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LSA Document #25-626 Updates to Optometry Rules

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Ms. Snell:

I am writing on behalf of Indiana Optometric Association to express our grave and ongoing concerns with language contained in the proposed rule change. Over the past several years, my predecessors and I have worked closely with members of this Board to successfully reach thoughtful compromises—language that protects patient safety while allowing doctors of optometry to deliver the highest level of care to Hoosiers. Unfortunately, much of that collaborative progress appears to have been disregarded in the rule currently being proposed by the Indiana Optometry Board (IOB), potentially adding significant yet unnecessary burdens to future optometry students and practitioners alike while simultaneously failing to demonstrate a direct benefit to patients. Our goal is not to oppose oversight, but to ensure that any new regulation serves a single, clear purpose: to improve patient outcomes and access to care. For every proposed change, I respectfully ask this Board to consider one question: *“Does this rule clearly and measurably benefit patients in Indiana?”* If the answer is not a resounding yes, then the provision deserves reconsideration or dismissal.

We respectfully propose that the Board:

1. Recognize multiple forms of advanced procedure certification, including but not limited to:
 - Certification from the Oklahoma Advanced Procedures Course
 - Certification from Indiana University School of Optometry
 - Completion of equivalent accredited training programs
2. Preserve flexibility in continuing education, allowing both COPE (Council on Optometric Practitioner Education)-approved and non-COPE-approved courses that meet established standards to fulfill continuing education (CE) requirements.
3. For any proposed rule changes that may be approved by the Board, establish a clear effective date indicating when the new requirements begin so that students and applicants are fully aware of the requirements in place upon the expiration of the non-rule policy on September 1, 2026.

In regard to 852 IAC 1-1.1-4 Section 1, paragraph 4 and 852 IAC 1-2.1-2 Section 2, paragraph 4, the IOA believes the proposed language is overly burdensome and regressive. While we agree that practitioners should demonstrate competency, the choice of a qualifying examination should not be limited to a single proprietary test—especially one that is mandated by only a handful of states for licensees who plan to use either procedure. This proposed rule makes us the ONLY state in the country mandating it for all license applicants, regardless of whether or not they intend to perform the procedures. This not only places an undue financial and time burden on new applicants, but it could potentially deter applicants from applying for licensure in Indiana.



We have no objection to the NBEO's ISE or LSPE exams themselves, but we oppose making them the *exclusive* qualification standard for advanced procedures. A 2024 meta-analysis by Dr. Nate Lighthizer—one of the leading authorities in optometric surgical training—reviewed 146,403 laser procedures performed across 10 states since 1988. Only two adverse events occurred—a complication rate of just 0.001%—and a substantial portion of these reviewed procedures predated the NBEO exams entirely. This shows that current non-NBEO training and evaluation methods are already ensuring patient safety and efficacy.

852 IAC 1-1. 1-4 Section 1, Paragraph 5 and 852 IAC 1-2.1-2 Section 2, Paragraph 6

In addition to the concern just mentioned, this language imposes unnecessary burdens on optometrists who do not perform surgical procedures, such as pediatric, binocular vision, and low-vision specialists. This requirement would compel them to complete testing irrelevant to their practice area, once again discouraging licensure in Indiana and undermining residency recruitment for Indiana University School of Optometry, whose graduates already achieve strong NBEO pass rates. And in optometric specialties that DO NOT engage in surgical/advanced care, this proposal risks creating barriers to entry that directly reduce access to care, especially in underserved and rural communities.

852 IAC 1-16-4 Section 4, Paragraph 4

Without a clear definition of “board-approved method for verifying attendance,” IOA cannot provide a meaningful assessment. We currently verify continuing education attendance through verification codes shown on-screen during presentation. We ask that the Board clarify its intent before moving forward with this provision.

Section 852 IAC 1-16-3.5 – Synchronous Virtual Continuing Education

Requiring that all synchronous virtual continuing education be defined by COPE is unnecessarily restrictive for deemed providers. While COPE-approved education is valuable, it has never been a mandatory standard in Indiana. There is no evidence that this additional layer of oversight improves patient safety or outcomes, yet it unquestionably adds cost and unwarranted complexity for practitioners. We ask that you provide clarity by adding language that exempts statutorily deemed providers

Section 852 IAC 1-16-17 – Asynchronous Continuing Education

Clarity is needed as to what constitutes a “deemed approved provider” under Section 7b and what the justification is for the continued expansion of allowable virtual CE hours under Section 7c. During the pandemic, expanded virtual continuing education was a necessary adaptation; today, however, ample in-person opportunities exist statewide. We see no data showing that this change will improve patient care; in fact, we are concerned it may actually dilute the quality of continuing education.

At its core, none of the changes being proposed by IOB appear to demonstrably benefit Indiana patients. Instead, they risk reducing the number of optometrists willing or able to practice in this state—particularly new graduates facing financial and logistical barriers from additional testing.

The Indiana University School of Optometry has already implemented robust advanced procedures training and certifications—all developed with input from members of the Indiana Optometry Board. These programs have proven safe, effective, and in line with national standards.



Moreover, Governor Braun's administration, along with the Indiana General Assembly, appear to be focused on streamlining licensing requirements across professions. Testimony before the Interim Study Committee on Commerce and Economic Development this year emphasized the need to remove unnecessary bureaucratic barriers. The pathway to licensure should not be more restrictive, and we would be the only state in the country requiring all license applicants to take all exams offered by NBEO. The rules proposed by IOB move in the opposite direction with no evidence that patient outcomes will be improved.

Today, 92% of Indiana's counties have access to optometric care—an extraordinary achievement compared to national averages. Yet unfortunately, we are already hearing from graduating students who plan to not apply for licensure in Indiana due to these burdensome requirements. The NBEO's single North Carolina testing location creates logistical and financial hardships that significantly deter applicants and delay licensure—ultimately reducing access for patients. Moreover, the proposed rules appear to address a problem that doesn't exist while writing a blank check to the NBEO starting in 2032 for any and "all" exams that they may develop in the future.

On behalf of the Indiana Optometric Association, I urge the Indiana Optometry Board to pause, re-evaluate these proposed changes, and make a thoughtful decision as to whether any new regulation serves its ultimate purpose: protecting and improving patient care in Indiana.

In summary, we implore the IOB to:

- (1) Recognize multiple forms of advanced procedure certification;
- (2) Preserve flexibility in continuing education for already-deemed providers; and
- (3) Reconsider the adoption of unnecessary additional national exams, but if the IOB moves forward, it should delay implementation of the proposed rule changes until proper review, stakeholder engagement, and impact analysis can be completed to ensure patient safety and improve access to care in Indiana.

Thank you for your time and consideration. As we look at the current proposed rule and any future proposals, our association looks forward to working collaboratively.

Sincerely,

Jeremy Gard, OD
President

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