Florida Jurisprudence

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Florida Optometric Association

- Mission of FOA
    - The objectives of this Association are to advance, improve, and enhance the vision care of the public
    - to unite optometrists to encourage and assist in the improvement of the art and science of Optometry
    - to elevate the standards and ethics of the profession of Optometry
    - To protect and defend the inalienable right of every person to freedom of choice of practitioner
    - To restrict the practice of Optometry and any part of it to those who have been trained, qualified, and licensed to practice the profession
    - To maintain an active affiliation with the AOA, Inc., and the Southern Council of Optometrists, Inc.

Florida Board of Optometry

- Mission of FBO
    - To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.
    - Vision: To be the Healthiest State in the Nation
    - Purpose: To protect the public and make Florida the healthiest state in the nation through health care licensure, enforcement, and information.
    - Focus: To be the nation's leader in quality health care regulation.
    - Values: I CARE (Innovation, Collaboration, Accountability, Responsiveness, Excellence)
- Florida Board of Optometry Members
    - Optometrists
    - Consumer members

House Bill 239

- Went into effect July 1, 2014
- Deleted Topical and added Ocular
- Defines Ocular Pharmaceutical Agent
    - “Ocular pharmaceutical agent” means a pharmaceutical agent that is administered topically or orally for the diagnosis or treatment of ocular conditions of the human eye and its appendages without the use of surgery or other invasive techniques.

- Defines Surgery
    - "Surgery" means a procedure using an instrument, including a laser, scalpel, or needle, in which human tissue is cut, burned, scraped except as provided in s. 463.014(4), or vaporized, by incision, injection, ultrasound, laser, infusion, cryotherapy, or radiation. The term includes a procedure using an instrument which requires the closure of human tissue by suture, clamp, or other such device.
    - Surgery of any kind, is expressly prohibited. Certified optometrists may remove superficial foreign bodies. For the purposes of this subsection, the term "superficial foreign bodies" means any foreign matter that is embedded in the conjunctiva or cornea but that which has not penetrated the globe. Notwithstanding the definition of surgery as provided in s. 463.002(6), a certified optometrist is not prohibited from providing any optometric care within the practice of optometry as defined in s. 463.002(7), such as removing an eyelash by epilation, probing an uninflamed tear duct in a patient 18 years of age or older, blocking the puncta by plug, or superficial scraping for the purpose of removing damaged epithelial tissue or superficial foreign bodies or taking a culture of the surface of the cornea or conjunctiva.
- Defines Topical Formulary
    - The board shall establish a formulary of topical ocular pharmaceutical agents that may be prescribed and administered by a certified optometrist.
    - The formulary shall consist of those topical ocular pharmaceutical agents <u>that are appropriate to treat or diagnose ocular diseases and disorders and that</u> which the certified optometrist is qualified to use in the practice of optometry. The board shall establish, add to, delete from, or modify the <u>topical</u> formulary by rule. Notwithstanding any provision of chapter 120 to the contrary, the <u>topical</u> formulary rule <u>becomes</u> shall become effective 60 days from the date it is filed with the Secretary of State.
    - Any person who requests an addition, deletion, or modification of an authorized topical ocular pharmaceutical agent shall have the burden of proof to show cause why such addition, deletion, or modification should be made.
- Discontinues the TOPA Committee
    - The board shall establish a formulary of topical ocular pharma-ceutical agents that may be prescribed and administered by a certified optometrist.
    - Stricken: There is hereby created a committee composed of two optometrists licensed pursuant to this chapter, appointed by the Board of Optometry, two board-certified ophthalmologists licensed pursuant to chapter 458 or chapter 459, appointed by the Board of Medicine, and one additional person with a doctorate degree in pharmacology who is not licensed pursuant to chapter 458, chapter

459, or this chapter, appointed by the State Surgeon General. The committee shall review requests for additions to, deletions from, or modifications of a formulary of topical ocular pharmaceutical agents for administration and prescription by certified optometrists and shall provide to the board advisory opinions and recommendations on such requests.
    - The formulary shall consist of those topical ocular pharmaceutical agents that are appropriate to treat or diagnose ocular diseases and disorders and that which the certified optometrist is qualified to use in the practice of optometry. The board shall establish, add to, delete from, or modify the topical formulary by rule. Notwithstanding any provision of chapter 120 to the contrary, the topical formulary rule becomes shall become effective 60 days from the date it is filed with the Secretary of State.
- Must Pass the Web based Course http://www.optometristonlinece.com
    - 20 Hours CE
    - Can only be used once in the current license biennium
        - Does not need to be renewed
    - May NOT be used for Transcript quality
- DEA Numbers
    - Applications submitted at http://www.deadiversion.usdoj.gov/drugreg/
    - $731 every 3 years
    - Only 1 Controlled Substance - Schedule 3
        - A certified optometrist licensed under chapter 463 may not administer or prescribe a controlled substance listed in Schedule I or Schedule II of s. 893.03.
    - Tylenol w/Codeine - Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg.
- Analgesics
    - 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:
        - Tramadol hydrochloride.
        - Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg.
            - Only for eye conditions.
            - Cannot be used for Chronic or nonmalignant pain
            - “Chronic nonmalignant pain” means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.
- Antibiotics
    - The following antibiotics or their generic or therapeutic equivalents:
        - Amoxicillin with or without clavulanic acid.

        - Azithromycin.
        - Erythromycin.
        - Dicloxacillin.
        - Doxycycline/Tetracycline.
        - Keflex.
        - Minocycline.
- Antivirals
    - The following antivirals or their generic or therapeutic equivalents:
        - Acyclovir.
        - Famciclovir.
        - Valacyclovir.
- Anti-Glaucoma
    - The following oral anti-glaucoma agents or their generic or therapeutic equivalents, which may not be administered or prescribed for more than 72 hours:
    - Acetazolamide.
    - Methazolamide

- **463.014 Certain acts prohibited**
    - (3) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any drug for the purpose of treating a systemic disease systemic drugs by a licensed practitioner is prohibited.
    - However, a certified optometrist is permitted to use commonly accepted means or methods to immediately address incidents of anaphylaxis.
        - Epipen
            - EpiPen® (epinephrine) 0.3 mg and EpiPen Jr® (epinephrine) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions.
            - EpiPen and EpiPen Jr are intended for immediate self administration as emergency supportive therapy only.
            - Seek immediate emergency medical treatment after use
    - Surgery of any kind, is expressly prohibited.
    - Certified optometrists may remove superficial foreign bodies. For the purposes of this subsection, the term “superficial foreign bodies” means any foreign matter that is embedded in the conjunctiva or cornea but that which has not penetrated the globe.
    - Notwithstanding the definition of surgery as provided in s. 463.002(6), a certified optometrist is not prohibited from providing any optometric care within the practice of optometry as defined in s. 463.002(7), such as
        - removing an eyelash by epilation

        - probing an uninflamed tear duct in a patient 18 years of age or older
        - blocking the puncta by plug
        - superficial scraping for the purpose of removing damaged epithelial tissue
        - superficial foreign bodies or taking a culture of the surface of the cornea or conjunctiva.
- **463.0141 Reports of adverse incidents in the practice of optometry**
    - Effective January 1, 2014, an adverse incident occurring in the practice of optometry must be reported to the department in accordance with this section.
        - 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.
        - 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:
            - Any condition that requires the transfer of a patient to a hospital licensed under chapter 395.
            - 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
                - Permanent physical injury to the patient.
                - Partial or complete permanent loss of sight by the patient.
                - Death of the patient.
            - 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.
- **483.181 Acceptance, collection, identification, and examination of specimens**
    - A clinical laboratory licensed under this part must accept a human specimen submitted for examination by a practitioner licensed under

chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, s. 464.012, or chapter 466, if the specimen and test are the type performed by the clinical laboratory.
    - A clinical laboratory may only refuse a specimen based upon a history of nonpayment for services by the practitioner.
    - A clinical laboratory shall not charge different prices for tests based upon the chapter under which a practitioner submitting a specimen for testing is licensed.
- **Chapter 548 Pugilistic Exhibition**
    - Previous exclusion: "Physician" means an individual licensed to practice medicine and surgery in this state.
    - A certified optometrist is authorized to perform any eye examination, including a dilated examination, required or authorized by chapter 548 or by rules adopted to implement that chapter.
        - Boxing
        - Kickboxing
        - Mixed Martial Arts
- Defines Co-management
    - 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.
- **463.0135 Standards of practice**
    - A licensed practitioner shall provide that degree of care which conforms to that level of care provided by medical practitioners in the same or similar communities. A licensed practitioner shall advise or assist her or his patient in obtaining further care when the service of another health care practitioner is required.

- A licensed practitioner diagnosing angle closure, infantile, or congenital forms of glaucoma shall refer the patient to a physician skilled in diseases of the eye and licensed under chapter 458 or chapter 459.
- When an infectious corneal disease condition has not responded to standard methods of treatment within the scope of optometric practice, the certified optometrist shall consult with a physician skilled in diseases of the eye and licensed under chapter 458 or chapter 459.
- A licensed practitioner shall promptly advise a patient to seek evaluation by a physician skilled in diseases of the eye and licensed under chapter 458 or chapter 459 for diagnosis and possible treatment whenever the licensed practitioner is informed by the patient of the sudden onset of spots or "floaters" with loss of all or part of the visual field.
- The licensed practitioner shall routinely advise a patient to immediately contact the licensed practitioner if the patient experiences an adverse drug reaction.
- The licensed practitioner shall, when appropriate, refer to medical specialists or facilities patients who notify a licensed practitioner of an adverse drug reaction.
- The licensed practitioner shall place in a patient's permanent record information describing any adverse drug reaction experienced by the patient, the date of such reaction, and whether any referral was made.
- The licensed practitioner shall maintain the names of at least three physicians, physician clinics, or hospitals to whom the licensed practitioner will refer patients who experience an adverse drug reaction. At least one of these physicians shall be a physician skilled in the diagnosis and treatment of diseases of the eye and licensed under chapter 458 or chapter 459.
- A licensed practitioner who believes a patient may have glaucoma shall promptly advise the patient of the serious nature of glaucoma. The licensed practitioner shall place in the patient's permanent record that the practitioner provided such advice to the patient.

- **463.012 Prescriptions; filing; release; duplication**
  - A licensed practitioner shall keep on file for a period of at least 2 years any prescription she or he writes.
  - A licensed practitioner shall make available to the patient or her or his agent any spectacle prescription or duplicate copy determined for that patient.
    - Such prescription shall be considered a valid prescription to be filled for a period of 5 years.
  - A licensed practitioner shall make available to the patient or her or his agent any daily wear soft contact lens prescription or duplicate copy determined for that patient.

        - Such prescription shall be considered a valid prescription to be filled for a period of 2 years.
- **64B13-3.010 Standards of Practice**
    - 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:
        - 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.
            - The plan will be predicated upon the severity of the existing optic nerve damage, the intraocular pressure, and stability of the clinical course.
            - 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.
        - 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.
        - 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.

- 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.
    - 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.
- 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.
- 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.

- **64B13-3.004 Minimum Equipment Requirements.**
    - 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:
        - Ophthalmoscope
        - Tonometer
        - Retinoscope
        - Ophthalmometer, keratometer or corneal topographer
        - Biomicroscope
        - Phoropter or trial frame, trial lenses and prisms;
        - Standard charts or other standard visual acuity test;
        - Field testing equipment (other than that used for a confrontation test)