

Notice is hereby given that the
Indiana Optometry Board
will meet in person and via zoom on
December 10, 2025 beginning at 12:00 P.M. In W064

Board Members	Title	Appointment Date	Expiration Date	Appointing Authority
Dr Douglas Morrow	OD Chair	11/15/2006	09/30/2026	Governor
Dr Natalie Olinger Stine	OD Vice Chair	08/02/2006	09/30/2026	Governor
Dr James Hunter	OD	08/02/2006	09/30/2026	Governor
Dr Kyle Hoskins	OD	11/02/2022	09/30/2026	Governor
Richard Hester	Consumer Member	01/11/2014	09/30/2026	Governor

In-Person Meeting Location:

Indiana Professional Licensing Agency Board Hearing Room (Room W064)
Indiana Government Center South
402 W. Washington Street
Indianapolis, IN 46204

Virtual/Electronic Zoom Meeting Details:

Join Online on Your Computer or on the Zoom App:

<https://www.zoomgov.com/j/16076409084>

Meeting ID: 160 7640 9084

Join by Phone (Audio Only):

One tap mobile:

- Dial +1 669 254 5252 (US – San Jose), and enter 16076409084#
- Dial +1 646 828 7666 (US – New York), and enter 16076409084#

Dial by your location

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- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)
- 833 435 1820 US Toll-free
- 833 568 8864 US Toll-free

Meeting ID: 160 7640 9084

Find your local number: <https://www.zoomgov.com/u/aquGWNYLJ>

Other Ways to Join:

Join by SIP

- 16076409084@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 7640 9084

PUBLIC RULES LSA #25-626 MEETING AGENDA

- 1. CALL TO ORDER AND ESTABLISHMENT OF QUORUM**
- 2. ADOPTION OF AGENDA**
- 3. PUBLIC RULES HEARING LSA #25-626**
- 4. DISCUSSION ITEMS**
 - a. Proposed Late Fee Rule
- 5. ADJOURNMENT**



Public Comment on Proposed Rule Changes in 852 IAC 1

Submitted to: Indiana Board of Optometry

Date: December 5, 2025

Summary of Key Points

- Requiring a high-quality, standardized assessment of competence for optometric practice provides a layer of public protection, which is consistent with the Indiana Board's mission. It also supports the legal defensibility of licensure and certification decisions.
- The Laser and Surgical Procedures Examination (LSPE®) developed by NBEEO® is the only nationally standardized, psychometrically validated exam currently in use in the United States to measure competence in these optometric procedures. More than 70 optometrists and ophthalmologists from across North America have contributed to its development and ongoing review.
- Courses and school curricula are valuable for training purposes, but they do not provide a standardized or psychometrically validated measure of competence.
- Several states accept LSPE as evidence of competence in laser and surgical procedures. Most recently, South Dakota and West Virginia adopted LSPE as a requirement for advanced procedure certification or licensure, respectively.

Dear Members of the Indiana Board of Optometry,

Thank you for the opportunity to provide comments regarding the proposed rule changes in 852 IAC 1. We appreciate the Board's dedication to protecting the health, safety, and welfare of the citizens of Indiana, and we commend your thoughtful approach in evaluating the standards by which competence in optometric laser and surgical procedures will be demonstrated.

We respectfully urge the Board to consider the importance of including a national, psychometrically validated examination as a required component of demonstrating competence. Doing so aligns with best practices in professional licensure, strengthens public protection, increases fairness for candidates, and provides the Board with a legally defensible foundation for its credentialing decisions.

Importance of a Standardized, Validated Assessment

As health care professionals, optometrists are entrusted with the ocular and systemic health of their patients. To uphold public safety and maintain public trust, it is essential to verify that every provider has the knowledge and skills required to deliver safe, effective care. While educational courses and clinical training are necessary components of skill development, they are not sufficient on their own to ensure competence across all licensure applicants. Course-based assessments are not designed or validated for high-stakes licensure decisions and may vary in content, grading criteria, and rigor. For this reason, optometrists, like all licensed healthcare professionals, must pass an examination to demonstrate competence before they are granted the privilege of independent patient care.

The National Board of Examiners in Optometry (NBEO®) was established in 1951 to provide state boards with a uniform, reliable standard for determining competence in optometry. This benchmark brought legitimacy to optometry as a healthcare profession with a single, nationally standardized board exam series.

The development, administration, and scoring of a high-quality licensure exam follows rigorous psychometric standards, such as the Standards for Educational and Psychological Testing established by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. NBEO follows these guidelines, creating examinations that are:

- Developed and maintained with integral and ongoing input of a diverse, representative group of subject matter experts.
- Aligned with the knowledge, skills, and abilities necessary for ensuring safe and effective practice at the point of licensure.
- Evaluated to ensure that results are reliable (i.e., consistent, repeatable).
- Sufficiently rigorous to ascertain that passing candidates have demonstrated competence in the assessed areas.
- Administered in a manner that ensures a fair, standardized experience for all candidates, while maintaining the security of exam content.

Without an independent and standardized exam requirement, a board may risk making licensure decisions based on methods which face many potential issues:

- **Lack of uniformity:** Course and instructor variability can result in inconsistent assessment of candidates.
- **Absence of psychometric validation:** Exams without established reliability, validity, and fairness standards may be difficult to defend if challenged.
- **Conflicts of interest:** Institutions offering training may be incentivized to pass its participants, even if the participant has not demonstrated competence.
- **Lack of fairness:** Examiners may be biased when evaluating candidates with whom they have a previous relationship, while candidates from outside an organization may be at a relative disadvantage.

About the NBEO Laser and Surgical Procedures Exam (LSPE®)

To assist state boards in assessing competence according to the best practices described above, NBEO developed the Laser and Surgical Procedures Examination (LSPE). It is the only nationally standardized and independently administered examination designed specifically to assess competence in laser and minor surgical procedures for optometrists. It includes both a performance-based clinical skills component and a computer-based multiple-choice section that together evaluate:

- Laser procedures: SLT, Peripheral Iridotomy, YAG Capsulotomy
- Surgical procedures: Suturing, Chalazion Excision, Injections, and Anesthesia
- Knowledge of patient management, complications, and decision-making

All candidates complete the exam under the same controlled conditions, using consistent evaluation and scoring criteria. This creates a reliable and equitable standard for all applicants, regardless of where they completed their training. Candidates may take the full LSPE or may instead take only the Laser Section or Surgical Section. Both the Laser and the Surgical Sections require a candidate to perform skills as well as complete multiple-choice questions. For each of the Laser and Surgical Sections of the LSPE, candidates are required to pass both the skills portion and the multiple-choice portion to receive an overall passing score on that section of the exam.

The LSPE was developed over the course of eight years using rigorous psychometric standards according to national best practices. More than 70 optometrists and ophthalmologists from across North America have contributed to its development and ongoing maintenance through:

- A formal **Job Task Analysis** conducted via a nationwide survey, ensuring that the exam reflects the knowledge, skills, and abilities required for safe practice.
- Periodic **Standard Settings**, ensuring that the exam remains current with evolving standards of care.
- A diverse **Exam Development Committee**, composed of optometrists and ophthalmologists from private practice, academia, and the VA, that reviews the exam on an ongoing basis and convenes annually for thorough, focused discussion.

Detailed information about LSPE, including content outlines, evaluation forms, site and equipment details, and registration information, can be found on the NBEO website at <https://optometry.org/exams/lspe>.

About the new National Center for Clinical Testing in Optometry (NCCTO) Facility

During the Summer of 2025, NBEO and the National Center for Clinical Testing in Optometry (NCCTO®), moved its operations to a new location in Charlotte, NC. The new facility has enabled NBEO to double the capacity for administering Part III Patient Encounters and Performance Skills (PEPS®) and to create dedicated exam suites for both LSPE and the Injections Skill Examination (ISE®). With this expanded capacity and ability to conduct multiple clinical exams simultaneously, **NBEO can now administer hundreds of LSPE exams each year, with the flexibility to further expand the testing schedule to**

meet the needs of state boards. Candidates can coordinate the scheduling of LSPE and ISE with the Part III PEPS examination, allowing them to complete all three clinical exams within two days.

In addition, the new space provides:

- Upgraded IT infrastructure to enhance the candidate experience
- Ample space for candidates, standardized patients, and NBEO staff
- Proximity to Charlotte Douglas International Airport and several area hotels and restaurants

Adoption of LSPE in Other States

Several states recognize LSPE as evidence of laser and surgical competence:

- **South Dakota** requires passage of LSPE for all license applicants seeking advanced procedures certification who graduated after July 1, 2024.¹
- **West Virginia** requires passage of LSPE for all optometry license applicants who graduated after May 1, 2025.²
- **Six additional states** accept LSPE as proof of optometric laser and surgical competence, based on NBEO's review of state rules and regulations.

Conclusion

As an independent organization with no affiliation to any individual school, course provider, or professional society, NBEO provides a neutral and objective examination standard. Requiring passage of the NBEO Laser and Surgical Procedures Examination ensures that all licensees demonstrate a uniform, independently verified level of competence, promoting fairness for candidates and strengthening public protection. Because LSPE adheres to nationally accepted psychometric principles, NBEO is able to defend the exam and its outcomes.

Thank you for your dedication to maintaining the highest standards of patient care and professional accountability in optometry. We welcome the opportunity to provide additional information or answer any additional questions upon request.

Sincerely,

Michael W. Ohlson, OD, FAAO, Dipl AAO
President

Jill Bryant, OD, MPH, FAAO, FSLs, FASOS
Executive Director

Jamie Althoff, OD
Associate Director for Part II & LSPE

Brett Foley, PhD
Director of Psychometrics and Research

1. <https://doh.sd.gov/media/4cbaoybp/application-advanced-procedures-2025.pdf>
2. <https://optometry.wv.gov/laser-certification>



November 30, 2025

To: Members of the Indiana Optometry Board

Dear Members of the Indiana Optometry Board,

In response to LSA #25-626, I am writing this letter to encourage you to consider all options for Laser and Surgical Procedures qualifications and certifications.

There should be multiple avenues for optometrists to obtain certification to perform laser and surgical procedures in Indiana. For numerous states that have had laser and surgical procedures for many years, the requirement has included a 32 hour training and certification course from an accredited college of optometry. Such states include Oklahoma, Kentucky, Louisiana, Alaska, Arkansas, Wyoming, Virginia, Colorado, Wisconsin, among others. There is a tremendous track record of safety in these states. For example:

Table 4. Number of laser treatments and the negative outcome of procedures performed by optometrists in the US.

State	Year	Number of laser surgeries	Number of complaint or negative outcomes
Oklahoma	1988–1998	Over 50,000	1
Kentucky	As of January 2024	Over 60,000	0
Louisiana	As of September 2023	25,807	0
Alaska	2020-current	2,000	0
Arkansas	In 2021	1,135	0
Arkansas	In 2022	1,821	0
Mississippi	In 2021	570	1
Mississippi	In 2022	1,904	0
Mississippi	In 2023	2,054	0
Wyoming	In 2023	1,112	0

The above is from the published article “Establishment and Review of Educational Programs to Train Optometrists in Laser Procedures and Injections.” All of the listed states required an education and training course provided by an accredited college of optometry, and not an NBEO exam. As you can see, there is a strong proven track record of success.

In Indiana, it would be prudent for future students and doctors to have numerous avenues/options to obtain laser and surgery qualifications and certification.

They should include:

1. NSUOCO Laser and Surgical Procedures Training Course, Written Examination and Proficiency Testing **OR**

Nate Lighthizer, O.D., F.A.A.O.

1001 North Grand Avenue/Tahlequah, Oklahoma 74464/918-444-4007/FAX 918-458-9608/ E-Mail: lighthiz@nsuok.edu

2. Another Optometry schools equivalent Laser and Surgical Procedures Training Course, Written Examination and Proficiency Testing **OR**
 - a. Course needs to be vetted and equivalent to the NSUOCO course with a proven track record of success in terms of qualifying and certifying doctors to safely and effectively perform procedures
3. NBEO Laser and Surgical Procedures Examination (LSPE)

There should be multiple avenues and options for doctors to obtain the final stamp of approval that they are safe to perform procedures on the public. The NSUOCO laser and surgical course has a proven track record in Oklahoma, Kentucky, Louisiana, among many other states. As do other schools courses such as the Kentucky College of Optometry.

There is not one state that has solely relied on the NBEO LSPE exam for providing that final stamp of approval that a doctor is safe to perform procedures. So to make that the only avenue is a mistake in my opinion. It can be one option but should not be the only option. There is no proven track record of success with the NBEO LSPE exam to provide evidence and confidence that passage equates to success in safely implementing laser and surgical procedures. It simply does not exist at this point in time. Therefore, I would recommend you consider multiple options that doctors can consider to determine whether they are safe and competent to perform these important procedures for their patients.

To force every future doctor and student to travel to North Carolina to take the LSPE exam is simply not necessary. If said doctor or student wants to do that, it should be a possible option for them to satisfy the requirement, but not the only option. Making it the one and only option likely will dissuade Indiana optometrists from getting laser certified and that final “stamp of approval”, and could lead to less qualified optometrists wanting to perform laser procedures in Indiana. Therefore, I would highly recommend that the Indiana Optometry Board seek to provide multiple proven avenues of laser and surgical procedures certification for Indiana optometrists.

If you have any questions, please do not hesitate to contact me anytime.

Sincerely,

 O.D.

Nate Lighthizer, O.D., F.A.A.O.
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December 5, 2025

LSA Document #25-626 Updates to Optometry Rules
Toby Snell, Director, Indiana Optometry Board
ATTN: tobsnell@pla.in.gov
402 West Washington Street, Room W072
Indianapolis, IN 46204

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

JG/ta



Economic Development Corp.

Via Email

Re: LSA Document # 25-626 Regulatory Analysis-Small Business Economic Impact Statement

Toby Snell

Board Director

Indiana Professional Licensing Agency

Dear Toby,

Pursuant to Indiana Code 4-22-2.1-6(a)(2), as the Small Business Ombudsman for the state of Indiana, I have reviewed the proposed rule and economic impact analysis associated with the rule changes contained in LSA Document # 25-626 submitted to the Indiana Small Business Ombudsman by the Indiana Optometry Board displays. I have found the following to be true.

Proposed rule LSA #25-626 amends 852 IAC 1-1.1-4 through 852 IAC 1-17-1 for the rules that govern continuing education for the Indiana Optometry Board. The new rules also set standards for reporting passing scores on some exams that are required before performing patient care. The proposed rules also expand the definition of continuing education to include more modern versions, such as podcasts or webinars, while also including rules for its use, such as for verifying attendance. Also, it limits synchronous virtual continuing education to twelve of the forty required hours per biennial license period.

The Indiana Optometry Board displays proper due diligence and understanding of how implementation must be carried out to ensure compliance while minimizing the potential impact on small businesses and individuals. Based upon this statement and review, the Indiana Small Business Ombudsman is neutral on the proposed rule related to the economic impact on small business if the conclusion reflects the actual result after promulgation. If there are any questions about these comments, please contact me at ombudsman@iedc.in.gov.

Sincerely,

Caleb Wakeman

Small Business Ombudsman

Indiana Economic Development Corporation

Snell, Toby (PLA)

From: Brad Sutton [REDACTED]
Sent: Wednesday, November 12, 2025 2:08 PM
To: Snell, Toby (PLA)
Subject: Optometry Board rule changes public comment

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Good afternoon. I am an optometrist who has been practicing in Indiana since 1999. I have the following comments regarding the proposed Optometry Board rule changes.

1) Section 8. Asynchronous continuing education. By striking # 4 "internet on-line CE", a very common type is self study CE that is currently utilized would no longer be eligible for credit. Many organizations put CE PowerPoint presentations with tests on their website for CE. By removing "internet-on line", this would no longer be possible, and many currently posted courses would be nullified. Reading an article and taking a test for CE(which would still be allowed) is no different than going through a PowerPoint and taking a test for CE. They are simply different methods for delivering content, and they should both be acceptable methods of obtaining asynchronous CE. I strongly encourage the IOB not to eliminate "internet / on-line" as an acceptable self-study CE category.

2) Only OD's who wish to perform laser procedures / injections / minor lid surgery in Indiana should have to take and pass a separate course / test in those areas. Many practitioners will practice in a manner that does not include these things, so they should not have to take expensive courses / tests in these areas simply to obtain an Indiana license. While these proposed rules address that, they revert back to all new licensees needing to take those tests / courses in 2032 and beyond. There should be no time at which all new licensees would have to take these courses / tests. The 2032 provision should be removed.

Thank you.

Brad Sutton, OD, FAAO

Sent from my Eye Phone