

NAROC Ocular Telehealth General Principles  
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1. Ocular telemedicine should not be viewed differently than other branches of telemedicine.
2. Using telemedicine to prescribe Class I and Class II medical devices should be allowed unless there is solid evidence of health and safety problems with the use of the prescribed devices. Generally, prescribing eyeglasses and contact lenses should not require the same restrictions and level of regulation as prescribing opioids, abortifacients, narcotics and dangerous drugs.
3. Initially prescribing, renewing or refilling a prescription for corrective eyewear should be subject to the same standard of care as exists in offices. The standard of care should not be different/higher for optometrists than for physicians.
  - a. NAROC members should oppose regulations that create a distinction between the methods used for creating an initial prescription and renewing a prescription unless the same distinction exists in-office and is justified by a clinical reason.
4. Patients and doctors should be able to establish patient-doctor relationships by an examination (i) in person, (ii) through face-to-face interactive, two-way, real-time communication, or (iii) store-and-forward technologies, as determined by the practitioner, when the practitioner uses clinical information from clinically relevant photographic, video or similar electronic images or the patient's relevant medical record.
5. Informed Consent - multiple forms of consent should be allowed; the simplest, least intrusive method that is likely to be effective is preferred.
6. Any health care provider providing health care services using telemedicine or telehealth shall be subject to the same standard of care or practice standards as are applicable to in-person settings.
7. Record-keeping Requirements - telemedicine and office visits should meet the same record-keeping requirements, including duration, privacy, security and patient access.
8. Follow Up Care - the decision to refer or recommend follow-up should be left to the doctor's professional judgment. If the doctor thinks follow-up (either in-person or remotely) is necessary, the doctor will proceed accordingly. Also, the patient should be able to access the doctor upon request and the doctor should be reasonably available to discuss questions/concerns of the patient.
9. Providers should be licensed/authorized to practice in the state where the patient presents. NAROC supports the development of multi-state licensing compacts to ease the ability of professionals to practice in multiple states and to use telemedicine across state lines.
10. Supervision of support personnel – unless there is clear and convincing evidence that personal supervision of an assistant is necessary to protect the health and safety of the patient, general supervision is strongly preferred. Under general supervision, the supervisor/prescriber need not be at the same site as assistant. The supervisor/prescriber is

responsible to ensure that the assistant is properly trained and is following the standing orders or protocols that the provider has established for the delegated functions. The supervisor/prescriber may not delegate decisions requiring professional judgment.

- 11.** Telehealth proposals should not create conflicts with federal contact lens prescription law and impose no new restrictions on the ability of opticians to dispense such lenses.
- 12.** The provider needs to determine the residency of the patient at the first interaction. This can be accomplished through various means, such as GPS location technology, IP address or the basic collection of demographic information.
- 13.** The prescriber/provider should also be identified to the patient at or before the time the prescription or any treatment order is issued. This can be accomplished at the initial interaction, if a real-time synchronous interaction, by way of pictures or review of a provider badge, license or other identifying information [that includes address, telephone, email and license number]. If the initial interaction is by way of store and forward technology, the identification can be via any prescription written or records/reports produced as the result of the interaction.