National Association of
Retail Optical Companies
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June 17, 2026

ATTN: Emily DeRonde
Iowa Board of Optometry
6200 Park Avenue
Des Moines, Iowa 50321
emily.deronde@dia.iowa.gov

RE: Written Comments of the National Association of Retail Optical Companies on Proposed Rule 481-762.9(154,272C) (Teleoptometry), Iowa Administrative Bulletin, June 10, 2026

Dear Ms. DeRonde:

The National Association of Retail Optical Companies ("NAROC") respectfully submits these written comments in response to the Iowa Board of Optometry's ("Board") proposed rulemaking on teleoptometry, published in the Iowa Administrative Bulletin on June 10, 2026, and in advance of the public hearing scheduled for June 30, 2026.

NAROC is a national trade association representing optical retailers whose member companies collectively operate more than 10,000 co-located eye care offices and optical dispensaries across the United States, serving millions of patients annually, including patients in rural, underserved, and access-limited communities in Iowa. NAROC advocates for policies that protect patient safety and quality of care, support the professional judgment of licensed eye care providers, and remove unnecessary barriers that prevent patients from receiving timely, affordable vision care.

NAROC appreciates the Board's thoughtful development of proposed rule 481-762.9 ("Proposed Rule"). The Proposed Rule reflects a measured and principles-based approach to teleoptometry regulation that, in NAROC's view, strikes an appropriate balance between ensuring patient safety and preserving the flexibility that optometrists and the patients they serve require. NAROC is pleased to offer the following section-by-section comments, which are intended to be constructive and to assist the Board in finalizing a rule that serves Iowa patients well.

I. Preliminary Comment: Consistency of Terminology

NAROC offers one preliminary drafting observation applicable to the Proposed Rule as a whole. The rule uses several different terms to refer to the licensed optometrist providing teleoptometry services, including "optometrist", "licensee", "health care provider", and "physician". While NAROC does not read these variations as reflecting an intentional distinction, the inconsistency could create interpretative uncertainty in application—particularly if these terms are defined elsewhere in statute or regulation to refer to a variety of health care professionals. NAROC respectfully suggests that the Board use "optometrist" or "licensee" consistently throughout the final rule to avoid any ambiguity. If the Board intends any of these terms to carry a meaning distinct from the others, NAROC would welcome clarification in the accompanying rulemaking commentary.

II. Section 762.9(5): Identification of Patient and Health Care Providers

NAROC supports the patient-protective intent of Section 762.9(5) and agrees that patients should be able to verify the identity, licensure status, and credentials of the optometrist providing their teleoptometry services. NAROC requests clarification on two points to assist members in developing compliant verification protocols.

First, Section 762.9(5) refers to "all health care providers who provide teleoptometry services." NAROC requests information that this provision is intended to apply only to the licensed optometrist responsible for the patient's clinical care, rather than to every individual or entity that may play a role in the delivery model—for example, a nonoptometric

technician, a management services organization, or a professional corporation through which the optometrist services are organized. A reading that extends disclosure obligations to every such party would impose a verification burden on patients with little corresponding benefit, given that the optometrist remains the licensed professional responsible for the standard of care.

Second, NAROC requests clarification regarding the timing of this disclosure in practice models where the identity of the responsible optometrist may not be determined until after the patient's encounter has begun. In some technician-assisted teleoptometry models, a patient presents at an originating site, a technician collects the relevant clinical data, and the data is then routed to one of several optometrists licensed in the state who are able to review it—with the specific optometrist not identified until the technician signals that the patient's data is ready for review. This is true for both asynchronous store-and-forward encounters and for real-time interactive encounters in which the optometrist "joins" the room only after the data collection is complete. NAROC requests that the Board clarify that, in such models, the disclosure of the responsible optometrist's identity, licensure status, and credentials may occur once the optometrist has been identified and prior to the rendering of any clinical decision, diagnosis, or treatment—rather than prior to the commencement of data collection by the technician at the originating site.

III. Section 762.9(6): Establishment of the Optometrist-Patient Relationship

NAROC particularly commends the Board for the approach taken in Section 762.9(6) regarding establishment of the optometrist-patient relationship. The Proposed Rule recognizes three separate pathways through which a valid optometrist-patient relationship may be established. This tripartite framework is sound policy. Allowing a valid optometrist-patient relationship to be established through a teleoptometry encounter—without conditioning that relationship on a prior in-person visit—preserves the professional judgment of the optometrist to determine the appropriate modality of care for each individual patient and, critically, removes a barrier that would otherwise effectively deny telehealth access to patients in rural and geographically underserved communities who may lack reasonable access to in-person optometric care. NAROC strongly supports this aspect of the Proposed Rule and encourages the Board to retain it in its final form.

IV. Section 762.9(7): Medical History and Physical Examination

NAROC commends the Board for adopting a technology-neutral approach in Section 762.9(7). The Proposed Rule appropriately focuses on whether the technology used in a teleoptometry encounter is "sufficient to establish an informed diagnosis as though the medical interview and physical examination had been performed in person"—a principles-based standard that allows the optometrist to exercise professional judgment in determining whether a particular patient is an appropriate candidate for a teleoptometry encounter, rather than locking in specific equipment requirements that could quickly become outdated as diagnostic technology advances.

NAROC notes that Section 762.9(7) requires the optometrist to "interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient." NAROC reads this provision to be consistent with a technician-assisted model of teleoptometry delivery in which an appropriately trained technician or assistant gathers clinically relevant data (including medical history details) on behalf of the optometrist at an originating site, provided that the optometrist reviews that data as part of the examination and evaluation and retains ultimate clinical responsibility for the encounter. To the extent the Board has a different interpretation, NAROC respectfully requests that the Board clarify in its final rule or accompanying commentary that the optometrist's obligation to collect relevant medical history and conduct any necessary physical examination may be fulfilled through data gathered by a properly trained and supervised assistant, consistent with the technician-assisted model addressed in Section 762.9(12).

V. Section 762.9(9): Informed Consent

NAROC supports the Board's informed consent framework set forth in Section 762.9(9). The requirements that patients be informed at the time of scheduling, or at the earliest possible opportunity, that the encounter will be

conducted via teleoptometry is consistent with sound patient-protection principles and with NAROC's own positions on patient disclosures in telehealth settings.

NAROC respectfully requests clarification on one aspect of Section 762.9(9): the provision states that patients "should also be provided a description of the types of optometric services provided via teleoptometry, including limitations on services." NAROC reads this to mean that a patient should be informed, at or before the time of scheduling, of the scope of services available through the practice's teleoptometry platform—for example, that the practice offers comprehensive eye examinations and contact lens evaluations via teleoptometry, but that dilated fundus examinations or other services requiring specific instrumentation must be performed in person—so that the patient can make an informed decision about whether to proceed with the teleoptometry encounter or seek in-person care. If that is the Board's intent, NAROC supports it and would note that a brief, plain-language disclosure at the time of scheduling would satisfy this requirement in most practice contexts. If the Board intends something broader, NAROC respectfully requests clarification in the final rule or accompanying commentary, as the scope of this disclosure obligation will directly affect the patient communication protocols that optometrists who provide teleoptometry services develop to achieve compliance.

VI. Section 762.9(12): Nonoptometric Providers

NAROC strongly supports Section 762.9(12) and commends the Board for expressly recognizing the role of trained nonoptometric providers in the delivery of optometric services. The Proposed Rule appropriately acknowledges that well-trained technicians and assistants play a critical role in technician-assisted teleoptometry models and establishes a workable general supervision framework under which the optometrist must ensure that systems are in place to confirm the nonoptometric provider's qualifications and training, and that the optometrist is available—in person or electronically—to consult with the nonoptometric provider, particularly in case of injury or emergency.

This framework reflects the realities of how teleoptometry is practiced at scale and is consistent with the supervision standards applicable to delegated functions in in-person optometric settings. Requiring that the optometrist be available "electronically" to consult with the nonoptometric provider—rather than mandating physical co-location—appropriately recognizes that meaningful supervision does not require the supervising optometrist to be present in the same room as the assisting technician. NAROC supports this approach and encourages the Board to retain it in the final rule.

NAROC requests one clarification regarding Section 762.9(12)(a), which requires the optometrist to ensure the nonoptometric provider is qualified and trained to provide services "within the scope of the nonoptometric provider's practice." Many nonoptometric providers who assist with teleoptometry encounters—such as optometric technicians or paraoptometric assistants—do not have an independently defined "scope of practice" under Iowa law in the way licensed professionals do. Rather, the tasks they are authorized to perform are typically defined by the supervising optometrist's authority to delegate, as well as training and established protocols. NAROC requests that the Board confirm that Section 762.9(12)(a) is satisfied where the nonoptometric provider is working within established and appropriate training and delegation protocols for their role, and that this provision is not intended to require an independently defined scope of practice for nonoptometric providers who do not hold a license or certification that includes one.

VII. Conclusion

NAROC appreciates the Board's significant work in developing a teleoptometry rule that is principled, flexible, and patient-centered. The Proposed Rule reflects considerable care in balancing patient protection with the professional judgment of licensed optometrists and the practical realities of telehealth delivery—and NAROC believes it will serve Iowa patients well. NAROC respectfully requests that the Board consider the clarifications identified above in finalizing the rule, particularly with respect to the technician-assisted model under Section 762.9(7) and the scope of informed consent disclosure under Section 762.9(9).

NAROC thanks the Board for the opportunity to submit these comments and for its continued commitment to advancing access to high-quality optometric care for Iowa patients. Should the Board have any questions regarding these comments or NAROC's positions, please feel free to contact us.

Respectfully submitted,

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