The Statutes and Administrative Rules of the Optometric Practice in Oregon

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Course Description:

The course reviews the laws and statutes that govern the practice of optometry in the state of Oregon.

Course Learning Objectives:

At the conclusion of this course, the doctor of optometry will be familiar with the pertinent laws, rules and statutes that regulate the practice of optometry in the state of Oregon. Successful completion of this course will satisfy the Oregon Board of Optometry’s requirement to have a review of optometric law every 2 years.

The Oregon Board of Optometry requires a biannual review of the state laws which govern the practice of Optometry or a course in ethics. Successful completion of this course will satisfy that requirement.

It is not necessary to be reminded of the fast changes of the practice of optometry in this day and age. Diagnostic instrumentation gives increasingly fast and wide ranging information to better diagnose, treat and manage eye disease. The early model of one optometrist, a receptionist and an optician helper is giving way to a model of ophthalmic technicians helping with refractions and conducting ancillary tests. The HCFA 1500 is becoming obsolete and charting will be 100% electronic in the not too distant future.

With these changes, it is imperative for the Oregon Board of Optometry to stay abreast of changes in state and federal laws to keep the statutes governing optometry current and meaningful for the safety of the public – our patients. It behooves the optometric physician to have the same responsibility of maintaining a high level of knowledge of the laws affecting the practice of optometry. “I did not know that” is not a defense that will help a doctor who is found guilty of misconduct.

Effective January 1, 2013, there were many changes adopted in the Oregon Revised Statutes and Oregon Administrative Rules that pertain to the practice of optometry and the licensing Board of Optometry. This course includes those changes.

This course is an overview of relevant and pragmatic rules affecting the optometric practice. Housekeeping rules and guidelines to give the Oregon Board of Optometry (OBO) its practice for meetings and administrative management are not included. If
the optometric physician has a specific question about the governing rules, please reference the actual wording. The Laws governing optometry are contained in Chapter 683 of the Oregon Revised Statutes (ORS) and Chapter 852 of the Oregon Administrative Rules (OAR). The Oregon Board of Optometry’s web site has URL connections to these sections. See http://www.oregonobo.org. The OBO is available for questions and give help to optometric physicians when inquiring about the statutes. This type of help was welcomed by this author to assure clarity and accuracy of this course. My thanks to Cathy Boudreau, Executive Assistant and Nancy DeSouza, Executive Director for their assistance.

The “Practice of Optometry” (ORS 683.010, OAR 852-020-0050)

The definition of the practice of optometry is derived from Oregon Statutes. Quoting from ORS 683.010, the “Practice of Optometry” means the employment of any means other than invasive or laser surgery, or the prescription of Schedule I and II drugs or pharmaceutical agents that are not on the optometric nontopical formulary, for diagnosis and treatment in the human eye, for the measurement or assistance of the powers or range of human vision or the determination of the accommodative and refractive states of the human eye or the scope of its functions in general or the adaptation of lenses or frames for the aid thereof, subject to the limitations of ORS 683.040”. 683.040 gives the qualifications of applicants who wish to practice optometry in Oregon.

The Scope of Practice includes procedures that are performed to diagnose or treat the eye. Notable exclusions include:

- Invasive surgery
- Laser surgery
- Sub-Tenon injections
- Retrobulbar injections
- Intraocular injections
- Botulinum toxin injections
- Administer IV or general anesthesia

The Oregon Board of Optometry has prepared questions an optometric physician may ask prior to performing a procedure. **If the answers to ALL the questions are “Yes”, the procedure is within the scope of optometric practice.**

1. Does the procedure involve the eye or the scope of functions of the eye?
2. Can this procedure be done without invasive surgery?
3. Will it be done without laser surgery?
4. Will it be done without closure by suture?
5. Will it be done without requiring pharmaceuticals other than those categorized in Division 80?
6. Will it be done without requiring sub-Tenon, retrobulbar, intraocular or botulinum toxin injection?
7. Will it be done without requiring conscious sedation, deep sedation or general anesthesia?

**Optometric Physician Responsibilities - Supervision and Delegation (OAR 852-020-0060)**

The optometric physician carries the sole responsibility for the patient’s care. If direct supervision is necessary, it requires the optometrist to monitor the activities of the supervised individuals and has an appropriate intervention protocol in place. Optometrists may delegate non-prohibited duties to well-trained technicians under direct supervision. The delegating optometrist is responsible for the accuracy and completeness of the tasks delegated.

Procedures that cannot be delegated include:
1. Ophthalmoscopy
2. Gonioscopy
3. Final central nervous system assessment
4. Final biomicroscopy
5. Final refraction
6. Final determination of any prescription or treatment plans
7. Therapeutic procedures that involve the use of pharmaceutical agents, other than to instill medication as directed by optometrist

- Tonometry can be delegated to well-trained and directly supervised personnel.
- An Oregon licensed optometric physician must personally perform tonometry on glaucoma patients.

**Discrimination Against Optometrists Prohibited (ORS 683.035)**

There is a portion of the ORS that prohibits discrimination against a practicing optometrist by state agencies. There is also a protection against fee adjustments by said agencies when paying different professions for the same service.

**Notifying the OBO of Place of Practice (ORS 683.100, OAR 852-050-0005, 852-050-0016, 852-050-0018)**

The OBO has the responsibility to maintain a list of the location(s) optometrists are practicing. It is the responsibility of each optometric physician to notify the OBO, in writing, where he or she is practicing prior to seeing patients at each location.

It is required to notify the OBO of one’s Official Address of Record. This address may be one’s home or a place of practice and must be a street address. It is important to have a single address the OBO may send notifications, mailings, updates and
renewals. The OBO will not send notifications to each address an optometrist is practicing when there are multiple sites of practice.

The primary location of the optometric physician’s practice will be displayed on the license. The Board will give each licensee a primary license and a portable license. Both will have the primary practice location. The primary license must be conspicuously displayed at the primary location and the portable license must be conspicuously displayed if the optometrist practices in a location other than the primary location. In no case may a copy of either license be used as the displayed license.

Fines can be levied and the optometrist may be disciplined for unprofessional conduct for not notifying the OBO one’s change in practice locations or change of official address of record. Within 14 days of termination of practice at any location, the licensee must notify the Board in writing, including information on the custody of any patient records generated by the licensee at that location.

Written notification from a licensee to the Board must be signed, and may be made by mail, fax or scanned electronic mail attachment. Standard e-mail notification from the licensee’s professional or personal e-mail will be accepted with an electronic signature that is composed of the licensee’s full legal name and optometry license number, followed by the last four digits of the licensee’s Social Security Number.

Optometric physicians who have an inactive license are exempt from reporting business locations, as they are not practicing optometry in Oregon. However, they must maintain an accurate address of record with the Board.

Records – Location, Copies to Patients (OAR 852-010-0051)

Optometric physicians are responsible for keeping complete and accurate records for each patient. The records are to be sufficiently detailed and legible so that an appropriate provider could continue care without detriment to the patient. Be certain your records are accurate; in the eyes of the Board, if it is not charted, it did not happen.

Records are to be kept for a minimum of seven years from the last pertinent clinical notation. If the patient is a minor, the records shall be kept until the patient is 21 years of age or seven years, whichever is longer.

Records are to be retained by a doctor of optometry for the required amount of time or until care of the records is transferred to a doctor of optometry licensed and practicing in the state of Oregon.
The OBO must be notified if records are transferred to the care of another doctor of optometry, or the location of the records is changed. The location may change in the event of a practice closure or moving to a new site. The notification must take place prior to the effective date of change.

Copies of records or summaries must be sent to a patient who makes a written request, within 14 days of the request. The records do not include personal office notes or personal notes between referring or consulting physicians.

A reasonable charge can be assessed to the patient for copying records. ORS 192.521 gives legal rules for charging patients. The Board recommends that your policy on such charges be consistently applied. Further, you may not withhold records because the patient has an unpaid balance for prior services and products.

**192.563 Health care provider and state health plan charges.** A health care provider or state health plan that receives an authorization to disclose protected health information may charge:

1. No more than $30 for copying 10 or fewer pages of written material, no more than 50 cents per page for pages 11-50, and no more than 25 cents per page for each additional page;
2. A bonus charge of $5 is allowed if the request is filled and sent by first-class mail within seven business days of the request.
3. Postage costs to mail copies of protected health information or an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual; and
4. Actual costs of preparing an explanation or summary of protected health information, if requested by an individual or a personal representative of the individual. [2003 c.86 §4]

**Non-Profit Services (OAR 852-050-0021)**

No fees will be assessed any licensed doctor of optometry for providing services to a charitable nonprofit corporation on a voluntary basis.

Provisos:
1. Services must be given without payment for services
2. The organization must qualify as non-profit via 501(c) (3) of the IRS code
3. An optometric director must be named by the organization, who will then be responsible for the patient records.
4. The license for working with a non-profit organization cannot be used at any other location. It is to be requested in writing from the Board.

**Liability Limitations for Volunteers (852-050-0022)**
1. An active status licensee may register with the Board at no additional charge to qualify for the provisions of ORS 676.340, which provides registrants with specific exemptions from liability for the provision of optometric services to defined charitable organizations without compensation under the terms of the law.

2. Registration requires submission of a signed form provided by the Board in accordance with ORS 676.345 (2).

3. Initial registration will expire at the licensee’s next annual license renewal date, and annually thereafter. It is the licensee’s responsibility to ensure his or her active registration in this program; no notice will be sent regarding expiration of licensee’s registration.

4. Nothing in this section relieves licensee from the responsibility to comply with all other provisions of ORS 683 and OAR 852, including reporting start and end dates of providing services at any practice location.

5. Patients treated under the provisions of ORS 676.340 and 676.345 in no way waive their rights to file complaints against the doctor of optometry with the Board, and the Board retains all rights and responsibilities under OAR 852 Division 60.

**Advertising (OAR 852-010-0030)**

The doctor is responsible for any advertisement regarding services at each facility. If there is an employment relationship between doctors, the employer also may be responsible for the advertising. All advertising, signage and materials that refer to the health care professional as “Dr.” must also include the type of doctor (ORS 676.110(2)).

If price is advertised, the licensee must include
1. *The type of lenses being offered*
2. *Does the price include frames and /or lenses?*
3. *Whether the price includes an eye examination*
4. *Whether the price includes all dispensing fees*
5. *Contact lens pricing will specify the type of lenses, limits of care and any additional materials provided.*

**Agreements, Understandings and Contracts (OAR 852-010-0035)**

Licensees are not allowed to enter into contracts, agreements or understandings, expressly or implied, that provides a channel of referral with understandings there are avenues of paid remuneration. This remuneration can be specific or through promises of sending the patient back for services or hardware that could otherwise be provided by the consulting doctor. This restriction also applies to social media
agreements such as “Groupon” and “Living Social.” Please consult the Board if you have questions.

The rule does not apply to the rules of a pre-paid insurance plan. The insurance plan must be actuarially based, be lawfully organized according to state law and allows all licensed Doctors of Optometry to be a member of the panel. As a member, the licensee becomes subject to the conditions of the provider agreement.

Schedule of Fees (OAR 852-010-0080)

The schedule of fees for licensure, renewals and examinations are listed in this section of the administrative rules.

Effect of Failure to Renew License (ORS 683.120)

Those of us who practice in Oregon are very aware of the renewal process and fees that are required on an annual basis. The license is to be displayed conspicuously in each place the optometric physician practices. There are consequences for not renewing in the timelines established by the OBO.

<table>
<thead>
<tr>
<th>Delinquency</th>
<th>Potential Consequence</th>
</tr>
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<tbody>
<tr>
<td>30 days or less</td>
<td>Renewal fee PLUS delinquent fee</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>License is automatically suspended with 30-day notice</td>
</tr>
<tr>
<td>More than 60 days</td>
<td>May be required to take examination, pay exam fee and pay a reinstatement fee.</td>
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Grounds for Discipline and Imposing Civil Penalties (ORS 683.140 through 683.170, OARs 852-060-0025, 852-060-0027, 852-060-0028)

There are specific infractions by an optometric physician that can result in the revocation of a license, imposing probation, limiting the practice of any optometrist or impose a civil penalty not to exceed $10,000 for each offense. The first two offenses may not be set aside by appeal. The other offenses may be set aside within six months of the sanction, at the Board’s discretion, and include but are not limited to:
1. Conviction of a felony or misdemeanor where such offense bears a demonstrable relationship to the duties of an optometric physician.
2. Securing a license by means of deceit or fraud
3. Unprofessional conduct, or for gross ignorance or inefficiency in the profession
4. Obtaining any fee by fraud
5. Employing directly or indirectly any suspended or unlicensed optometrist to perform work as defined by these statutes
6. Advertising services, treatment or advice that is misleading
7. Habitual or excessive use of intoxicants, drugs or controlled substances (impairment)
8. Permitting another person to use the license
9. Using advertisements that do not indicate that a licensed optometrist is practicing
   at the advertised location or locations or advertising optometric services
   without having a licensed optometrist at the location or locations.
10. Advertising professional methods or professional superiority
11. Failing to comply with the requirements for continuing education.
12. Violating the federal Controlled Substances Act.
13. Prescribing controlled substances without a legitimate optometric purpose, or
   without following accepted procedures for examination of patients or for record
   keeping.
14. Failing to report to the board any adverse action taken against the optometrist
   or person by another licensing jurisdiction, health regulatory board, peer review
   body, health care institution, professional optometric society or association,
   governmental agency, law enforcement agency or court for acts similar to
   conduct that would constitute grounds for disciplinary action as described in
   this section.
15. Having been disciplined by any health regulatory board of another state based
   on acts similar to acts described in this section. A certified copy of the record of
   disciplinary action of the health regulatory board taking the disciplinary action is
   considered conclusive evidence of the action.
16. Any violation of the provisions of ORS 683.010 to 683.335.
17. Practicing optometry in a location not reported to the Board.

The administrative rules noted above contain more definitions of unprofessional
conduct and gross ignorance and inefficiency. Unprofessional Conduct includes, but
is not limited to:
1. Fraud
2. False advertising
3. Advertising professional superiority, including stating one is board certified
   without defining which board has provided the certification
4. Failure to train and supervise any unlicensed person who performs any work
   covered in this chapter that is delegated by the licensee
5. The discharge of an employee based primarily on the employee’s attempt to
   comply with or aid in the compliance of the Board’s rules or with the Board’s
   enforcement activities.
6. Failing to respond in writing to a Board request for information as required.
7. Sexual impropriety and misconduct
8. Failing to release prescriptions timely and without request.
9. Willfully attempting to deceive the Board or its agents.
10. Failure to respond to a Board request.
11. Failure to report the suspected prohibited or unprofessional conduct of another
    healthcare professional.
Definition of Contact Lenses and Their Application (OAR 852-001-0002(5) OAR 852-080-0030(10) (Eff. Date 1/3/13)

"Contact Lens" means a lens designed to fit over the cornea of the eye.

(10) "Ophthalmic contact lens" means a contact lens with or without refractive power, including a plano lens or a cosmetic lens.
(2) "Bandage contact lens" means a continuous-wear soft contact lens used as a therapeutic bandage.
(17) "Therapeutic contact lens" means a contact lens that contains a topical therapeutic pharmaceutical agent listed in Division 80.

Acceptance of Lens for Duplication (ORS 683.190, 683.510 – 683.525)

If a consumer presents an old pair of lenses and wishes to have them duplicated, the only persons who may duplicate the lens are a licensed optometric physician or an optician (opticians may not duplicate contact lenses). This does not prohibit the fabrication of a lens from the prescription of an optometrist by an optician.

Prescriptions to be Given to Patients (OAR 852-001-0002(15), OARs 852-010-0051(9), 852-020-0031)

Following an examination, an optometric physician must give the prescription to the patient, even if the patient does not request a prescription and regardless of whether exam fees are paid or the patient has an outstanding balance. This includes an eyeglass prescription if one is recommended or a contact lens prescription following a fitting process. Specifically, “prescription” means “the signed written prescription which a doctor of optometry must immediately give to the patient at the time the doctor would provide spectacles or contact lenses without additional examination, even if the patient does not request the prescription.”

Direct Communication with a patient includes communication by telephone, facsimile, mail or electronic mail.

A licensee may not charge additional fees for releasing a prescription, other than reasonable charges for long distance calls or fax, or unusual shipping or mailing costs. As a condition of release, the optometric physician may not:
1. Require purchase of contact lenses, glasses or other materials
2. Require the patient to sign a waiver or release as a condition of releasing or verifying a prescription.

Prescription Contents (OAR 852-020-0029)

The requirements of a glasses or contact lens prescription are specific. Both types of prescriptions are to include:
1. Patient’s name
2. Exam date
3. Issuance date (when prescription was released)
4. Doctor’s name, practice location address, license number, telephone number and fax number
5. The prescribing doctor’s handwritten or electronic signature.
6. Sphere, cylinder, axis and/or ADD
7. A reasonable and clinically – prudent expiration date
8. Any special features that may include type of bifocal, prism, tints, etc.

If using another doctor’s prescription form, the examining optometrist must legibly print his or her name and license number on the prescription before signing.

Special to contact lens prescriptions, additional information and restrictions include:
1. Lens base curve or series
2. Lens diameter
3. Lens material and/or brand name
4. The maximum number of refills. If specified, the contact lens prescription becomes invalid upon the patient’s ordering of the maximum number of refills, unless extended by the optometrist. The quantity of lenses or refills specified in the prescription must be sufficient to last through the prescription’s expiration date. If a lesser quantity of lenses or refills is specified in the prescription, the prescriber must have a legitimate medical reason for doing so, and the FTC requirements on writing a prescription for less than one year must be met. (For the FTC Guide on prescribing see http://www.business.ftc.gov/documents/bus62-contact-lens-rule-guide-prescribers-and-sellers)
5. Any limitations, including wearing schedule and follow-up care
6. Written in such a way that allows the patient to fill the prescription by an office or outlet of their choice
7. A seller may not alter a contact lens prescription. However, if a type of lens is sold with a private label, and it is available under several labels, the seller may fill the prescription with equivalent lenses that are made by the same manufacturer under a different label.

Prescribing Controlled Substances (OAR 852-020-0035)

All drugs dispensed by an optometric physician shall be labeled with the following information:
1. Name, address and telephone number of the optometric physician
2. Date
3. Name of patient for which the drug is dispensed;
4. Name of the drug, strength, the quantity dispensed. When a generic name is used, the label shall also contain the name of the manufacturer or distributor;
5. Direction for use;
6. Required precautionary information regarding controlled substances;
7. Such other and further accessory cautionary information as required for patient safety; and
8. An expiration date after which the patient should not use the drug. Expiration dates on drugs dispensed must be the same as that on the original container unless, in the optometric physician’s professional judgment, a shorter expiration date is warranted. Any drug bearing an expiration date shall not be dispensed beyond the said expiration date of the drug.

An optometric physician may prescribe controlled substances in Schedules III, IV, and V within the scope of optometry and the formulary. The use, prescription or administration of any of these controlled substances is limited to a person with whom the optometric physician has a bona fide physician-patient relationship.

The optometric physician is not allowed to use, administer or prescribe controlled substances to oneself. Nor can they be prescribed to the doctor’s immediate family members, except in the case of an emergency. Immediate family members include the doctor’s spouse, domestic partners, children, step-children, siblings, parents, in-laws or other individual for whom the optometrist’s personal or emotional involvement may render the doctor unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.

In no case may an optometric physician prescribe controlled substances for conditions outside the scope of practice of optometry.

Reporting Suspected Prohibited or Unprofessional Conduct (ORS 676.150, ORS 683.340)
All health care professionals in Oregon are required by statute to report the suspected or actual prohibited conduct or unprofessional conduct of another health care professional. Reporting must occur within 10 working days to the appropriate licensing board. Failure to report may result in prosecution for a Class A violation and disciplinary action by the licensees’ respective board.

Continuing Education Requirements  (ORS 683.210, OARs 852-070-0010, 852-070-0035, 852-070-0055)

Optometric Physicians are required to continue their education after receiving a license in Oregon. The purpose is to assure the public that optometric physicians are advancing their skills and knowledge of new techniques, clinical and scientific advances and research. The OBO can waive these requirements in the event of illness, undue hardship or other appropriate reasons.

Eighteen (18) hours of approved continuing education are required annually. Upon written request, the Board will carry forward approved excess hours to the next year.
1. Nine (9) hours must be in the area of diagnosis, treatment and management of eye disease.
2. One (1) hour in the area of optometric ethics or Oregon law is required every other licensed year.
3. Five (5) hours of live observation in a surgical facility can count towards the requirement. Five hours is an annual limit.
4. The restriction of up to nine (9) hours can be coursework in internet, journal or video courses is removed. (effective 1/1/2015). Any or all hours for the continuing education requirement may be satisfied with live, internet, journal or video courses.
5. If identical courses are taken, the OBO may disallow duplication. Courses should be essentially different from each other.
6. It is required to submit non-COPE – approved courses at least 30 days in advance to allow time for approval of the course by the OBO. (Revised 1/1/2015)

Classroom and Online Presentations

Please submit the following in letter format when requesting a review of continuing optometric education (COE) to the Board:

- Name and address of the sponsor of the COE. Include the name of the contact person if available, with pertinent contact information.
- Date and location or URL of the COE.
- A brief description of the course which is submitted for review. This could be in the form of an outline, narrative, or PowerPoint slides, for example.
- The time - using clock hours - during which the presentation will be given. Please note that an hour of credit requires no less than 50 minutes of presentation time; half-hour credit requires no less than 25 minutes presentation time.
- CV's of the presenter(s).

Conditions of Formulary Application, Rules by Which Optometric Physicians May Utilize Medications  (OAR 852-080-0030(4)(10), 852-080-0040)

ATI (Advance Therapeutic, Injectables) also allows the use of injections within the parameters listed below.

There are key rules that apply to optometric physician when treating or administering medications.

1. Glaucoma Treatment. Doctors of Optometry treating a patient with antiglaucoma medication shall consult with an ophthalmologist if:
   (a) The glaucoma progresses despite the use of two glaucoma medications;
(b) More than two medications are required to control the glaucoma. A combination medication that contains two pharmacologic agents shall be considered one medication.
(c) A secondary glaucoma develops.
(d) Glaucoma shall be considered to be progressing if, in comparison to prior examinations, there is a reproducible worsening of the patient’s visual field as measured by standard threshold testing or if there is a worsening of the patient’s optic nerve as measured by direct observation or standard imaging technology or by rising eye pressure despite the use of two or more medications.
(e) Glaucoma shall be considered to be under control if target eye pressure, individualized for each patient, is maintained with no abnormal glaucomatous progression.

2. Prior to extending the use of non-topical corticosteroids or Schedule III analgesics beyond 7 days, the optometric physician will consult with a doctor of medicine or osteopathy.
3. Anti-neoplastics are not allowed in the formulary.
4. In the event of an emergency, an optometric physician may administer appropriate pharmaceuticals.
5. ATI certified doctors may administer subcutaneous and subconjunctival injections. Sub-tenon, retrobulbar, intraocular, and botulinum toxin injections are excluded.
6. Light sedation medication can be administered by ATI certified optometric physicians. Conscious sedation, deep sedation or general anesthesia is excluded.

CPR (OAR 852-050-0006(9))

Any licensee whose CPR certification lapsed at any time during the license renewal period shall be subject to a fee of $50. This fee must be received before the license will be issued.

Licensure by Endorsement of Another State’s Clinical Examination (ORS 683.220, OAR 852-010-0023)

An optometrist who is licensed in another state can apply to practice in Oregon if certain conditions are met.
1. The applying optometric physician must disclose any and all disciplines invoked by other licensing boards or agencies. There is a confirmation process by which each state the applicant holds a license is queried about discipline. The National Practitioner Data Bank also is queried for adverse actions.
2. Must be continuously engaged in the practice of optometry two years prior to applying for licensure.
3. Has educational qualifications equivalent to the educational requirements of Oregon. The educational requirements include a passing score on Parts I, II, III (PAM and Clinical Skills) and TMOD (treatment and Management of Ocular
Disease) of the NBEO examination of its equivalent, as determined by the Board. NBEO standards for passing the NBEO examination are acceptable to the Board.

4. Meets the educational requirements for Therapeutic Pharmaceutical Agents

5. Passes a written examination on the Oregon optometric law and administrative rules

6. Submits documentation of continuing education hours equivalent to Oregon requirements

7. Pays an application fee set by the board

8. Receive satisfactory results of a criminal records background check as defined in OAR 852-050-0025.

**Members of the OBO (ORS 683.250 and 683.260)**

The membership of the board consists of four Oregon licensed optometric physicians and one public member. Each member is appointed by the Governor and confirmed by the Senate to three-year terms. A majority of the membership constitutes a quorum.

**Powers and Duties of the Board (ORS 683.270)**

Created in 1905, the Oregon Board of Optometry (OBO) protects the health, safety and welfare of the public by determining the requirements for Oregon licensure, establishing rules and enforcing professional standards for the practice of optometry. The board investigates alleged violations and complaints against licensees and takes disciplinary action for violations of statues and rules, including issuing civil penalties, and has the authority to revoke, suspend or impose probation on a licensee or limit his or her practice. The OBO has authority over only the practice of optometry; opticians are not licensed or regulated by the board.

The OBO is a semi-independent, self-supporting agency that receives the majority of its revenue from application, licensing and renewal fees. It receives no taxpayer dollars. The board currently licenses more than 1,200 optometrists with a staff of 2.2 FTE.

Authority of the Board includes:

1. **ELECTING A PRESIDENT AND VICE-PRESIDENT WHO WILL SERVE ONE YEAR TERMS.**
2. **TO HOLD MEETINGS AT LEAST ANNUALLY THAT SERVES AS AN EXAMINATION OF APPLICANTS FOR LICENSURE.**
3. **KEEPING A REGISTER OF ALL LICENSED OPTOMETRISTS IN THE STATE OF OREGON THAT INCLUDES PLACES OF PRACTICE, DATE OF ISSUANCE OF A LICENSE AND ALL RENEWALS, REVOCATIONS AND SUSPENSIONS.**
4. **DESIGNATING PHARMACEUTICAL AGENTS FOR TOPICAL USE IN THE PRACTICE OF OPTOMETRY WITH THE ADVICE AND GUIDANCE OF THE BOARD OF MEDICAL EXAMINERS FOR THE STATE OF OREGON.**
5. **ADOPTING RULES THAT ARE CONSISTENT WITH THE LAWS OF OREGON, INCLUDING ORS 683.010 THROUGH 683.335.**
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