minimum Procedures for Comprehensive Eye Examination

- (a) Patient's history (personal and family medical history, personal and family ocular history, and chief complaint);
- (b) Visual acuity (unaided and with present correction at initial presentation; thereafter, unaided or with present correction);
- (c) External examination;
- (d) Pupillary examination;
- (e) Visual field testing (confrontation or other);
- (f) Internal examination (recording, optic
nerve health, blood vessel status, macula health, and any abnormalities);
- (g) Biomicroscopy (binocular or monocular);
- (h) Tonometry; (with time of measurement);
- (i) Refraction (with recorded visual acuity);
- (j) Extra ocular muscle balance assessment;
- (k) Other tests and procedures that may be indicated by case history or objective signs and symptoms discovered during the comprehensive eye examination;
- (l) Diagnosis and treatment plan.

64B13-3.007 Minimum Procedures for Comprehensive Eye Examination

- (3) If because of the patient's age or physical limitations, one or more of the procedures specified herein or any part thereof, cannot be performed, or if the procedures or any part thereof are to be performed by reason of exemption from this rule, the reason or exemption shall be noted on the patient's case record.
- (4) Except as otherwise provided in this rule, the minimum procedures set forth in subsection (2) above shall be performed prior to providing optometric care during a patient's initial presentation, and thereafter at such appropriate intervals as shall be determined by the optometrist's sound professional judgment: provided, however, that each optometric patient shall receive a comprehensive eye examination prior to the provision of further optometric care if the last comprehensive eye examination was performed more than two years before.

Case 2 Second Opinion

- Not happy with glasses
- No Refund
- Second Opinion
 - Glaucoma?
 - Complaint
 - Standard of Care



64B13-3.010 Standards of Practice.

- (3) Certified optometrists employing the topical ocular pharmaceuticals listed in subsection 64B13-18.002(8), F.A.C., Anti-Glaucoma Agents, shall comply with the following:
 - (a) Upon initial diagnosis of glaucoma of a type other than those specifically listed in section 463.0135(2), F.S., the certified optometrist shall develop a plan of treatment and management.
 - 1. The plan will be predicated upon the severity of the existing optic nerve damage, the intraocular pressure, and stability of the clinical course.
 - 2. In the event the certified optometrist cannot otherwise comply with the requirements of Sections 463.016(1)(s), and 463.0135(1), F.S., a co-management plan shall be established with a physician skilled in the diseases of the human eye and licensed under Chapter 458 or 459, F.S.

64B13-3.010 Standards of Practice.

- (b) Because topical beta-blockers have potential systemic side effects a certified optometrist employing beta-blockers shall, in a manner consistent with Section 463.0135(1), F.S., ascertain the risk of systemic side effects through either a case history that complies with paragraph 64B13-3.007(2)(a), F.A.C., or by communicating with the patient's primary care physician. The certified optometrist shall also communicate with the patient's primary care physician, or with a physician skilled in diseases of the eye and licensed under Chapter 458 or 459, F.S., when, in the professional judgment of the certified optometrist, it is medically appropriate to do so. This communication shall be noted in the patient's permanent record. The methodology of communication is left to the professional discretion of the certified optometrist.
- (c) The certified optometrist shall have available, and be proficient in the use of, the following instrumentation:
 - 1. Goldman-type applanation tonometer.
 - 2. Visual fields instrumentation capable of threshold perimetry.
 - 3. Gonio Lens.
 - 4. Fundus Camera or detailed sketch of optic nerve head.
 - 5. Biomicroscope.
 - 6. Binocular indirect ophthalmoscope and non-contact fundus lens to provide stereoscopic view of the optic nerve and fundus.

Case 3 Standard of Care

- Seeing Spots
- Exam
- Paperwork is clear
- No Dilation
- Corporate Practice?





Do I Have To Dilate? 64B13-3.010 Standards of Practice

- Not in statute but included in rules
- (6)(a) To be in compliance with paragraph 64B13-3.007(2)(f), F.A.C., certified optometrists shall perform a dilated fundus examination during the patient's initial presentation, and thereafter, whenever medically indicated. If, in the certified optometrist's sound professional judgment, dilation is not performed because of the patient's age, physical limitations, or conditions, the reason(s) shall be noted in the patient's medical record.
- (b) Licensed optometrists who determine that a dilated fundus examination is medically indicated shall advise the patient that such examination is medically necessary and shall refer the patient to a qualified health care professional for such examination to be performed. The licensed optometrist shall document the advice and referral in the patient's medical record.

Case 4 But That Was in Another State

- License revoked in another state
- **Failure to report**
- Full Investigation



463.016 Grounds for disciplinary action; action by the board.

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(a) Procuring, or attempting to procure, a license to practice optometry by bribery, by fraudulent misrepresentations, or through an error of the department or board.

(b) Procuring, or attempting to procure, a license for any other person by making, or causing to be made, any false representation.

(c) Having a license to practice optometry revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another jurisdiction.

(d) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of optometry or to the ability to practice optometry. Any plea of nolo contendere shall be considered a conviction for the purposes of this chapter.

Case 5 The Free Eye Exam

- Free Eye Exam Advertised
- Billed Exam to Insurance
- Was Paid by Optical Owner

2 FOR \$95
+ FREE EYE EXAM*
+ LENS UPGRADE



FREE EYE EXAMS

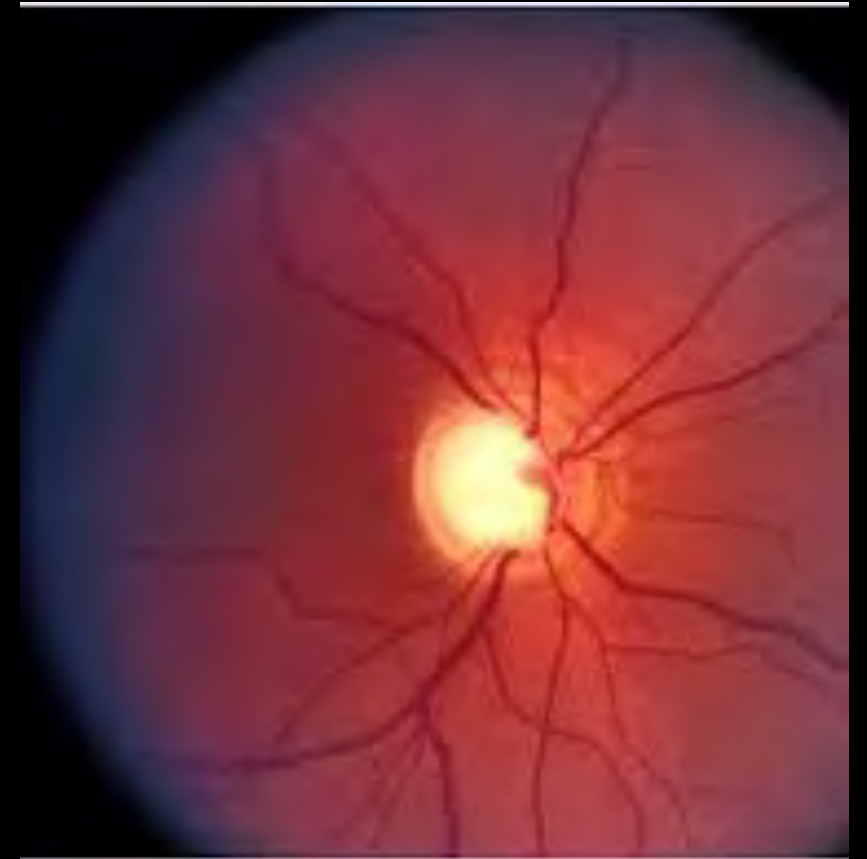


64B13-3.009 False, Fraudulent, Deceptive and Misleading Advertising Prohibited; Policy; Definitions; Affirmative Disclosure.

- (1) As used in the rules of this Board, the terms “advertisement” and “advertising” shall mean any statements, oral or written, disseminated to or before the public or any portion thereof, with the intent of furthering the purpose, either directly or indirectly, or of selling professional services or ophthalmic goods, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The licensed practitioner has the duty to review and proof all advertisements prior to publication, and is fully responsible for the content therein.
- (2) All advertisements must clearly denote with words or proper abbreviation that the practitioner is engaged in the practice of optometry.
- (3) Any advertisement for free or discounted services must contain the disclaimer required by Section 456.062, F.S., no less than Times New Roman 6 point font size.
- (4) When determining what constitutes fraudulent, false, deceptive, or misleading advertisement, the Board shall be guided by applicable federal and state statutes, rules and court decisions.

CASE 6

- Failure to Dilate Complaint
 - Unrelated to Disease
 - Not good vision with contacts
- Contact Lens Records Release and Dates



- **463.0141 Reports of adverse incidents in the practice of optometry.—(1)** Effective January 1, 2014, an adverse incident occurring in the practice of optometry must be reported to the department in accordance with this section.
- (2) The required notification must be in writing and submitted to the department by certified mail. The required notification must be postmarked within 15 days after the adverse incident if the adverse incident occurs when the patient is at the office of the licensed practitioner. If the adverse incident occurs when the patient is not at the office of the licensed practitioner, the required notification must be postmarked within 15 days after the licensed practitioner discovers, or reasonably should have discovered, the occurrence of the adverse incident.

- (3) For purposes of notification to the department, the term “adverse incident,” as used in this section, means any of the following events when it is reasonable to believe that the event is attributable to the prescription of an oral ocular pharmaceutical agent by the licensed practitioner:
 - (a) Any condition that requires the transfer of a patient to a hospital licensed under chapter 395.
 - (b) Any condition that requires the patient to obtain care from a physician licensed under chapter 458 or chapter 459, other than a referral or a consultation required under this chapter.
 - (c) Permanent physical injury to the patient.
 - (d) Partial or complete permanent loss of sight by the patient.
 - (e) Death of the patient.
- (4) The department shall review each incident and determine whether it potentially involved conduct by the licensed practitioner who may be subject to disciplinary action, in which event s. 456.073 applies. Disciplinary action, if any, shall be taken by the board.

64B13-3.010 Standards of Practice.

- (4) A licensed practitioner is required to advise his or her patients who wear extended wear contact lenses to obtain at six month intervals follow-up evaluations by a licensed optometrist, or a licensed physician skilled in the diagnosis and treatment of diseases and conditions of the human eye.
- (5) Follow-up evaluations performed by a licensed practitioner on patients who wear contact lenses shall, at a minimum, consist of biomicroscopy evaluation to ensure corneal integrity. Other tests may be employed at the discretion of the licensed practitioner or as indicated by symptoms and needs of the patient.

463.0055 Administration and prescription of ocular pharmaceutical agents

- (1)(a) Certified optometrists may administer and prescribe ocular pharmaceutical agents as provided in this section for the diagnosis and treatment of ocular conditions of the human eye and its appendages without the use of surgery or other invasive techniques. However, a licensed practitioner who is not certified may use topically applied anesthetics solely for the purpose of glaucoma examinations, but is otherwise prohibited from administering or prescribing ocular pharmaceutical agents.

- (b) Before a certified optometrist may administer or prescribe oral ocular pharmaceutical agents, the certified optometrist must provide proof to the department of successful completion of a course and subsequent examination, approved by the board, on general and ocular pharmaceutical agents and the side effects of those agents. The course shall consist of 20 contact hours, all of which may be web-based. The first course and examination shall be presented by October 1, 2013, and shall be administered at least annually thereafter.
- Successful completion of the board-approved course and examination may be used by a certified optometrist to satisfy 20 hours of the continuing education requirements in s. 463.007(3), only for the biennial period in which the board-approved course and examination are taken. If a certified optometrist does not complete a board-approved course and examination under this section, the certified optometrist is only authorized to administer and prescribe topical ocular pharmaceutical agents.

(3) In addition to the formulary of topical ocular pharmaceutical agents established by rule of the board, there is created a statutory formulary of oral ocular pharmaceutical agents, which includes the following agents:

- (a) The following analgesics or their generic or therapeutic equivalents, which may not be administered or prescribed for more than 72 hours without consultation with a physician licensed under chapter 458 or chapter 459 who is skilled in diseases of the eye:
 1. Tramadol hydrochloride.
 2. Acetaminophen 300 mg with No.3 codeine phosphate 30 mg.

- (b) The following antibiotics or their generic or therapeutic equivalents:
- 1. Amoxicillin with or without clavulanic acid.
- 2. Azithromycin.
- 3. Erythromycin.
- 4. Dicloxacillin.
- 5. Doxycycline/Tetracycline.
- 6. Keflex.
- 7. Minocycline.

- (c) The following antivirals or their generic or therapeutic equivalents:
 - 1. Acyclovir.
 - 2. Famciclovir.
 - 3. Valacyclovir.
- (d) The following oral anti-glaucoma agents or their generic or therapeutic equivalents, which may not be administered or prescribed for more than 72 hours:
 - 1. Acetazolamide.
 - 2. Methazolamide.

Thank You

QUESTIONS?