







Management 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.

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OBJECTIVES

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- 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.





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

-Dr. Ed Walker-



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

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In The Beginning

How \$600 Shaped Our Future

Management

- Initial Optometry Practice Act 1909
- Revised in 1931
 - Specifically Prohibited Use of Pharmaceuticals
- Revised Again in 1939
- Silent on Prescription Medications

• 1939

- Vote 5-1 then easily in House and Senate
- Some Things Never Change
- Now The Bastards Can Do Anything
 - Diagnostics

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The Challenge of 1951

Management

- 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

Management SYMPOSIUM

- 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

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Management

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

And again in 1972?

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

1967 The first education requirement in the rule – 4 Hours

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Management Symposium

Early 1970's

The move to pharmaceuticals
Joint Study Commission
2 Senators, 2 Representatives, 2
Optometrists, 2 Ophthalmologists
Decided we should work it out

Managem

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

19 20

Management

Changes in 1997

i.Move from DPR to DOH

ii. Evolution of Chapter 456

Management

a. Therapeutic Legislation

i.Finally 1986

- OC 0000001
- Sunset all Medical Acts

ii.But what happened in 1984?

i. Jon Jacobs

21 22

a.Co-Management Under Fire 1991 proposed to legislate away

Management SYMPOSIUM

- Formulary moved from DPR to Board of Optometry 1991
- c. Again in 2000 proposed to legislate away comanagement
- d. 1996-2016

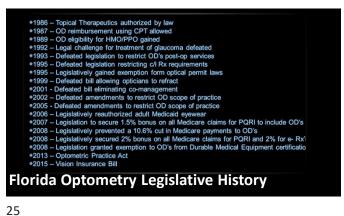
CO-MANAGEMENT TODAY:

Management SYMPOSIUM

(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.

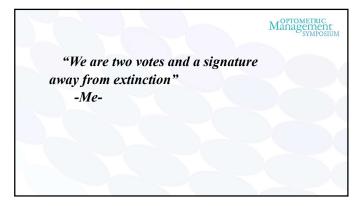
History.—St. 14, 21, ch. 86-2895; 7. 70, ch. 91-137; s. 4, ch. 91-439; s. 237, ch. 97-103; s. 6, ch. 2013-26.

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Self Regulation a Hallmark of any Why IS IT Protect the Consumer/Public Important? Once an investigation begins the Board can investigate all aspects of practice

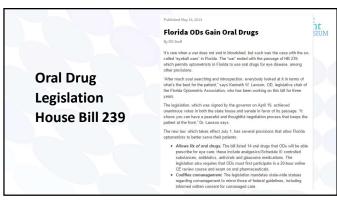
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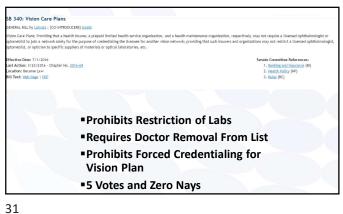




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Legislative Challenges Today

Licensing

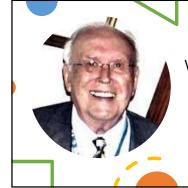
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- Telemedicine
- Online Refracting
- Opticians Refracting
- Other Insurance Issues
 - There will be more challenges who will fight them?

Management

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With Thanks and Gratitude!

Dr. Ed Walker



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

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- Chapter 463: Optometry Practice Act
- Chapter 456: Health Professions and Occupations: General Provisions
- <u>Chapter 408:</u> 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)

36 35

- 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.
- 463.005 Administration and prescription of ocular pharmaceutical agents.

 463.0057 Optometric faculty certificate.
- $\underline{463.006}$ Licensure and certification by examination.
- 463.007 Renewal of license; continuing education.
 463.008 Inactive status.

Management Symposium

- 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.
- 463.014 Reports of adverse incidents in the practice of optometry.
 463.015 Violations and penalties.
- 463.016 Grounds for disciplinary action; action by
- 463.018 Reciprocity.

463.0001 Short title.—This chapter shall be known as the METRIC Management "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.

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463.003 Board Composition

Management

Management

- 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
- At least one member of the board must be 60 years of age or older.

Members of the Board

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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

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Management Symposiu

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









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The requirements for licensure as a Certified Optometrist are as follows and can be found in Chapter 463.006, E.S. and Rules 64B13-4.001 and 4.004, Florida Administrative Code:

- Be at least 18 years of age.
- Have graduated from a school or college of optometry approved by the board. Pursuant
 to Rule 64B13-4.004, E.A.C., all Board approved schools or colleges must be accredited by
 the Accreditation Council for Optometric Education. In addition, all applicants must
 provide documentation of successful passage of National Boards of Examiners in
 Optometry (NBEO) Part I in order to demonstrate graduation from a Board approved
 school or college.
- Completed at least 110 hours of transcript quality course work and clinical training in general and ocular pharmacology at an institution that has facilities for both didactic and clinical instructions facility and which 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.
- Have 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.
- Applicants who are or have been licensed in another state must submit licensure verification from each state you have or have ever held a license.

Management

463.006
Licensure and certification by examination

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Successful passage of all parts of the Florida Licensure Examination. The examinations must consists of the National Boards of Examiners in Optometry (NBEO) examination Part II (PAM – which includes the TMOD) and Part III, as well as passage of the Florida Practical Examination (which includes passing the NBEO Part III skills of Biomicroscopy, Binocular Indirect Ophthalmoscopy and Dilated Biomicroscopy, and Non-Contact Fundus Lens Evaluation with a 75% score on each skill on the same attempty(the Florida Practical Examination) is taken simultaneously with Part III), and part IV (Florida Laws and Rules Examination) with an 8% or higher score.

• Applicants must receive passing scores on all parts of the Florida Licensure Examination within the 3 years immediately preceding submission of an application or within the 3 years following submission of application. For applicants who submit an application this is complete in all respects but who have not received passing scores on all parts of the examination, your application for ficensure may be approved, but a license to practice optometry in Florida will not be issued unless proof of passage of all parts of the Florida Licensure Examination is received within the 3 year window.

As a note to applicants, pursuant to Florida law, incomplete applications (applications which fail to include documentation of compliance with all licensure requirements other than passage of all parts of the Florida Licensure Examination) expire 1 year after submission.

463.006
Licensure
and
certification
by
examination

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HB 7059 Application For Licensure

Management

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(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.

HUMAN TRAFFICKING

HOME SIGNS CE/CME MASSAGE FAQ FIND HELP

This website provides basic information about the Human Trafficking Bill, Chapter 2019-152, Laws of Florida, which addresses healthcare professionals licensed by the following Boards: Acupuncture, Medicine, Osteopathic Medicine, Chiropractic Medicine, Podiatric Medicine, Optometry, Pharmacy, Dentistry, Nursing Home Administration, Occupational Therapy, Dietetics and Nutrition, Respiratory Care, Massage Therapy, and Physical Therapy. Healthcare professionals licensed by these Boards must complete one hour of continuing education (CE) on human trafficking and post a sign about human trafficking in their office by January 1, 2021.

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Human Trafficking

Posted in Latest News on July 10, 2019.

Florida passed Human Trafficking, Chapter 2019-152, Laws of Florida, which establishes new profession requirements including newly required signs, CE/CME, and more for the following professions: Acupuncture, Medicine, Osteopathic Medicine, Chriopractic Medicine, Podiatric Medicine, Optometry, Pharmacy, Dentistry, Nursing Home Administration, Occupational Therapy, Dietetics and Nutrition, Respiratory Care, Massage Therapy, and Physical Therapy.

The Department has launched an informational website that includes a breakdown of the new law and addresses areas of: (1) signs; (2) CE/CME; (3) FAQs; (4) Specific Board of Massage requirements; and (5) Human Trafficking Reporting.

During the April 3, 2020 Board of Optometry meeting, the board voted to allow online or distance learning for Human Trafficking only.

For more information please visit: http://www.flhealthsource.gov/humantrafficking/

SIGNS

Each healthcare provider licensed by one of the named Boards must post a sign regarding human trafficking in a conspicuous place accessible to employees by January 1, 2021. The sign must be at least 11 x 15 inches and in at least 32-point type. The sign must contain statutorily required language and be posted in English and Spanish. The Department has also provided Mandarin translations of these signs for use in offices where those languages are spoken. The links below contain signs that meet the statutory requirements when printed at the listed size.

- Human Trafficking (English/Spanish)
- Human Trafficking (English/Spanish/Mandarin)
- Human Trafficking (English/Spanish/Creole)

CE

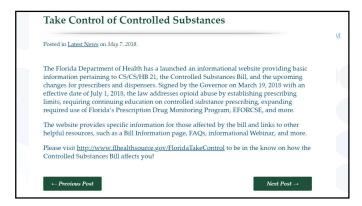
Each healthcare provider licensed by one of the named Boards must complete a one hour continuing education (CE) course on human trafficking that has been specifically approved by their Board for this purpose. The course must be completed by January 1, 2021 and will count towards the required CE for renewal. The bill does not require that this course be taken again for future renewal cycles. The links below will direct you to courses that meet this requirement as soon as they are approved by the applicable Board.

To find an appropriate course, please visit:

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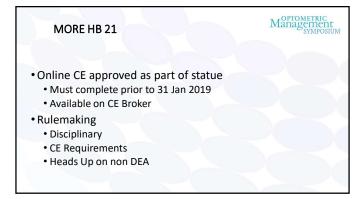






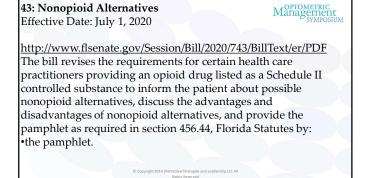












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•Requiring that the pamphlet provided to the patient be printed; SYMPOSIUM •Authorizing a health care practitioner to discuss non-opioid alternatives with, and provide the pamphlet to, the patient's representative rather than the patient;

 Specifying that only those health care practitioners ordering or prescribing or providing care that requires the administration of anesthesia using an opioid must meet the requirements and removing the requirement to address non-opioid alternatives when a drug is dispensed or administered;

 Exempting health care practitioners providing hospice services and providing care in a hospital critical care unit or emergency department from the requirement to discuss non-opioid alternatives with a patient or the patient's representative and provide a printed copy of

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Scam Calls

Posted in Latest News on September 25, 2019.

The Florida Department of Health is issuing an alert to all Florida licensed medical practitioners about a scam where individuals who claim to be with the Florida Board say the practitioner's license has been suspended due to drug charges. However, the practitioner is told to call a number not associated with the Department-804-293-0309.



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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 <u>check the website for updates</u>.

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

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Telemedicine

- Includes Optometrists
- Synchronous or Asynchronous evaluation
- 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

Management

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
- Record documentation must be same as
- Providers who are not Licensed in FL can provide services if register with the relevant board and pay fees

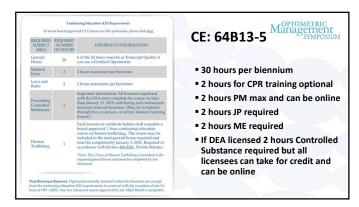
Continuing Education – CE

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.

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ONLINE CE

Is Online CE Allowed in Florida???

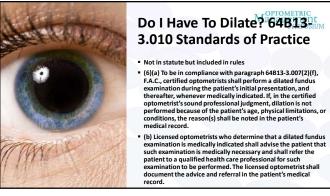
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New-Rule: Change Underlined

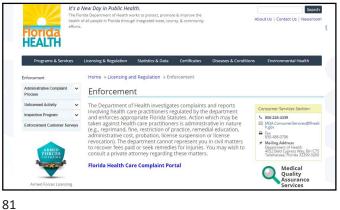


- THE FULL TEXT OF THE PROPOSED RULE IS:
- 64B13-3.010 Standards of Practice.
- (1) Section 463.016(1)(g), F.S., authorizes the Board to take disciplinary action against an optometrist who is found guilty of "fraud, deceit, negligence, incompetence, or misconduct in the practice of optometry." Conduct which deceives, or defrauds the public and which is thereby prohibited by Section 463.016(1)(g), F.S., shall include, but not be limited to, accepting and performing an optometric practice or procedure which the optometrist knows or has reason to know that he or she is not competent to undertake.

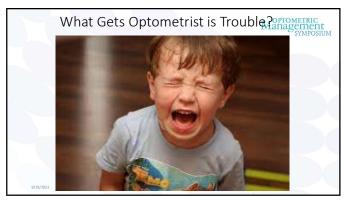
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- THE FULL TEXT OF THE PROPOSED RULE IS:
- (1) through (2) renumbered (2) through (3) No change.
- (4)(3) Certified optometrists employing the topical ocular pharmaceuticals listed in subsection 64B13-18.002(8), F.A.C., Anti-Glaucoma Agents, shall comply with the following:
- . (a) through (b) No change.
- (c) The certified optometrist shall have available, and be proficient in the use of, the following instrumentation:
- 1. through 2. No change.
- 3. Gonio Lens Gonioscope.
- 4. through 5. No change.
- 6. A device to provide stereoscopic view of optic nerve, including but not limited to, binocular indirect ophthalmoscope and non-contact fundus lens.
- (4) through (5) renumbered (5) through (6) No change.



Management Probable **Cause Panel:** 64B13-2.008 (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.



What Gets Board of Optometry in Trouble? Sunshine Law Public Records

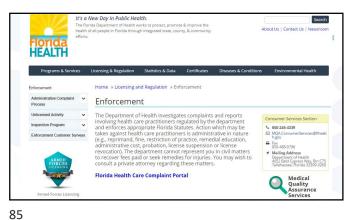
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• THE FULL TEXT OF THE PROPOSED RULE IS:

• (7)(6)(a) To be in compliance with paragraph 64B13-3.007(2)(f), F.A.C., certified optometrists shall perform a <u>pharmacologic</u> dilated fundus examination during the patient's initial presentation, and thereafter, whenever medically indicated. Fundus imaging is not a substitute for a pharmacologic dilated fundus examination. 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.

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Management Case 1 The Disgruntled Contact Lens Patient • Problems • No Refund Unhappy with Contacts • Open Records Corporate Optometry Documentation – Standard of Care
 Tonometry, VA Near

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Management Case 3 Standard of Care Seeing Spots • Exam · Paperwork is clear No Dilation Corporate Practice?

87 88



Management Case 5 The Free Eye Exam • Free Eye Exam Advertised • Billed Exam to Insurance • Was Paid by Optical Owner

89 90



Hot off the Presses

• Contact Lens Rx Release
• Numerous Complaints
• All Unfounded
• Watch Outs
• EHR Automatics
• Just Do It

91 92



Hot off the presses

• Standard of Care

• Failure to Diagnose

• Failure To Educate

FAILURE TO DOCUMENT

93 94





95 96