

INSPECTIONS AND APPEALS DEPARTMENT[481]

Regulatory Analysis

Notice of Intended Action to be published: rule 481—762.9(154,272C)
“Teleoptometry”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 154 and 272C
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 154 and 272C

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

June 30, 2026 1 p.m.	6200 Park Avenue Des Moines, Iowa
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Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Board of Optometry no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Emily DeRonde
6200 Park Avenue
Des Moines, Iowa 50321
Phone: 515.249.7038
Email: emily.deronde@dia.iowa.gov

Purpose and Summary

This proposed rulemaking proposes a rule for teleoptometry and lists requirements to meet the standard of care for optometric services provided through this modality. This rulemaking also provides relevant definitions for teleoptometry services.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

• **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no anticipated costs related to this proposed rulemaking other than the costs already incurred by the Board to enforce the rules. Licensed optometrists will not incur any additional costs other than the cost to ensure the technology meets requirements if they choose to provide teleoptometry services.

• **Classes of persons that will benefit from the proposed rulemaking:**

This proposed rulemaking provides requirements for teleoptometry services so that patients can receive competent care and licensees have guidelines to ensure they meet the standard of care.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

• **Quantitative description of impact:**

Members of the public would incur no costs other than payment/copayment for optometry services provided. Optometrists would be responsible for ensuring they meet the requirements for teleoptometry.

- **Qualitative description of impact:**

The Board believes that the benefits achieved justify the costs because the rule provides requirements for teleoptometry services, which will ensure safe and competent care for patients.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Costs to the agency are for the staff time needed to manage Board activities, which include oversight of practice standards and requirements. The Board does not anticipate any further costs than are already incurred. The time needed to manage this provision is generally in the form of responding to questions related to practice standards. Staff salaries to support the work of the Board are covered by the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557.

- **Anticipated effect on State revenues:**

This rulemaking has no anticipated impact on State revenues. Staff salaries to support the work of the Board are covered by the fund. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

The Board developed rules to clarify the standard of care requirements for teleoptometry.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The Board does not believe there is a less costly or less intrusive method to achieve the purpose of this rulemaking.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

The Board has not identified any alternative methods to carry out this rulemaking.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The Board has not identified any alternative methods to carry out this rulemaking.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.

- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.

- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.

- Establish performance standards to replace design or operational standards in the rulemaking for small business.

- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed rule relates to public safety concerns that are present whether the business is a small business or a large corporation. While some optometrists may work in a smaller optometry office, some also work for large corporations, hospitals, and other optometry facilities. To exempt small businesses from adhering to this chapter would jeopardize any member of the public who sought

services from that small business. The risk to the public is greater than the potential harm or cost to the small business.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** rule 481—762.9(154,272C):

481—762.9(154,272C) Teleoptometry.

762.9(1) Definitions. For the purpose of these rules, the following definitions shall apply:

“*Asynchronous store-and-forward transmission*” means the collection of a patient’s relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

“*In-person encounter*” means that the optometrist and the patient are in the physical presence of each other and are in the same physical location during the physician-patient encounter.

“*Teleoptometry*” means the practice of optometry using audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Teleoptometry includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services. Teleoptometry shall not include the provision of optometry services only through an audio-only telephone, text messages, email messages, fax transmissions, or U.S. mail or other parcel service, or any combination thereof.

762.9(2) Iowa optometry license required. An optometrist who uses teleoptometry in the diagnosis and treatment of a patient located in Iowa shall hold an active Iowa optometry license consistent with state and federal laws.

762.9(3) Standards of care and professional ethics. A licensee who uses teleoptometry is held to the same standards of care and professional ethics as a licensee using traditional in-person encounters with patients. Failure to conform to the appropriate standards of care or professional ethics while using teleoptometry may be a violation of the laws and rules governing the practice of medicine and may subject the licensee to potential discipline by the board.

762.9(4) Scope of practice. A licensee who uses teleoptometry shall ensure that the services provided are consistent with the licensee’s scope of practice, including the licensee’s education, training, experience, ability and licensure.

762.9(5) Identification of patient and physician. A licensee who uses teleoptometry shall verify the identity of the patient and ensure that the patient has the ability to verify the identity, licensure status, certification, and credentials of all health care providers who provide teleoptometry services prior to the provision of care.

762.9(6) Optometrist-patient relationship.

a. A licensee who uses teleoptometry shall establish a valid optometrist-patient relationship with the person who receives teleoptometry services. The optometrist-patient relationship begins when:

- (1) The person with a health-related matter seeks assistance from a licensee;
- (2) The licensee agrees to undertake diagnosis and treatment of the person; and
- (3) The person agrees to be treated by the licensee whether or not there has been an in-person encounter between the optometrist and the person.

b. A valid optometrist-patient relationship may be established by:

- (1) In-person encounter. Through an in-person medical interview and physical examination where the standard of care would require an in-person encounter;
- (2) Consultation with another licensee. Through consultation with another licensee (or other health care provider) who has an established relationship with the patient and who agrees to participate in, or supervise, the patient’s care; or
- (3) Teleoptometry encounter. Through teleoptometry, and in accordance with evidence-based standards of practice and teleoptometry practice guidelines that address the clinical and technological

aspects of telemedicine. An optometrist shall not conduct an examination using teleoptometry if the standard of care necessitates an in-person examination.

762.9(7) *Medical history and physical examination.* A medical interview and physical examination may be done through teleoptometry if the technology utilized in a teleoptometry encounter is sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses teleoptometry shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient.

762.9(8) *Patient records.* A teleoptometry encounter shall be clearly characterized as such in a patient record.

762.9(9) *Informed consent.* A licensee who uses teleoptometry shall ensure that the patient provides appropriate informed consent for the optometric services provided, including consent for the use of teleoptometry to diagnose and treat the patient. A licensee shall inform the patient at the time of scheduling, or the earliest time at which the licensee becomes aware that this will be a teleoptometry appointment. A patient should also be provided a description of the types of optometric services provided via teleoptometry, including limitations on services. Informed consent should be timely documented in the patient's medical record.

762.9(10) *Follow-up and emergency care.* An optometrist delivering services through teleoptometry must, when medically necessary, provide timely in-person care or refer the patient for an in-person visit with an optometrist or qualified physician for diagnosis and care. An optometrist shall refer a patient to an acute care facility or an emergency department when necessary for the safety of the patient or in the case of emergency.

762.9(11) *Confidentiality.* All optometrists shall ensure that the use of teleoptometry complies with the privacy, breach and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Part 160, Part 162, and Part 164, and any amendments as of August 30, 2024.

762.9(12) *Nonoptometric providers.* If a licensee who uses teleoptometry relies upon or delegates the provision of teleoptometry services to a nonoptometric provider, the licensee shall:

a. Ensure that systems are in place to ensure that the nonoptometric provider is qualified and trained to provide that service within the scope of the nonoptometric provider's practice;

b. Ensure that the licensee is available in person or electronically to consult with the nonoptometric provider, particularly in the case of injury or an emergency.

This rule is intended to implement Iowa Code chapters 154 and 155A.