

Florida Jurisprudence

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Nothing to disclose /no conflict of interest

I speak from experience.

- Served on the MO state board of Examiners for two years
- Resigned to take a seat on SCO Board of Trustees, By MO state law serving on both would be a conflict of interest.
- I have held an active FL license since 1977

State Boards

- Self Regulation is the hallmark of a profession.
- State Boards operate as protection for the consumer.
- State Board inquires start as a written complaint from a patient (or interested party).
- Once the Board begins an investigation it can look at all aspects of your practice.

Composition of Board

- Appointed by the Governor
- 5 OD's and 2 lay persons

- Administratively : Executive Director, Board Council, and Prosecuting Council

Current OD Board Members

- Timothy Underhill, OD Chair, Ft Myers
- Terrance Neberhaus, OD, Vice Chair, Merritt Island
- Christopher King, OD, Engelwood
- Tamara Maule, OD, Lake Worth
- Stuart Kaplan, OD, Cape Coral



Practitioner Regulation

Mission: Promote, protect, and improve the health of the people of Florida

Vision: A healthier Future for the people of Florida.

Focus: To be the nation's leader in quality health care regulation

Values: Integrity, Commitment, Respect, Excellence, Accountability, Teamwork and Empowerment

State Statues

- 463 "Optometry Practice Act"
- 456 "Empowers Board to Act"
- 64B13-3 " Standards of Practice"

State Statues

Many of my slides are taken right from the law. I apologize for small font ...but wanted to give you information direct from state laws.

floridasoptometry.gov

Will find links to complete statues.

All meeting minutes available.

New web site: floridaoptometry.gov , You will find FAQ's , renewal info and initial licensing information

463.003 Board of Optometry

- (1) There is created within the department the Board of Optometry, composed of seven members appointed by the Governor and confirmed by the Senate.
- (2) 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 and who are in no way connected with the practice of optometry or with any vision-oriented profession or business. At least one member of the board must be 60 years of age or older.
- (3) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years, and such members shall serve until their successors are appointed.
- (4) All applicable provisions of chapter 456 relating to activities of regulatory boards shall apply.

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.

- (e) Making or filing a report or record which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to do so. Such reports or records shall include only those which are signed by the licensee in her or his capacity as a licensed practitioner.
- (f) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or content.
- (g) Fraud or deceit, negligence or incompetency, or misconduct in the practice of optometry.

(h) A violation or repeated violations of provisions of this chapter, or of chapter 456, and any rules promulgated pursuant thereto.

(i) Conspiring with another licensee or with any person to commit an act, or committing an act, which would coerce, intimidate, or preclude another licensee from lawfully advertising her or his services.

(j) Willfully submitting to any third-party payor a claim for services which were not provided to a patient.

(k) Failing to keep written optometric records about the examinations, treatments, and

- l) Willfully failing to report any person who the licensee knows is in violation of this chapter or of rules of the department or the board.
 - (m) Gross or repeated malpractice.
 - (n) Practicing with a revoked, suspended, inactive, or delinquent license.
 - (o) Being unable to practice optometry with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. A licensed practitioner affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of optometry with reasonable skill and safety to patients.
 - (p) Having been disciplined by a regulatory agency in another state for any offense that would constitute a violation of Florida laws or rules regulating optometry.
 - (q) Violating any provision of s. 463.014 or s. 463.015.
 - (r) Violating any lawful order of the board or department, previously entered in a disciplinary hearing, or failing to comply with a lawfully issued subpoena of the board or department.
 - (s) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensed practitioner knows or has reason to know she or he is not competent to perform.
 - (t) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
- (2) The board may enter an order imposing any of the penalties in s. 456.072(2) against any licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

463.016 Grounds for disciplinary action; wraps up

- (3) The board shall not reinstate the license of a person, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that she or he has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of optometry.
- History.—ss. 1, 6, ch. 79-194; ss. 2, 3, ch. 81-318; ss. 17, 20, 21, ch. 86-289; s. 4, ch. 91-429; s. 5, ch. 92-178; s. 175, ch. 94-119; s. 238, ch. 97-103; s. 65, ch. 98-166; s. 122, ch. 2000-160; s. 30, ch. 2001-277; s. 76, ch. 2002-1; s. 8, ch. 2005-240.

New Law - Orals

- amending s. 463.0055, F.S.; requiring a certified optometrist to complete a course and examination on general and ocular pharmaceutical agents before administering or prescribing oral ocular pharmaceutical agents; requiring the Florida Medical Association and the Florida Optometric Association to jointly develop and administer the course and examination; revising provisions relating to the development of a formulary of pharmaceutical agents;

Pain Meds

- b) A certified optometrist licensed under chapter 463 who prescribes any controlled substance listed in Schedule III or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must comply with the requirements of this section and applicable board rules.

Pain Meds

- (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.

Quick Summary amended 463

- Does away with Formulary Committee but there is a “Formulary”
- Everywhere law used term “topical” it has been changed to “Ophthalmic”.
- Need to complete online course (find link at floridasoptometry.gov)
- Need to get DEA # if you want to Rx pain meds class III and IV only

(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:

(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.

463.013

Optometric services for certain public agencies.—Any agency of the state or county or any commission, clinic, or board administering relief, social security, health insurance, or health service under the laws of the state shall accept the services of licensed practitioners for the purposes of diagnosing and correcting any and all visual, muscular, neurological, and anatomic anomalies of the human eyes and their appendages of any persons under the jurisdiction of said agency, clinic, commission, or board administering such relief, social security, health insurance, or health service on the same basis and on a parity with any other person authorized by law to render similar professional service, when such services are needed, and shall pay for such services in the same way as other professionals may be paid for similar services. History—ss. 1, 6, ch. 79-194; ss. 2, 3, ch. 81-318; ss. 13, 20, 21, ch. 86-289; s. 4, ch. 91-429.

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.

463.0141- Reports of adverse incidents
in the practice of optometry.

- (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.
- History.—s. 8, ch. 2013-26.

Sample of 456

456.071 Power to administer oaths, take depositions, and issue subpoenas.—For the purpose of any investigation or proceeding conducted by the department, the department shall have the power to administer oaths, take depositions, make inspections when authorized by statute, issue subpoenas which shall be supported by affidavit, serve subpoenas and other process, and compel the attendance of witnesses and the production of books, papers, documents, and other evidence. The department shall exercise this power on its own initiative or whenever requested by a board or the probable cause panel of any board. Challenges to, and enforcement of, the subpoenas and orders shall be handled as provided in s. 120.569. History.—s. 65, ch. 97-261; s. 89, ch. 2000-160. Note.—Former s. 455.611. Copyright © 1995-2012 The Florida Legislature • [Privacy Statement](#) • [Contact Us](#)

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In determining what action is appropriate, the board, or department when there is no board, must first consider what sanctions are necessary to protect the public or to **compensate the patient***. Only after those sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to rehabilitate the practitioner. All costs associated with compliance with orders issued under this subsection are the obligation of the practitioner.

*Emphasis by Dr Crandall

It's the Money

"compensate the patient"

If there are no financial damages there might not be a case.

Give patients their money back.

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3)(a) Notwithstanding subsection (2), if the ground for disciplinary action is the first-time failure of the licensee to satisfy continuing education requirements established by the board, or by the department if there is no board, the board or department, as applicable, shall issue a citation in accordance with s. [456.077](#) and assess a fine, as determined by the board or department by rule. In addition, for each hour of continuing education not completed or completed late, the board or department, as applicable, may require the licensee to take 1 additional hour of continuing education for each hour not completed or completed late.

License Renewals

- The Department of Health Division of Medical Quality Assurance (MQA) will review CE electronically at the time of renewal
- Practitioners can report and view courses in electronic system free of charge.(2015 biennium)
- CE broker does offer a paid service to help “manage CE”

Starting with 2015 renewal

- 100% CE audit
- If CE is not in CE Broker Data base you will not be allowed to renew license

New Questions on Your Renewal

- 1.Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter [409](#), F.S., (relating to social and economic assistance), Chapter [817](#), F.S., (relating to fraudulent practices), Chapter [693](#), F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction
- 2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under [21 U.S.C. ss. 801-970](#) (relating to controlled substances) or [42 U.S.C. ss. 1395-1396](#) (relating to public health, welfare, Medicare and Medicaid issues).
- 3. Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- 4. Has been terminated for cause, pursuant to the appeals procedures established by the state or from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years
- 5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's [List of Excluded Individuals and Entities](#).

- 1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter [409](#), F.S., (relating to social and economic assistance), Chapter [817](#), F.S., (relating to fraudulent practices), Chapter [893](#), F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction
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With New Questions

- There will be a process of verification.
- Indications are the board will follow up with practitioners that fail to disclose convictions.

Stay Off the Radar

- Practice Good Customer Service
- Practice to Standard of Care
- Practice Sober
- Maintain Good Patient Records
Not documented=Not Done
- Do your CE requirements

For The Younger OD's in the Room

- Pay your student loans
- Defaulting on student loans can lead to loss of license

How to file a complaint:

Print the Complaint Form with the Authorization for Release of Patient Records from our [Enforcement site](#) or call 1-888-419-3456 or (850)414-1976 to request one by phone. Complete the form and mail it to the address given on the form.

Standards of Practice

- 64B13-3 state statute has 13 Standards

There must have been more at one time as the numbers go from 1 to 19.

#1 Confidentiality

- Maintain patient confidentiality and you are responsible for your staff

#2 Responsibility

- (1) A licensed practitioner shall have an established procedure appropriate for the **provision of eye care to his/her patients in the event of an emergency outside of normal professional hours, and when the licensed practitioner is not personally available.** Since the licensed practitioner's continuing responsibility to the patient is of a personal professional nature, no licensed practitioner shall primarily rely upon a hospital emergency room as a means of discharging this responsibility.
- (2) A licensed practitioner shall **give notice** to the patient when he or she relocates his or her practice or withdraws his or her services so that the patient may make arrangements for his or her eye care. Notice to the patient shall specifically identify the new location of the licensed practitioner's practice or the location at which the patient may obtain his or her patient record, and shall be in compliance with Rule 64B13-3.003, F.A.C.
- (3) **Patient records shall clearly identify the optometrist who examined or treated the patient on each separate occasion.**

#2 Responsibility to Patient

- (2) A licensed practitioner shall give notice to the patient when he or she relocates his or her practice or withdraws his or her services so that the patient may make arrangements for his or her eye care. Notice to the patient shall specifically identify the new location of the licensed practitioner's practice or the location at which the patient may obtain his or her patient record, and shall be in compliance with Rule 64B13-3.003, F.A.C.

- (3) Patient records shall clearly identify the optometrist who examined or treated the patient on each separate occasion.

Specific Authority 456.058, 463.005(1) FS. Law Implemented 456.058, 463.005(1), 463.0135 FS. History--New 11-13-79, Formerly 21Q-3.02, Amended 12-16-86, Formerly 21Q-3.002, Amended 3-16-94, Formerly 61F8-3.002, Amended 12-31-95, Formerly 59V-3.002.

#3 Patient Records

64B13-3.003 Patient Records; Transfer or Death of Licensed Practitioner.

- (1) The licensed practitioner must **legibly sign** the entry in his or her records for each patient encounter. If the practitioner maintains electronic patient records, the practitioner may affix an electronic signature which can be generated by using either public key infrastructure or signature dynamics technology, and meets the following criteria:

- (a) The electronic signature is unique to the person using it;
- (b) The electronic signature is capable of verification;
- (c) The electronic signature is under the sole control of the person using it;
- (d) The electronic signature is linked to the record in such a manner that the electronic signature is invalidated if any data in the record are changed.

#3 Patient Records

- (2) A licensed practitioner shall maintain full and independent responsibility and control over all records relating to his or her patients and his or her optometric practice. All such records shall remain confidential except as otherwise provided by law and shall be maintained by the licensed practitioner in compliance with Rule 64B13-3.001, F.A.C. For the purposes of this rule, **"maintain full and independent responsibility and control" means that the records shall be maintained in the licensed practitioner's office or solely in the possession of the licensed practitioner, and that the licensed practitioner shall not share, delegate, or relinquish either possession of the records or his or her responsibility or control over those records with or to any entity which is not itself a licensed practitioner.**

#3 Patient Records

- (3) The records relating to the patients of a multidisciplinary group of licensed health care professionals as provided in Section 463.014(1)(a), F.S., or relating to the patients of a partnership or professional association as provided in Section 463.014(1)(b), F.S., may be maintained by the group practice, partnership, or professional association on behalf of all licensed practitioners employed by the group practice, partnership, or professional association.
- (4) 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.

#3 Patient Records

- (5) 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, Florida Statutes, and an establishment in which optical goods are sold.
- (6) **A licensed practitioner shall keep patient records for a period of at least five years after the last entry.** Upon the discontinuance of his or her practice, the licensed practitioner shall either transfer all patient records which are less than five years old to an eye care practitioner licensed pursuant to Chapter 463, 458, or 459, F.S., where they may be obtained by patients, or he or she shall keep them in his or her possession for at least five years and make them available to be obtained by patients.

#3 Records at Death

- (7) A licensed practitioner who retires or otherwise discontinues his or her practice shall cause to be published in the newspaper of greatest general circulation in each county where the licensed practitioner practiced, a notice indicating to his or her patients that the licensed practitioner's patient records are available from a specified eye care practitioner licensed pursuant to Chapter 458, 459, or 463, F.S., at a certain location. The notice shall be published once during each week for four (4) consecutive weeks. A copy of the published notice shall be delivered to the Board office for filing.

#3 Records at Death

(8)(a) The executor, administrator, personal representative, or survivor of a deceased licensed practitioner shall retain patient records concerning any patient of the deceased licensed practitioner for at least five years from the date of death of the licensed practitioner.

(b) Within one (1) month from the date of death of the licensed practitioner, the executor, administrator, personal representative, or survivor of the deceased licensed practitioner shall cause to be published in the newspaper of greatest general circulation in each county where the licensed practitioner practiced, a notice indicating to the patients of the deceased licensed practitioner the location at which whose patients may obtain their patient records. The notice shall be published once during each week for four (4) consecutive weeks. A copy of the published notice shall be delivered to the Board office for filing.

#4 Minimum Equipment

The following shall constitute the minimum equipment which a licensed practitioner must possess in each office in which he or she engages in the practice of optometry:

- (1) Ophthalmoscope;
- (2) Tonometer;
- (3) Retinoscope;
- (4) Ophthalmometer, keratometer or corneal topographer;

#4 Minimum Equipment

- (5) Biomicroscope;
- (6) Phoropter or trial frame, trial lenses and prisms;
- (7) Standard charts or other standard visual acuity test;
- (8) Field testing equipment (other than that used for a confrontation test).

#5 Entrance Sign

- Whenever a licensed practitioner is actively engaged in the practice of optometry, or actively holding himself or herself out as a practitioner, he or she shall cause to be placed or kept in a conspicuous place at each entrance to each office a sign which lists each licensed practitioner's name and words of proper abbreviation or intelligible lettering clearly denoting that the practitioner is engaged in the practice of optometry.

#6 Signage

64B13-3.006 Licenses and Signs in Office.

- (1) **Every licensed practitioner shall keep the Board office advised of each office from which he or she practices optometry.** If a licensed practitioner or certified optometrist engages in the practice of optometry at more than one location, he or she shall obtain a branch office license. Every licensed practitioner or certified optometrist shall keep his or her current license or branch office license conspicuously displayed at the location where he or she is practicing at all times and shall, whenever required, exhibit the license to any authorized representative of the Department.
- (2) A licensed practitioner who is not a certified optometrist shall display at every location at which he practices optometry a sign which states:
"I am a Licensed Practitioner, not a Certified Optometrist, and I am not able to prescribe topical pharmaceutical agents."

#7 Minimum Exam

64B13-3.007 Minimum Procedures for Vision Analysis.

- (1) Vision analysis is defined as a comprehensive assessment of the patient's visual status and shall include those procedures specified in subsection (2) below.
- (2) An examination for vision analysis shall include the following minimum procedures, which shall be recorded on the patient's case record:
 - (a) Patient's history (personal and family medical history, personal and family ocular history, and chief complaint);

#7 Minimum Exam

- (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 (direct or indirect ophthalmoscopy recording cup disc ratio, blood vessel status and any abnormalities);

#7 Minimum Exam

- (g) Biomicroscopy (binocular or monocular);
- (h) Tonometry;
- (i) Refraction (with recorded visual acuity);
- (j) Extra ocular muscle balance assessment;

#7 Minimum Exam

- (k) Other tests and procedures that may be indicated by case history or objective signs and symptoms discovered during the eye examination;
- (l) Diagnosis and treatment plan.
- (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.

#8 Corporate.....

- **64B13-3.008 Corporate, Lay, and Unlicensed Practice of Optometry Prohibited.**
- (1) By its enactment of Chapter 463, Florida Statutes, 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.

64B13-3.008

- (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.

64B13-3.008

- And so and so on.
- In Summary:
You are the Doctor, responsible for records, employees and care of patients

Seek advice before you sign a contract.

64B13-3.009

False, Fraudulent, Deceptive and Misleading Advertising Prohibited; Policy; Definitions; Affirmative Disclosure.

(1) It is the policy of the Board of Optometry that advertising by licensed practitioners in this state shall be regulated so as to effectuate the duty of the State of Florida to protect the health, safety, and welfare of its residents, while not abridging any rights guaranteed to practitioners or to the public by the constitutions of the United States and the State of Florida, as construed by the United States Supreme Court and the Florida courts. To that end, the dissemination to the public of information regarding the practice of optometry and where and for whom optometric services may be obtained is authorized so long as such information is in no way fraudulent, false, deceptive or misleading.....

“Free Eye Exam”

- If the exam is no longer free when glasses not purchased...Patients will complain!
- This complaint will have probable cause hearing
- Think of a new marketing plan.

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.
- (2) An optometrist shall not use or perform any technique, function, or mode of treatment which the optometrist is not professionally competent to perform. Professional competence as used in this rule may be acquired by formal education, supervised training and experience, continuing education programs which have been approved by the Board, or an appropriate combination of such means.

64B13-3.010 Standards of Practice.

- (3) An optometrist shall provide that degree of care which is full and complete, consistent with the patient conditions presented, the professional competency of the optometrist, and the scope of practice of optometry. An optometrist shall advise or assist her or his patient in obtaining further care when, in the professional judgment of the optometrist, the service of another health care practitioner is required.
- (4) Certified optometrists employing the topical ocular pharmaceuticals listed in subsection 64B13-18.002(9), 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.

#10 Standards of Practice

- 2. **In the event the certified optometrist cannot otherwise comply with the requirements of subsections 64B13-3.010(1)-(3), F.A.C., 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.**
 - (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.

Standards of Practice

- (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. Gonioscope.
 - 4. Fundus Camera or detailed sketch of optic nerve head.
 - 5. Biomicroscope.
 - 6. A device to provide stereoscopic view of optic nerve.
- (5) 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.
- (6) 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.

Standards of Practice

- (7)(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.

Standards of Practice

- (8) Certified optometrists serving as adjunct professors to schools or colleges of optometry pursuant to Section 463.0057, F.S., may delegate to residents, externs or interns of said school, educational functions or duties beyond the restrictions of Section 463.009, F.S. Such delegated duties or functions shall be in accordance with Section 463.002(6), F.S. For purposes of this rule, residents, externs or interns of qualified schools or colleges of optometry are not defined as nonlicensed supportive personnel.
- (9) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes, constitutes grounds for disciplinary action by the Board.
- Specific Authority 463.005(1) FS. Law Implemented 463.005(1), 463.0135(1), 463.016(1) FS. History—New 9-16-80, Amended 12-20-82, Formerly*

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.

#12 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.

(4) Spectacle and contact lens prescriptions shall include:

(a) Spectacle prescriptions:

1. Sphere power,
2. Cylinder power, if necessary,
3. Cylinder axis, if necessary,
4. Prism amount, if necessary,
5. Multifocal add power, if necessary,
6. Any other information necessary to accomplish the objective of the prescription.

#12 Prescriptions

(b) Contact lens prescriptions, including prescriptions for cosmetic, non-corrective lenses, as applicable:

1. Sphere power,
 2. Cylinder power, if necessary,
 3. Cylinder axis, if necessary,
 4. Specific contact lens type/brand,
 5. Base curve, if not included in type/brand,
 6. Diameter, if not included in type/brand,
 7. Follow-up care requirements, if any.
- (5) Except as provided in Section 463.012, Florida Statutes, and subsection (3) of this rule, the extent of a contact lens prescription and when a contact lens prescription can safely and accurately be written shall be left to the professional judgment of the licensed practitioner.

Just Do It!

- Give patients their prescriptions.
- You can add :
"Routine exam recommended for prescriptions older than one year."

64B13-3.015

- **Performance of Delegated Tasks by Non-Licensed Personnel.**
- (1) Non-licensed supportive personnel may not be delegated diagnosis or treatment duties under any circumstances.
- (2) Non-licensed personnel, who need not be employees of the licensed practitioner, may perform ministerial duties, tasks and functions assigned to them by and performed under the general supervision of a licensed practitioner, including obtaining information from patients for the purpose of making appointments for the licensed practitioner. Tasks and functions that may be performed shall include, but not be limited to, delivery of eyeglasses, selection of frames, adjustment of frames, and instruction for the insertion, removal and care of contact lenses. However, to ensure patient confidentiality of examination records in accordance with Section 456.057(5), Florida Statutes, a non-employee shall not be allowed to perform any task or function which would require or give them access to patient records or examination reports of any person without prior written authorization of that patient.

64B13-3.015

- (3) The licensed practitioner shall be responsible for all delegated acts performed by persons under his or her direct and general supervision.
- (4) Direct supervision means supervision to an extent that the licensee remains on the premises while all procedures are being done and gives final approval to any procedures by non-licensed supportive personnel. Such non-licensed supportive personnel may perform data gathering, preliminary testing, prescribed visual therapy and related duties under the direct supervision of the licensed practitioner.
- *Specific Authority 463.005(1) FS. Law Implemented 463.009 FS. History—New 10-23-88, Formerly 21Q-3.015, 61F8-3.015, 59V-3.015, Amended 11-16-05.*

#19 Keep Address Current

- **64B13-3.019 Address of Record.**
- It shall be the duty of each licensee to provide to the Department of Health written notification by certified mail of the licensee's current mailing address and place of practice within 10 days upon change thereof. The term "place of practice" means the address(es) of the physical location(s) where the licensee practices optometry.
- *Specific Authority 456.035, 463.005(1) FS. Law Implemented 456.035 FS. History—New 12-22-94, Formerly 59V-3.019, Amended 3-8-04.*

64B13-3.019 Address of Record.

It shall be the duty of each licensee to provide to the Department of Health written notification by certified mail of the licensee's current mailing address and primary place of practice within 10 days upon change thereof. When electronic notification is used, it is the responsibility of the licensee to ensure that the electronic notification was received by the department. Electronic notification to the department shall be sent only used an email option that generates an electronic return receipt and that the licensee requesting the change address has an email address of record with DOH before electronic notification can be used. It requires the notification to DOH must be made using the licensee's previously established email address of record. The term "place of practice" means the address(es) of the physical location(s) where the licensee practices optometry. It shall also be the duty of each licensee to provide to the Department of Health written notification by certified mail of any branch office at which the licensee will be practicing. This notification must be provided to the Department of Health in advance of the licensee's practice at the new location. For each branch office, mobile office or secondary place of practice, the licensee shall meet all the requirements of Rule Chapter 64B13-16, F.A.C.
Rulemaking Authority 456.035, 463.005(1) FS. Law Implemented 456.035 FS. History—New 12-22-94, Formerly 59V-3.019, Amended 3-8-04, 2-1-12, 4-17-13.

Branch Office Fee

- **You need to report address for branch offices, but no longer need to pay additional fees.**
- **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. History.—ss. 1, 6, ch. 79-194; s. 317, ch. 81-259; ss. 2, 3, ch. 81-318; s. 35, ch. 85-175; s. 2, ch. 85-278; ss. 11, 20, 21, ch. 86-289; s. 4, ch. 91-429.

64B13-16.005 Exceptions to Branch Office License Requirements.

(1) Nothing within this rule shall be read to prohibit a licensed practitioner or certified optometrist from responding directly to an emergency.
(2) Nothing within this rule shall be read to prohibit a licensed practitioner or certified optometrist from performing optometric services in a hospital setting. However, if the licensed practitioner or certified optometrist in response to a non-emergency performs optometric services beyond those required to stabilize the patient's optometric conditions, he or she is required to meet the requirements of this rule.
(3) Nothing within this rule shall be read to prohibit a licensed practitioner or certified optometrist from employing, or from forming partnerships or professional associations with other licensed practitioner or certified optometrist at various locations. However, if the licensed practitioner or certified optometrist practices at more than one location, he or she shall be in compliance with the requirements of this rule.
Specific Authority 463.005(1)(a) FS. Law Implemented 463.001, 463.011 FS. History—New 5-29-90, Formerly 21Q-16.005, 61F8-16.005, 59V-16.005.

On the Radar

- Specific Complaint
- Probable Cause
- Full Investigation
- Full hearing

For a Specific Complaint

First Board must decide

1. What will protect the public and compensate the patient?
2. What is needed to rehabilitate the practitioner?

Stay off the Radar!

- Practice Good Customer Service
- Practice to **Standard of Care**
- Practice Sober
- Maintain Good Patient Records
Not documented=Not Done
- Do your CE requirements

Florida CE

- **For Renewal of License Following Your First Biennium**
- **All Optometrists** are required to complete 30 hours of CE each biennium:
 - Two (2) hour course relating to prevention of medical errors
 - Two (2) hours in Florida laws and rules CE
 - 26 hours in general CE
- **All Certified Optometrists** are required to complete 30 hours of CE each biennium
 - Two (2) hour course relating to prevention of medical errors
 - Two (2) hours of Florida laws and rules CE
 - Six (6) hours in Transcript Quality CE
 - 20 hours in general CE
- See [Rule 64B13-5.001, F.A.C., Continuing Education](#) for additional information about continuing education requirements.

Alphabet Soup of CE

- CE Broker
- ARBO
- COPE
- OE Tracker

CE Broker

- "CE Broker is the official continuing education system for the Florida Department of Health. As a licensed healthcare professional in Florida your subscription to CE Broker lets you quickly and easily view your progress toward meeting your continuing education requirements. At any time, you can view your personal transcript information that has been posted by both you and approved educational providers. The Official Course Search lets you search for approved continuing education courses to meet your needs. Now you can finally have peace of mind with one streamlined electronic CE portfolio."

CE Broker

- Thirty Five dollars/Biennium to be able to view your CE on line.
- Enter with FL license number and then can set up user name and password.
- Counts up CE for the FL biennium

www.cebroke.com

CE Broker

- Even if you do not pay to see your CE it is recorded in CE Broker.
- It is also monitored by the Florida Department of Health.
- I believe OD's lacking CE will get audited.
- This biennium forward if your CE is not done license renewal will not proceed.

COPE

- COPE is an approval agency for CE that is under ASCO.
- ASCO: Association of Schools and Colleges of Optometry
- Canada and most states accept COPE approved courses.
- NSU events: after we get COPE we submit for Florida Approval in addition

OE Tracker

- “OE TRACKER captures and stores continuing education attendance data for optometrists. The information is retained in the secure ARBO database and can be accessed online by you and your licensing board. OE TRACKER can save you time and reduce your paperwork by tracking all your CE credits electronically.”

OE Tracker

- www.arbo.org/oetracker
- ARBO web site has link to CE requirements of every state.
- 20\$ annual fee to have a printable list of CE reported
- You will have yet another # with OE Tracker and yet another login and password

Department's Impaired Practitioner Programs

- **Professionals Resource Network, Inc. (PRN)**
(Contract Number: COMW3)
P.O. Box 1020 Fernandina Beach, Florida
32035-1020
Toll Free: (800) 888-8PRN (8776)
Telephone Number: 904-277-8004
Fax: 904-261-3996
E-Mail: admin@flprn.org

New Information Important to Veterans:

Florida now offers the VALOR System: Veterans Application for Licensure Online Response System. This exciting new system provides an expedited licensing avenue for honorably discharged veterans with an active license in another state, with most licensing fees waived. It also provides an expedited temporary certificate to practice in an area of critical need. The Florida VALOR System is offered in addition to two existing licensing options to assist active duty members and veterans of the Armed Forces, and their spouses. The first option provides exemptions from license renewal requirements while serving on active duty; the second provides temporary license privileges for spouses of active duty members of the Armed Forces. Additionally, a waiver of licensing fees is available for honorably discharged military veterans and their spouses.

floridasoptometry.gov

Thank You

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