ata ACTION
Telehealth Policy to Transform Healthcare

June 29, 2026

Emily DeRonde, ESQ
General Counsel, Professional Licensing Division
Department of Inspections, Appeals & Licensing
6200 Park Avenue
Des Moines, Iowa 50321

RE: ATA ACTION COMMENTS ON PROPOSED RULE NUMBER 481 – 762.9(154,272C) TELEOPTOMETRY

Dear Ms. DeRonde,

On behalf of ATA Action, I am submitting the following comments regarding the Iowa Board of Optometry Proposed Teleoptometry Rule. Our organization is broadly supportive of the proposed rule and recommends a few clarifying amendments prior to the rule being finalized.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

We believe that this proposed rule represents a step forward for Iowa's telehealth policy and encourage the Board to adopt most of the rule without changes. The definition of teleoptometry is aligned with the ATA's Policy Principles emphasis on modality neutrality, allowing providers to use synchronous and asynchronous technologies to treat patients according to the standard of care. Other provisions of the rule that ATA Action is in strong support of include embracing the same standards of care for in-person and telehealth patient encounters and not requiring an in-person examination to establish an optometrist-patient relationship if telehealth modalities can provide the information necessary to meet the standard of care. We appreciate the Board promulgating rules that will best facilitate patient access to care, allowing the standard of care and expert provider discretion to determine when or if an in-person exam is necessary. This flexibility will be especially beneficial for patients in rural and underserved areas, who are most susceptible to healthcare workforce shortages and care disparities, as the need to take time out of busy schedules and/or travel long distances to meet with providers in person will be reduced.

While the content of the proposed rule is overwhelmingly positive, there are two changes that we encourage the Board to consider in the interest of ensuring clarity for providers using telehealth for optometric care.

First, while ATA Action agrees with the intent of Section 762.9(5) to ensure patients can verify the identity of teleoptometry providers, we believe further clarity is necessary on the timing of the disclosure of the required provider information. Different models of teleoptometry care gather patient information

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through a technician or other staff before a patient is assigned to an optometrist, potentially causing confusion for patients and providers if disclosure is required at that stage. ATA Action recommends that the Board clarify that disclosure of the responsible optometrist's identity, licensure status, and credentials may occur once the responsible optometrist has been identified and before any clinical decision, diagnosis or treatment is rendered, rather than before the technician begins collecting patient data.

Second, ATA Action would request further clarification on section 792.9(12) regarding nonoptometric providers. This term is not one that is defined elsewhere in Iowa code or statute and could create confusion for optometrists and the staff who assist them in providing patient care. Since nonoptometric providers do not have a defined scope of practice ATA Action recommends that 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.

Thank you for your support of telehealth. We encourage this proposed rule be adopted with the small changes outlined above to better facilitate easy and efficient access to high-quality health care services in Iowa. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telemedicine policy. If you have any questions or would like to discuss the telemedicine industry's perspective further, please contact me at hyoung@ataaction.org.

Kind regards,

Hunter Young

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ATA Action

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