

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/CS/HB 449](#)

TITLE: Optometry

SPONSOR(S): Rizo

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Professions & Programs](#)

12 Y, 6 N, As CS



[Health & Human Services](#)

17 Y, 7 N, As CS

SUMMARY

Effect of the Bill:

CS/CS/HB 449 repeals the prohibition on optometrists performing surgery, authorizes certain specially credentialed optometrists to perform laser and non-laser ophthalmic procedures, and expands the prescriptive authority of certified optometrists. The bill also requires optometrists to demonstrate the financial ability to pay malpractice claims as a condition of licensure.

The bill establishes a list of titles and abbreviations that an optometrist is authorized to use and establishes requirements for advertising. The bill prohibits a commercial entity from controlling the manner in which an optometrist practices optometry. The bill also establishes certain standards for the use of telehealth by optometrists and directs the Board of Optometry to adopt rules regulating the use of telehealth by optometrists.

Fiscal or Economic Impact:

The bill will have a significant, negative fiscal impact on the Department of Health (DOH). DOH estimates a total annual cost of \$246,639 to implement the provisions of this bill.

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ANALYSIS

EFFECT OF THE BILL:

Optometrist Scope of Practice

[Optometrists](#) are trained to examine, diagnose, treat, and manage diseases and injuries of the visual system as well as identify systemic conditions which affect visual health. Optometrists are licensed and regulated by the Board of Optometry (Board) under the Department of Health (DOH). The vast majority of optometrists are “certified” and may administer and prescribe topical ocular pharmaceutical agents, while a smaller fraction of certified optometrists have obtained further certification to administer and prescribe oral pharmaceutical agents.

Under current law, optometrists are prohibited from performing [surgery](#).¹

Ophthalmic Procedures & Surgeries

CS/CS/HB 449 repeals the prohibition on optometrists performing surgery in current law, and authorizes “optometrists certified in ophthalmic procedures,” to perform Board-authorized laser and non-laser ophthalmic procedures and therapies. (Sections [1](#) & [9](#)).

¹ S. [463.014\(4\), F.S.](#)

The bill authorizes an optometrist certified in ophthalmic procedures to perform ophthalmology procedures that have been approved by the Board, except for the following which are expressly prohibited:

- Procedures or therapy requiring preoperative medications or drug-induced alteration of consciousness, except for the use of medication for minimal tranquilization of the patient and local or topical anesthesia if the chances of complications requiring hospitalization are remote;
- Laser vision correction, penetrating keratoplasty, and corneal or lamellar keratoplasty;
- Laser of the vitreous chamber or retina of the eye to treat any vitreomacular or retinal disease;
- Surgery of the eyelid for suspected eyelid malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis, or tarsorrhaphy;
- Surgery of the bony orbit, including, but not limited to, orbital implants or removal of the human eye;
- Incisional or excisional surgery of the lacrimal system other than lacrimal probing or related procedures;
- Surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of elevated pressure inside the eye;
- Surgery requiring incision or excision by scalpel of the iris and ciliary body, including, but not limited to, iris diathermy or cryotherapy;
- Surgery requiring incision or excision of the vitreous or retina;
- Surgery requiring incision or excision of the crystalline lens or an intraocular prosthetic implant;
- Surgery involving incision or excision of the extraocular muscles;
- Surgery requiring full thickness conjunctivoplasty with graft or flap;
- Pterygium surgery; and
- Any other procedure or therapy as determined by the Board. (Section [5](#)).

To be certified to perform ophthalmic procedures under the bill, a person must first be licensed and certified to practice optometry and then successfully complete a Board-approved course and examination on laser and non-laser ophthalmic procedures and therapy. Completion of such course may satisfy the continuing education requirement of a certified optometrist for the biennial period in which the course was taken. (Section [5](#)).

The course and examination must be developed and offered jointly by a statewide professional association of physicians and a statewide professional association of licensed practitioners,² both of which must qualified to provide Board-approved continuing education, such as the Florida Medical Association and the Florida Optometric Association. The Board must review and approve the course contents upon its initial development and annually thereafter. (Section [5](#)).

The bill expands upon an optometrist's current authority to remove [superficial foreign bodies](#) from the eye. Current law allows a certified optometrist to remove foreign matter that is embedded in the conjunctive or cornea that has not penetrated the globe.³ The bill further specifies a certified optometrist's authority to remove an eyelash, eyelid skin tags, and stytes, in addition to other procedures permitted under current law. (Section [8](#)).

Optometrist Prescribing Authority

All optometrists licensed after 1993 are considered "[certified optometrists](#)" and may administer and prescribe *topical* ocular pharmaceutical agents. The bill allows the titles "certified optometrist" and "certified optometric physician" to be used interchangeably. (Section [1](#)).

Under current law, a certified optometrist may elect to become certified to prescribe *oral* ocular pharmaceutical agents; however, such certification is optional. Under the bill, all initial licensure applicants are required to complete the [Florida Optometry Oral Drug Review Course and Examination](#) as a condition of licensure, thus requiring all certified optometrists to become capable of prescribing oral medications.⁴ (Sections [4](#) & [6](#)).

² "Licensed practitioners," is a general term used in current law to refer health care providers licensed to practice optometry. See, [s. 463.002\(3\), F.S.](#)

³ S. [463.014\(4\), F.S.](#)

⁴ For reference, the Board received 234 initial applications for licensure in the most recent fiscal year; see, Department of Health, 2025 Agency Legislative Bill Analysis: HB 449 (2025). On file with the Health & Human Services Committee.

Additionally, all currently certified optometrists who have not obtained the additional certification to administer and prescribe oral ocular pharmaceutical agents must complete the Florida Optometry Oral Drug Review Course and Examination as a condition of licensure. Under this requirement, the 2,672 currently licensed optometrists who have not sought oral prescriptive authority will be required to complete the Board-approved course and exam. The Florida Medical Association and Florida Optometric Association currently impose a fee of \$995.00 for the 20-hour course. (Section [7](#)).

The bill repeals the positive formularies of ocular pharmaceutical agents authorized to be prescribed or administered by certified optometrists in current law. The bill directs the Board to establish a negative formulary⁵ of medications which may not be prescribed or administered by an optometrist. Optometrists are expressly prohibited from prescribing Schedule II-V controlled substances;⁶ otherwise, the bill authorizes, a certified optometrist to prescribe or administer any other medication not expressly listed in the negative formulary. The bill also repeals the prohibition on optometrists prescribing analgesics such as tramadol hydrochloride for more the 72 hours without the consultation of an ophthalmologist. (Section [4](#)).

Board of Optometry

The Board of Optometry (Board) is currently composed of seven members, five of whom must be licensed to practice optometry.⁷ The bill revises the structure of the Board to require these five members to be certified optometrists or optometrists certified in ophthalmic procedures. This precludes individuals who were licensed before July 1, 1993, and are still practicing as licensed practitioners, from serving on the Board. (Section [2](#)).

The bill adds language indicating that the Board is not required to comply with the provisions of Chapter 456, F.S., relating to activities of regulatory boards, that conflict with the Optometry Practice Act. Chapter 456, F.S., is the general practice act that broadly applies to health care professions and ensures consistency across professional boards that operate under the Department of Health. (Section [2](#)).

Rulemaking Authority

The bill significantly expands the rule making authority of the Board, and makes the Board's authority mandatory, rather than discretionary. The bill requires the Board to establish rules relating to:

- Standards of practice for laser and non-laser ophthalmic procedures and therapies;
- The scope of practice of optometry, including ophthalmic procedures;
- Required content, grading criteria, and passing scores for the licensure examinations;
- The accredited schools or colleges of optometry that are approved by the Board;
- Terms and titles permitted for the use in advertisements by Florida-licensed optometrists and registered out-of-state telehealth providers; and
- Procedures for the safekeeping and transfer of prescription files or case records in all instances.⁸ (Section [3](#)).

Rulemaking Relating to Telehealth

Current law establishes a single, uniform [telehealth](#) standard for all health care practitioners. Health care practitioners are broadly permitted to use telehealth to provide services in a manner consistent with the practitioner's scope of practice and the prevailing professional standard of practice. Out-of-state telehealth

⁵ A formulary is a list of medicinal drug products. A positive formulary is an inclusive list of all medications that can be prescribed or administered. A negative formulary is a list of medications that are prohibited from being prescribed or administered; all medications not included in a negative formulary are authorized for prescription and administration.

⁶ See, [s. 893.03, F.S.](#)

⁷ S. [463.003, F.S.](#); the remaining two members of the Board 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.

⁸ As opposed to upon the discontinuance of practice per current law; see, [s. 463.005\(1\), F.S.](#)

providers must register with the Department of Health, but there are no fees for registration and renewal is not required.⁹

The bill also directs the Board to establish rules relating to the provision of optometric services through telehealth, including:

- Terms and titles permitted for the use in advertisements by registered out-of-state telehealth providers;
- Standards for the use of telehealth by Florida-licensed optometrists and registered out-of-state telehealth providers; and
- Requirements to obtain and maintain an out-of-state telehealth provider registration including, but not limited to, application requirements, continuing education requirements, scope of practice, standards of practice, and renewal process for registration. (Section [3](#)).

The bill requires out-of-state telehealth providers practicing optometry to renew their registrations at least every two years, unless the Board requires renewal on a more frequent basis. On this basis, the registrations for approximately 140 of the 202 currently registered out-of-state optometry providers would be invalid as of July 1, 2025.¹⁰

Under the bill, optometrists would be the only profession wherein out-of-state registered telehealth providers are required to renew their registrations with DOH and adhere to in-state provider continuing education requirements, and the only profession with additional or separate standards for practice via telehealth, as opposed to in-person standards. (Section [3](#)).

Additional Requirements and Prohibitions

Corporate Practice of Optometry

Optometrists are authorized to practice in or on the premises of a commercial or mercantile establishment under current law. Under the bill, commercial or mercantile establishments in which an optometrist practices may not exercise any control over the manner in which a licensed optometrist practices optometry. Violation of such prohibition is considered the unlicensed practice of optometry and individual owners, officers, or directors of any such establishment who violates this provision are considered to have committed the unlicensed practice of optometry constituting a felony of the third degree, punishable pursuant to [ss. 775.082, F.S.](#), [775.083, F.S.](#), or [775.084, F.S.](#) (Section [9](#)).

Titles and Abbreviations

The bill establishes specific titles and abbreviates that may be used by an optometrist licensed under chapter 463, F.S., as applicable to the individual practitioner's license and certification. (Section [11](#)).

The titles and abbreviations specified in the bill include:

- Optometrist;
- Licensed optometrist;
- Doctor of Optometry;
- O.D.;
- Optometric physician;
- Board certified optometrist;
- American Board of Optometry (ABO) certified;
- Fellow of the American Academy of Optometry;
- Fellow of the College of Optometrists in Vision Development;
- Residency-trained; and

⁹ S. [456.47, F.S.](#)

¹⁰ *Supra*, note 4.

- Diplomate of the American Board of Optometry.

Financial Responsibility

The bill requires optometrists to demonstrate financial responsibility sufficient to pay claims related to the rendering, or failure to render optometric services. Initial licensure, licensure renewal, and registration as a telehealth provider for optometrists is conditional on the ability to demonstrate financial responsibility.

Financial responsibility can be proven through one of the following methods:

- Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit;
- Obtaining and maintaining professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000; or
- Obtaining and maintaining an unexpired, irrevocable letter of credit in an amount not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000.

Under current law, optometrists are not required to meet financial responsibility or liability requirements. The financial requirements proposed in HB 449 are equivalent to those imposed on physicians, acupuncturists, chiropractic physicians, dentists, anesthesiologist assistants, advanced practice registered nurses, and licensed midwives under current law.¹¹ (Section 12).

The bill makes conforming changes throughout chapter 463, F.S. (Section [10](#) & 13).

The bill provides an effective date of July 1, 2025. (Section 14).

RULEMAKING:

The bill significantly expands the rulemaking authority of the Board of Optometry.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill will have a significant, negative fiscal impact on the Department of Health (DOH). DOH anticipates an increase in workload associated with the enforcement of new regulations, enhancements and updates to technology systems, and processing certification applications in order to implement the provisions of the bill.

DOH estimates a total annual cost of \$246,639 in the following categories:¹²

- Salary and benefits: \$80,269;
- Expense: \$13,724/Recurring, \$11,874/Non-Recurring;
- Contracted Services: \$55,680/Non-Recurring;
- OPS: \$84,640/Recurring; and
- Human Resources: \$452/Recurring.

¹¹ Florida law requires physicians, acupuncturists, chiropractic physicians, dentists, anesthesiologist assistants, advanced practice registered nurses, and licensed midwives to demonstrate \$100,000 per claim and an annual aggregate of \$300,000 of professional responsibility (*see* [ss. 458.320, F.S.](#), and [459.0085, F.S.](#); r. 64B1-12.001, F.A.C.; r. 64B2-17.009, F.A.C.; 64B5-17.0105, F.A.C.; rr. 64B8-31.006 and 64B15-7.006, F.A.C.; r. 64B9-4.002, F.A.C.; and r. 64B24-7.013, F.A.C.; respectively). Podiatric physicians must demonstrate professional responsibility in the amount of \$100,000 (*see* r. 64B18-14.0072, F.A.C.).

¹² *Supra*, note 4.

Current law requires all boards to ensure that licensure fees are adequate to cover all anticipated costs to maintain a reasonable cash balance and establishes measures to be taken by DOH if a board is operating with a negative cash balance. Specifically, current law authorizes DOH to set licensure fees on behalf of a board if the board has failed to act sufficiently to remedy the negative cash balance. DOH may advance funds to a board in such circumstances for up to two years; the board must pay interest on any such funds.¹³

PRIVATE SECTOR:

Revenues:

According to DOH, the requirement for all currently licensed optometrists and initial applicants for licensure to complete and pass the Florida Optometry Oral Drug Review Course and Examination as a condition of licensure represents a potential additional revenue in excess of \$2,700,000.00 for the Florida Medical Association and Florida Optometric Association between July 1, 2025, and February 28, 2027, when current licenses will next renew. This revenue is estimated based on the current course and examination fee of \$995.00 applied to each of the 2,508 currently licensed, certified optometrists who have not been granted oral prescriptive authority combined with the additional revenue associated from initial licensure applicants.

Certified optometrists who expand their practices to incorporate the services authorized under the bill may experience increased revenues.

Expenditures:

The bill will cause both initial licensure applicants and currently licensed optometrists to incur additional expenses.

All 4,337 currently licensed optometrists will incur the costs associated with complying with the financial responsibility requirements before license renewal in February 2027. Of the 4,337 currently licensed optometrists, the 2,508 optometrists who have not opted to become certified to prescribe oral medications will incur the additional cost of the of completing the Florida Optometry Oral Drug Review Course which currently has a fee of \$995.00.

Individuals seeking initial licensure will experience an increase to the anticipated cost of initial licensure associated with completing the Florida Optometry Oral Drug Review Course and Examination as a prerequisite for initial licensure and complying with the financial responsibility requirement.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Optometrists

[Optometrists](#) are trained to examine, diagnose, treat, and manage diseases and injuries of the visual system as well as identify systemic conditions which affect visual health. [The Board of Optometry](#) (Board), within the Department of Health (DOH) oversees the licensure and regulation of optometrists. The Board is composed of seven members appointed by the Governor and confirmed by the Senate. Five members must be licensed practitioners actively participating in this state and the two remaining members must be citizens of the state that are not and have never been licensed practitioners.¹⁴

Optometrist training requires the completion of an undergraduate degree and a 4-year program at a Board-approved college of optometry.¹⁵ Some optometrists complete residencies to gain more specialized knowledge, but

¹³ See, s. [456.025, F.S.](#)

¹⁴ S. [463.003, F.S.](#)

¹⁵ S. [463.006, F.S.](#)

residency training is not required for licensure or practice.¹⁶ As of June 30, 2024, there were 4,337 licensed optometrists in the state.¹⁷

Florida law requires optometrists diagnosing a patient with certain diseases to refer such patients to “physician skilled in the diseases of the eye” (ophthalmologists) for further treatment.¹⁸ Additionally, an optometrist must promptly advise a patient to seek an evaluation by an ophthalmologist for diagnosis and possible treatment whenever the optometrist is informed by the patient of the sudden onset of spots or “floaters” with loss of all or part of the visual field.¹⁹ Optometrists must maintain the names of at least three physicians, clinics, or hospitals to which they may refer patients who experience adverse drug reactions.²⁰

Optometrist Scope of Practice in Florida

Optometrists may prescribe certain medications, vision therapy, and corrective lenses, but may not perform surgical procedures in Florida.²¹ Florida law defines [surgery](#) as a procedure using an instrument, including a laser, scalpel, or needle, in which human tissue is cut, burned, scraped, or vaporized by incision, injection, ultrasound, laser, infusion, cryotherapy, or radiation and also includes a procedure using an instrument which requires the closure of human tissue by suture, clamp, or a similar device.²² However, certified optometrists that are authorized to administer or prescribe certain medication, may perform the following optometric practices:²³

- Performing an eye examination, including a dilated examination;
- Removing an eyelash by epilation;
- Probing an uninflamed tear duct in a patient 18 years of age or older;
- Blocking the puncta by plug; and
- Performing a superficial scraping to remove damaged epithelial tissue or [superficial foreign bodies](#) or take a culture of the surface of the cornea or conjunctiva.

Optometrist Prescribing Authority in Florida

Currently, Florida law allows licensed optometrists to administer and prescribe drugs under limited circumstances. Licensed optometrists may only use topical anesthetics for glaucoma examinations, unless the licensed optometrist is also a certified optometrist.²⁴ [Certified optometrists](#) may administer and prescribe topical ocular pharmaceutical agents for the diagnosis and treatment of ocular conditions of the human eye and its appendages without the use of surgery or other invasive techniques.²⁵ A certified optometrist may only administer or prescribe topical ocular pharmaceutical agents included in the positive formulary established by board rule.²⁶

Since July 1, 1993, graduates of accredited schools of optometry have been considered certified optometrists as the curriculum changed to include specific training on administering and prescribing ocular pharmaceutical agents.²⁷ Optometrists licensed before July 1, 1993, can complete at least 110 hours of board approved coursework and training and one year of supervised experience in differential diagnosis of eye diseases or disorders to become certified.²⁸ As of June 30, 2024, there are 4,302 certified optometrists licensed in Florida, leaving just 35 licensed optometrists who are not certified to administer or prescribe ocular pharmaceutical agents.²⁹

¹⁶ American Optometric Association, *What is a Doctor of Optometry?* Available at <http://www.aoa.org/about-the-aoa/what-is-a-doctor-of-optometry?ss=y> (last visited March 17, 2025).

¹⁷ *Supra*, note 4.

¹⁸ Diagnoses which mandate a referral to an ophthalmologist include angle closure glaucoma, congenital or infantile glaucoma, and infectious corneal diseases that are unresponsive to standard treatment. See, [s. 463.0135, F.S.](#)

¹⁹ [S. 463.0135\(4\), F.S.](#)

²⁰ [S. 463.0135\(8\), F.S.](#)

²¹ [S. 463.014\(4\), F.S.](#)

²² [S. 463.002\(6\), F.S.](#)

²³ [S. 463.014\(4\), F.S.](#)

²⁴ [S. 453.0055\(1\)\(a\), F.S.](#); Ch. No. 2013-26, L.O.F.

²⁵ [Ss. 463.0055\(1\), F.S.](#), and [463.002\(4\), F.S.](#)

²⁶ Rule 64B13-18.002, F.A.C.

²⁷ *Supra*, note 4.

²⁸ Rule 64B13-10.001, F.A.C.

²⁹ *Supra*, note 4.

In addition to *topical* ocular pharmaceutical agents, a certified optometrist may administer and prescribe *oral* ocular pharmaceutical agents if they complete a Board-approved 20-hour course and examination on general and ocular pharmaceutical agents and their side effects.³⁰ The only Board-approved course is the [Florida Optometry Oral Drug Review Course and Examination](#) offered jointly by the Florida Medical Association and Florida Optometric Association. The current fee, as established by the associations, is \$995.00. Upon course completion, the certified optometrist provides a written request and proof of course completion to the Board and the oral prescriptive authority designation is added to the individual's licensure profile. As of February 12, 2025, 1,665 of 4,302 of the currently licensed optometrists have oral prescriptive authority.³¹

The oral ocular pharmaceutical agents a certified optometrist may administer or prescribe are specified in a statutory formulary.³² The agents include seven antibiotics and three antivirals:³³

- Amoxicillin with or without clavulanic acid;
- Azithromycin;
- Erythromycin;
- Dicloxacillin;
- Doxycycline/Tetracycline;
- Keflex;
- Minocycline;
- Acyclovir;
- Famciclovir; and
- Valacyclovir.

A certified optometrist with oral prescribing authority may administer or prescribe the following anti-glaucoma agents for no more than 72 hours:³⁴

- Acetazolamide; and
- Methazolamide.

Additionally, a certified optometrist with oral prescribing authority may administer or prescribe the following analgesics for no more than 72 hours without consulting a physician licensed under chapter 458 or chapter 459 who is skilled in diseases of the eye:³⁵

- Tramadol hydrochloride; and
- Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg.

Any oral ocular pharmaceutical agent listed in the statutory formulary which is subsequently determined by the U.S. Food and Drug Administration to be unsafe for the administration or prescription is considered to have been deleted from the statutory formulary.³⁶

³⁰ S. [463.0055, F.S.](#)

³¹ Supra, note 4.

³² S. [463.0055\(3\), F.S.](#)

³³ S. [463.0055\(3\)\(b\), F.S.](#)

³⁴ S. [463.0055\(3\)\(d\), F.S.](#)

³⁵ S. [463.0055\(3\)\(a\), F.S.](#)

³⁶ *Id.*

The statutory formulary prohibits the administration or prescription of a controlled substance listed in Schedule III³⁷, Schedule IV³⁸, or Schedule V³⁹ of [s. 893.03, F.S.](#), except for the oral analgesics specified in the statutory formulary for the relief of pain due to ocular conditions of the eye and its appendages, or a controlled substance for the treatment of chronic nonmalignant pain.⁴⁰

Surgical Procedures by Optometrists

The scope of practice for optometrists varies significantly from state to state. Some states grant optometrists authority to utilize surgical and laser privileges during examination, diagnosis, and treatment. Other states allow optometrists to perform additional ophthalmic procedures, such as minor surgical procedures that do not require anesthesia. Some states limit authority to examination, diagnosis, and treatment. Nine states, Alaska, Arkansas, Colorado, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, and Wyoming, allow optometrists to perform certain surgical procedures. Each of these states authorizes optometrists to perform certain surgical procedures either limited to those procedures expressly described in state law or at the discretion of the state regulatory board that oversees optometrists.⁴¹

Proponents of expanded scope for optometrists note the extensive education optometry students receive that is focused on primary eye care. Optometry school curricula includes coursework in advanced procedures, such as certain ophthalmic surgical procedures, wherein students obtain extensive didactic and lab experience studying these procedures. Students attending optometry schools in states with expanded optometric scope have the opportunity to gain experience performing these procedures on live, human patients. However, the majority of optometry students attend optometry school in states without expanded scope of practice and thus practice advanced procedures through simulations on models.⁴²

Ophthalmologists

Ophthalmologists are medical doctors who specialize in diseases of the eye. Ophthalmologists provide a full spectrum of eye care, from prescribing corrective lenses and medications to performing eye surgery. Ophthalmologists also care for patients with more advanced and complicated diseases than optometrists. Ophthalmologists are regulated under Chapter 458 and Chapter 459, F.S., by the Board of Medicine and the Board of Osteopathic Medicine within DOH. Ophthalmologist training involves an undergraduate degree, 4 years of medical school, and completion of at least 4 years of residency training in ophthalmology.⁴³

³⁷ S. [893.03\(3\), F.S.](#), defines a Schedule II substance as a substance that has a potential for abuse less than the substances contained in Schedules I and II and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence or, in the case of anabolic steroids, may lead to physical damage.

³⁸ S. 893.03(4) defines a Schedule IV substance as a substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to limited physical or psychological dependence relative to the substances in Schedule III.

³⁹ S. [893.03\(5\), F.S.](#), defines a Schedule V substance, compound, mixture or preparation that has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States, and abuse of such compound, mixture, or preparation may lead to limited physical or psychological dependence relative to the substances in Schedule IV.

⁴⁰ S. [456.44, F.S.](#), defines chronic nonmalignant pain as 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 day after surgery.

⁴¹ National Conference of State Legislatures, *Authority to Perform Ophthalmic Procedures*. Available at <https://www.ncsl.org/scope-of-practice-policy/practitioners/optometrists/authority-to-perform-ophthalmic-procedures> (last visited March 17, 2025). See also, Vermont Office of Professional Regulation, *Optometry Scope of Practice Report* (2023). Available at <https://legislature.vermont.gov/assets/Legislative-Reports/2023-Optometry-Scope-of-Practice-Report-Vermont-Office-of-Professional-Regulation.pdf> (last visited March 17, 2025).

⁴² *Id.*

⁴³ American Academy of Ophthalmology, *What is an Ophthalmologist?* (2024). Available at <https://www.aao.org/eye-health/tips-prevention/what-is-ophthalmologist> (last visited March 17, 2025).

The American Council for Graduate Medical Education (ACGME)⁴⁴ requires each ophthalmologist resident to perform a minimum number of certain surgeries before he or she may graduate from the program. Residents must perform the following minimum number of surgeries listed in the table below.⁴⁵

Ophthalmology Residency	
Procedure	#
Cataract	86
Laser Surgery- YAG Capsulotomy	5
Laser Surgery - Laser Trabeculoplasty	5
Laser Surgery – Laser Iridotomy	4
Laser Surgery – Panretinal Laser Photocoagulation	10
Keratoplasty	5
Pterygium/Conjunctival and other cornea	3
Keratorefractive Surgery	6
Strabismus	10
Glaucoma – Minimally Invasive Surgery	5
Glaucoma – Shunting Procedures	5
Retinal Vitreous	10
Intravitreal Injection	10
Oculoplastic and orbit– Total	28
Oculoplastic and orbit – Eyelid Laceration	3
Oculoplastic and orbit – Chalazia Excision	3
Oculoplastic and orbit – Ptosis/Blepharoplasty	3
Globe Trauma	4

Telehealth

[Telehealth](#) is the delivery of health care services using information and communication technologies to exchange valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation.⁴⁶ Telehealth connects individuals and their health care providers when in-person care is not possible.

Current law broadly defines telehealth as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to:

- Assessment, diagnosis, consultation, treatment, and monitoring of a patient;
- Transfer of medical data;
- Patient and professional health-related education;
- Public health services; and
- Health administration.

Florida-licensed health care practitioners, registered out-of-state health practitioners, and those licensed under a multistate health care licensure compact of which Florida is a member, are authorized to use telehealth to deliver health care services to patients within the state according to the practitioners' respective scopes of practice. Providers treating Florida patients via telehealth must comply with the applicable practitioner scope of practice under Florida law; not the scope of practice of the state where the practitioner is physically located.⁴⁷

⁴⁴ ACGME sets standards for and accredits US graduate medical education (residency and fellowship) programs. See, ACGME, *About the ACGME: Overview*. Available at <https://www.acgme.org/about/overview/> (last visited March 17, 2025).

⁴⁵ ACGME Review Committee for Ophthalmology, *Case Log Information: Ophthalmology* (2024). Available at https://www.acgme.org/globalassets/pfassets/programresources/oph_caseloginfo.pdf (last visited March 17, 2025).

⁴⁶ U.S. Department of Health and Human Services, *Report to Congress: E-Health and Telemedicine* (August 2016). Available at <https://aspe.hhs.gov/system/files/pdf/206751/TelemedicineE-HealthReport.pdf> (last visited March 17, 2025).

⁴⁷ S. 456.47, F.S.

Florida-licensed telehealth providers, as well as those licensed under a multistate health care licensure compact of which Florida is a member, include:⁴⁸

- | | | |
|--------------------------|--------------------------------|---------------------------------|
| • Behavioral Analyst | • Occupational therapist | • Clinical laboratory personnel |
| • Acupuncturist | • Radiology technician | • Respiratory therapist |
| • Allopathic physician | • Electrologist | • Physical therapist |
| • Osteopathic physician | • Orthotist | • Psychologist |
| • Chiropractor | • Podorthist | • Psychotherapist |
| • Podiatrist | • Prosthetist | • Dietician/Nutritionist |
| • Optometrist | • Medical physicist | • Athletic trainer |
| • Nurse | • Emergency Medical Technician | • Clinical social worker |
| • Pharmacist | • Paramedic | • Marriage and family therapist |
| • Dentist | • Massage therapist | • Mental health counselor |
| • Dental hygienist | | • Genetic counselor |
| • Midwife | | • Optician |
| • Speech therapist | | |
| • Hearing aid specialist | | |

Out-of-state telehealth providers must register with DOH to provide telehealth services, within the relevant scope of practice established by Florida law and rule, to patients in this state. As of June 30, 2024, there were 202 optometrists registered as out-of-state telehealth providers.⁴⁹ To register or renew registration as an out-of-state telehealth provider, the health care professional must:

- Hold an active and unencumbered license, which is substantially similar to a license issued to a Florida practitioner in the same profession, in a U.S. state or jurisdiction and
- Not have been subject to licensure disciplinary action during the five years before submission of the registration application;
- Not be subject to a pending licensure disciplinary investigation or action;
- Not have had license revoked in any state or jurisdiction;
- Designate a registered agent in this state for the service of process;
- Maintain professional liability coverage or financial responsibility, which covers services provided to patients not located in the provider's home state, in the same amount as required for Florida-licensed practitioners;⁵⁰ and
- Prominently display a link to the DOH website, described below, which provides public information on registered telehealth providers.⁵¹

Telehealth Standards of Practice

Current law sets the standard of care for telehealth providers at the same level as the standard of care for health care practitioners providing in-person health care services to patients in this state. This ensures that a patient receives the same standard of care irrespective of the modality used by the health care practitioner to deliver the

⁴⁸ These are professionals licensed under s. 393.17; part III, ch. 401; ch. 457; ch. 458; ch. 459; ch. 460; ch. 461; ch. 463; ch. 464; ch. 465; ch. 466; ch. 467; part I, part III, part IV, part V, part X, part XIII, and part XIV, ch. 468; ch. 478; ch. 480; part II and part III, ch. 483; ch. 484; ch. 486; ch. 490; or ch. 491.

⁴⁹ *Supra*, note 4.

⁵⁰ Florida law requires physicians, acupuncturists, chiropractic physicians, dentists, anesthesiologist assistants, advanced practice registered nurses, and licensed midwives to demonstrate \$100,000 per claim and an annual aggregate of \$300,000 of professional responsibility (*see* ss. 458.320, F.S., and 459.0085, F.S.; r. 64B1-12.001, F.A.C.; r. 64B2-17.009, F.A.C.; 64B5-17.0105, F.A.C.; rr. 64B8-31.006 and 64B15-7.006, F.A.C.; r. 64B9-4.002, F.A.C.; and r. 64B24-7.013, F.A.C.; respectively). Podiatric physicians must demonstrate professional responsibility in the amount of \$100,000 (*see* r. 64B18-14.0072, F.A.C.).

⁵¹ S. 456.47(4), F.S.

services. A patient receiving telehealth services may be in any location at the time services are rendered and a telehealth provider may be in any location when providing telehealth services to a patient.⁵²

Practitioners may perform a patient evaluation using telehealth. A practitioner using telehealth is not required to research a patient’s medical history or conduct a physical examination of the patient before providing telehealth services to the patient if the telehealth provider is capable of conducting a patient evaluation in a manner consistent with the applicable standard of care sufficient to diagnose and treat the patient when using telehealth.

Current law does not contain health care practitioner-specific regulations for the use of telehealth. Health care practitioners must adhere to the existing standard of care when providing services through telehealth⁵³ and are subject to disciplinary action if they fail to do so.⁵⁴

BILL HISTORY				
COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	12 Y, 6 N, As CS	3/20/2025	McElroy	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none">• Authorized the titles “certified optometric physician” and “certified optometrist” to be used interchangeably.• Created a separate definition for “refraction.”• Removed the requirement that initial eye exams be in person.• Required that all optometrists initially licensed on or after July 1, 2025, to be licensed as a certified optometrist.			
Health & Human Services Committee	17 Y, 7 N, As CS	4/15/2025	Calamas	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE:	Deleted provisions of the bill regulating advertisements relating to optometry.			

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

⁵² S. [456.47\(2\), F.S.](#)
⁵³ S. [456.47\(2\), F.S.](#)
⁵⁴ S. [456.47\(4\)\(i\), F.S.](#)