CHAPTER 762
PRACTICE OF OPTOMETRISTS

[Prior to 8/7/02, see 645—179.4(154), 179.5(154,272C), 179.7(154) and 179.8(155A)]
[Prior to 9/18/24, see Professional Licensure Division[645] Ch 182]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—762.1(154) Code of ethics. The board hereby adopts by reference the Code of Ethics of the American Optometric Association as published by the American Optometric Association, 243 North Lindbergh Boulevard, St. Louis, Missouri 63141, modified June 2007.
[**ARC 7976C**, IAB 5/15/24, effective 6/19/24; Editorial change: IAC Supplement 9/18/24]

481—762.2(154,272C) Recordkeeping. Optometrists will maintain patient records in a manner consistent with the protection of the welfare of the patient. Records will be permanent, timely, accurate, legible, and easily understandable.

762.2(1) Optometrists will maintain optometry records for each patient. The records will contain all of the following:

a. Personal data.

(1) Name, date of birth, address and, if a minor, name of parent or guardian; and

(2) Name and telephone number of emergency contact.

b. Optometry and medical history. Optometry records will include information from the patient or the patient's parent or guardian regarding the patient's optometric and medical history. The information will include sufficient data to support the recommended treatment plan.

c. Patient's reason for visit. Optometric records will include the patient's stated visual health care reasons for visiting the optometrist.

d. Clinical examination progress notes. Optometric records will include chronological dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;

(2) Plan of intended treatment and treatment sequence;

(3) Services rendered and any treatment complications;

(4) All ancillary testing, if applicable;

(5) Vision tests completed and visual acuity;

(6) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and

(7) Name of optometrist who performs any treatment or service or who may have contact with a patient regarding the patient's optometric health.

e. Informed consent. Optometric records will include documentation of informed consent for procedure(s) and treatment that have potential serious complications and known risks.

762.2(2) Retention of records. An optometrist will maintain a patient's record(s) for a minimum of five years after the date of last examination, prescription, or treatment. Records for minors will be maintained for, at minimum, one year after the patient reaches the age of majority (18) or five years after the date of last examination, prescription, or treatment, whichever is longer.

Proper safeguards will be maintained to ensure the safety of records from destructive elements.

762.2(3) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, an optometrist will keep either a duplicate hard-copy record or a back-up unalterable electronic record.

762.2(4) Correction of records. Notations will be legible, written in ink, and contain no erasures or white-outs. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by an optometric health care worker.

762.2(5) Confidentiality and transfer of records. Optometrists will preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or the patient's new optometrist, the optometrist will furnish such optometry records or copies of the records as will be beneficial for the future treatment of that patient. The optometrist may include a summary of the record(s) with the record(s) or copy of the record(s). The optometrist may charge a nominal

fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees. The optometrist may ask for a written request for the record(s).

762.2(6) Retirement or discontinuance of practice. A licensee, upon retirement, or upon discontinuation of the practice of optometry, or upon leaving a practice or moving from a community, will notify all active patients in writing, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community, that the licensee intends to discontinue the practice of optometry in the community, and will encourage patients to seek the services of another licensee. The licensee will make reasonable arrangements with active patients for the transfer of patient records, or copies of those records, to the succeeding licensee. "Active patient" means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to retirement, discontinuation of the practice of optometry, or leaving a practice or moving from a community.

762.2(7) Nothing stated in these rules will prohibit a licensee from conveying or transferring the licensee's patient records to another licensed optometrist who is assuming a practice, provided that written notice is furnished to all patients.

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481—762.3(154) Furnishing prescriptions. Before a licensed optometrist provides a spectacle or contact lens prescription to a patient, the eye examination record will include best-corrected visual acuity with ophthalmic lenses or contact lenses in the lens powers determined by refraction. Each contact lens or ophthalmic spectacle lens/eyeglass prescription by a licensed optometrist must meet the requirements as listed below:

762.3(1) A contact lens prescription will contain the following information:

a. Date of issuance;

b. Name and date of birth of patient for whom the contact lens or lenses are prescribed;

c. Name, address, and signature of the practitioner;

d. All parameters required to duplicate properly the original contact lens;

e. A specific date of expiration, not to exceed 18 months, the quantity of lenses allowed and the number of refills allowed; and

f. At the option of the prescribing practitioner, the prescription may contain fitting and material guidelines and specific instructions for use by the patient.

762.3(2) Release of contact lens prescription.

a. After the contact lenses have been adequately adapted and the patient released from initial follow-up care by the prescribing practitioner, the prescribing practitioner will provide a copy of the contact lens prescription, at no cost, for the duplication of the original contact lens. A licensed optometrist may refuse to provide a copy of the contact lens prescription if the patient has not paid the fees associated with the examination from which the prescription was generated including applicable contact lens fitting fees.

b. A practitioner choosing to issue an oral prescription will furnish the same information required for the written prescription except for the written signature and address of the practitioner. An oral prescription may be released by an O.D. to any dispensing person who is a licensed professional with the O.D., M.D., D.O., or R.Ph. degree or a person under direct supervision of those licensed under Iowa Code chapter 148, 154 or 155A.

c. The issuing of an oral prescription will be followed by a written copy to be kept by the dispenser of the contact lenses until the date of expiration.

762.3(3) An ophthalmic spectacle lens prescription will contain the following information:

a. Date of issuance;

b. Name and date of birth of the patient for whom the ophthalmic lens or lenses are prescribed;

c. Name, address, and signature of the practitioner issuing the prescription;

d. All parameters necessary to duplicate properly the ophthalmic lens prescription; and

e. A specific date of expiration not to exceed two years.

A dispenser of ophthalmic materials, in spectacle or eyeglass form, must keep a valid copy of the prescription on file for two years.

762.3(4) Release of ophthalmic lens prescription.

a. The ophthalmic lens prescription will be furnished upon request at no additional charge to the patient. A licensed optometrist may refuse to provide a copy of the ophthalmic lens prescription if the patient has not paid the fees associated with the examination from which the prescription was generated.

b. The prescription, at the option of the prescriber, may contain adapting and material guidelines and may also contain specific instructions for use by the patient.

c. Spectacle lens prescriptions will be in written format, according to Iowa Code section 147.109(1).

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481—762.4(155A) Prescription drug orders. Each prescription drug order furnished by an optometrist in this state will meet the following requirements:

762.4(1) Written prescription drug orders will contain:

a. The date of issuance;

b. The name and date of birth of the patient for whom the drug is dispensed;

c. The name, strength, and quantity of the drug, medicine, or device prescribed;

d. The directions for use of the drug, medicine, or device prescribed;

e. The name, address, and written signature of the practitioner issuing the prescription; and

f. The federal drug enforcement administration number, if required under Iowa Code chapter 124.

762.4(2) The practitioner issuing oral prescription drug orders will furnish the same information required for a written prescription, except for the written signature and address of the practitioner.

762.4(3) Prior to prescribing any controlled substance, an optometrist will review the patient's information contained in the prescription monitoring program database, unless the patient is receiving inpatient hospice care or long-term residential facility care.

762.4(4) Beginning January 1, 2020, every prescription issued for a prescription drug will be transmitted electronically unless exempted pursuant to Iowa Code section 124.308 or 155A.27. Beginning January 1, 2020, a licensee who fails to comply with the electronic prescription mandate may be subject to a nondisciplinary administrative penalty of $250 per violation, up to a maximum of $5,000 per calendar year.

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481—762.5(154) Use of injectables. A licensed optometrist shall not administer any injection prior to receiving approval from the board. A licensed optometrist may administer only the following injections:

762.5(1) Subconjunctival injections for the medical treatment of the eye.

762.5(2) Intralesional injections for the treatment of chalazia.

762.5(3) Botulinum toxin to the muscles of facial expression innervated by the facial nerve, including for cosmetic purposes.

762.5(4) Injections to counteract an anaphylactic reaction.

762.5(5) Local anesthetics prior to a minor surgical procedure authorized by this chapter.

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481—762.6(154) Education and training approval.

762.6(1) The board will not approve the use of injections other than to counteract an anaphylactic reaction unless the licensed optometrist demonstrates to the board sufficient educational or clinical training from a college or university accredited by a regional or professional accreditation organization that is recognized or approved by the Council for Higher Education Accreditation or by the United States Department of Education, or clinical training equivalent to clinical training offered by such an institution.

762.6(2) A licensed optometrist who completes the requirements of rule 481—762.7(154) is deemed approved by the board for use of injectables as outlined in this chapter.

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481—762.7(154) Education and training. In order to use injections, a licensed optometrist will be able to show proof of completion of the following requirements for board approval:

762.7(1) Be fully licensed and in good standing within the state of Iowa as a licensed optometrist.

762.7(2) Have completed a total of 24 hours of approved educational training pertaining to injections.

a. At least 4 hours of the 24 hours must be clinical training.

b. At least 5 hours of the 24 hours must pertain to the administration and side effects of injection treatment for botulinum toxin and chalazia.

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These rules are intended to implement Iowa Code chapters 154 and 155A.

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