

**State of California
Office of Administrative Law**

In re:
Board of Optometry

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections:

Amend sections: 1584.5, 1586, 1587

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL Matter Number: 2026-0408-04

OAL Matter Type: Nonsubstantive (N)

This action submitted by the Board of Optometry pursuant to California Code of Regulations, title 1, section 100, amends mobile optometric office requirements to align with Business and Professions Code section 3070.2, as amended by Senate Bill 776 (Stats. 2025, ch. 788, sec. 28).

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: May 20, 2026



Nicole C. Carrillo
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Gregory Pruden, Executive
Officer

Copy: Serena St. Mary

NONSUBSTANTIVE

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2026-0408-04N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
 in the office of the Secretary of State
 of the State of California

MAY 20 2026

1:43 PM

OFFICE OF ADMIN. LAW
 2026 APR 8 PM 1:35

AGENCY WITH RULEMAKING AUTHORITY
 California State Board of Optometry

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Mobile Optometric Office Requirements	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	REPEAL
TITLE(S) 16	1584.5, 1586, 1587

PER AGENCY REQUEST
 NCC

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Serena St. Mary	TELEPHONE NUMBER 279-895-1466	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) serena.stmary@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Gregory Pruden</i> <small>Gregory Pruden (Apr. 3, 2026, 15:48:05 PDT)</small>	DATE 04/03/2026
TYPED NAME AND TITLE OF SIGNATORY Gregory Pruden, Executive Officer, California State Board of Optometry	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 20 2026

Office of Administrative Law

**DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 15, CALIFORNIA STATE BOARD OF OPTOMETRY**

PROPOSED REGULATORY LANGUAGE

Mobile Optometric Office Requirements

Changes to the regulatory language are shown in ~~single strikethrough~~ for deleted text
and single underline for added text.

Amend sections 1584.5, 1586, and 1587 of article 13 of title 16 of the California Code of Regulations as follows:

**Article 13
Mobile Optometric Offices**

§1584.5 Mobile Optometric Office Permits.

(a) [no changes]

(b) [no changes]

(c) A separate permit is required for each mobile optometric office operated by each owner and operator with a certificate to operate ~~and no more than twelve permits shall be issued to any owner and operator until after the owner and operator's first renewal period of two years is complete.~~

(d) [no changes]

(e) [no changes]

(f) [no changes]

Note: Authority cited: Sections 137, 3025, 3041 and 3070.2, Business and Professions Code. Reference: Sections 27, 30, 31, 136, 137 and 3070.2, Business and Professions Code; Sections 1633.2, 1633.7 and 1633.9, Civil Code; and Section 16.5, Government Code.

Article 13
Mobile Optometric Offices

§ 1586 Owner/ Operator Quarterly Annual Reporting Requirements.

(a) An owner and operator of each mobile optometric office shall utilize BreEZe to submit electronically a completed quarterly annual report with the Board containing all of the information and in accordance with the requirements set forth by this section. After the owner and operator has been registered with the Board, the information shall be submitted to the Board no later than ~~the third business day of the following months and covering each quarter of operations as a registrant: March, June, September, and December~~ January 1 of each year, and shall report operations as a registrant conducted from January 1 through December 31 of the prior year. Hardcopy documents will not be accepted.

(b) The information required by this section shall constitute the requirements for submission of an quarterly annual report to the Board in accordance with Section 3070.2 of the code. An owner and operator's quarterly annual report shall be electronically submitted through BreEZe and shall include all of the following:

(1) The owner and operator or authorized representative shall enter their username and password to access BreEZe and provide the information required by this section.

(2) The owner and operator shall provide the following information under penalty of perjury through BreEZe:

(A) Name of the owner and operator of the mobile optometric office;

(B) Owner and operator certificate to operate number;

(C) Name, mailing address, telephone number, and email address, if available, of the authorized representative;

~~(D) Total number of complaints received in the quarter being reported; and~~

~~(E)~~(D) A list of all visits made by each mobile optometric office including:

1. Mobile optometric office permit number;
2. Dates of operation of the mobile optometric office;
3. Physical street address where services were provided;

4. A description of the care provided;
5. Name and registration number of optician(s) who provided care;
6. Name and license number(s) of optometrist(s) who provided care;
7. A summary of any complaints received by each mobile optometric office including:
 - a. Mobile optometric office permit number;
 - b. Complaint patient name, telephone number, and email address (if available);
 - c. Service(s) provided at the mobile optometric office and date they were provided;
 - d. Name and address for the organization being serviced at the mobile optometric office;
 - e. Contact individual for the organization being serviced by the mobile optometric office;
 - f. Disposition of the complaints;
 - g. Referral information of follow-up care provided to the patient (i.e., name of the follow-up provider), if applicable;
 - h. Updated and current list of licensed optometrists, including their license numbers and the organization for which they provide service, who are available for follow-up care as a result of a complaint on a volunteer basis or who accept Medi-Cal payments.

(F)(E) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through BreZE, including any attestation under penalty of perjury, an authorized representative of the mobile optometric office shall affix their electronic signature to the filing by typing their name in the signature field and submitting the filing via BreZE. Submission of a filing in this manner shall constitute evidence of a legal signature by any individual whose name is typed in the signature field on the filing.

Note: Authority cited: Sections 3025, 3041 and 3070.2, Business and Professions Code.
Reference: Section 3070.2, Business and Professions Code; Sections 1633.2, 1633.7 and 1633.9, Civil Code; and Section 16.5, Government Code.

Article 13
Mobile Optometric Offices

§ 1587 Patient Notification and Records.

(a) Each owner and operator of a mobile optometric office shall meet the requirements in Sections 1566 and 1566.1 requiring the posting of a consumer notice in a conspicuous place in the mobile optometric office.

(b) In addition to the posted notice required by subdivision (a), each owner and operator of a mobile optometric office shall provide each patient, or the patient's caregiver or guardian, at the initial time services are rendered, a consumer notice in at least 12-point font containing all of the following information:

(1) The name, license number, telephone number, primary business address, and business email address (if any), of the optometrist directing medical operations at the mobile optometric office;

(2) The owner and operator of the mobile optometric office's name, primary business address, telephone number, website or email address (if any), and Board-issued certificate to operate number;

(3) Information on follow-up care available for the patient, including a list of available Medi-Cal or volunteer optometrists in the area of service who may be able to see the patient for comprehensive services and for purposes of continuity of care, and the timeframe for which the mobile optometric office will be back in the area of service, if available. The list of available Medi-Cal or volunteer optometrists shall be updated every six months and provided annually to each location of service for a period of two years following the initial date of service; and,

(4) The following information:

NOTICE OF REGULATION AND WHO TO CONTACT REGARDING COMPLAINTS

The operation of mobile optometric offices and optometrists providing services at a mobile optometric office are regulated by the California State Board of Optometry ("Board"). The Board receives and investigates all consumer complaints involving the practice of optometry and opticianry. Complaints or grievances involving the operation of this mobile optometric office or a California-licensed optometrist or optician should be directed in writing to:

BOARD OF OPTOMETRY

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

2450 DEL PASO ROAD, SUITE 105

SACRAMENTO, CA 95834

PHONE: 1-866-585-2666 OR 916-575-7170

EMAIL: OPTOMETRY@DCA.CA.GOV

WEBSITE: OPTOMETRY.CA.GOV

PRESCRIPTIONS

Optometrists are required to provide patients upon request with a copy of their ophthalmic lens prescriptions as follows:

- Spectacle prescriptions: Release upon completion of exam.
- Contact lens prescriptions: Release upon completion of exam or upon completion of the fitting process.

COPIES OF MEDICAL RECORDS

Patients may obtain a copy of their medical records by contacting the owner and operator of this mobile optometric office as listed on this notice.

(c) Each owner and operator of a mobile optometric office shall retain the consumer notice required by subdivision (b) in the patient's medical record, and the optometrist shall record all the following in the medical record: (1) that the patient, caregiver, or guardian has received the consumer notice; and (2) the date the optometrist provided the consumer notice to the patient, caregiver, or guardian.

(d) An owner and operator of a mobile optometric office shall maintain at the primary business office in California a copy of all records required by Section 3070.2 of the code and this Article. The records may be maintained in either paper or electronic form.

Note: Authority cited: Sections 138, 3025, 3041 and 3070.2, Business and Professions Code. Reference: Sections 138, 3041, 3041.3, 3070, 3070.1 and 3070.2, Business and Professions Code.