MEETING MINUTES
February 27, 2009

California State Board of Optometry
Elihu Harris Building
1515 Clay Street, Room 12
Oakland, CA 94612

Members Present
Lee Goldstein, OD, MPA
   Board President
Susy Yu, OD, MBA, FAAO
   Vice-President
Monica Johnson, Public Member
   Board Secretary
Alejandro Arredondo, OD
Martha Burnett-Collins, OD
Kenneth Lawenda, OD
Fred Naranjo, MBA, Public Member
Katrina Semmes, Public Member
Edward Rendon. MPA Public Member

Member Absent
Richard Simonds, OD (Excused)

Staff Present
Margie McGavin, Enforcement Manager
Cheree Kimball, Enforcement Analyst
Andrea Leiva, Lead Licensing Analyst
Krista Eklund, Administrative Assistant
Jeff Robinson, Licensing Analyst

Legal Counsel Present
Michael Santiago, Board Counsel
Kim Settles, Deputy Attorney General

Staff Absent
Mona Maggio, Executive Officer (Excused)

Guest List
On File

FULL BOARD OPEN SESSION

1. Call to Order – Establishment of a Quorum
   Board President, Lee Goldstein, OD called the meeting to order at 9:22 a.m. Dr. Goldstein called
   roll and a quorum was established.

   Dr. Goldstein announced that due to family emergencies, the Executive Officer, Mona Maggio
   and Board Member, Richard Simonds, OD were unable to attend today’s meeting.

   Board member Fred Naranjo arrived at 10:07 a.m.

2. Welcome and Introductions
   Dr. Goldstein welcomed Edward (ED) Rendon to the Board. Mr. Rendon was appointed to the
   California State Board of Optometry (Board), as a public member on January 6, 2009 by the
   Speaker of the Assembly, Karen Bass. This is the second appointment to a state agency for
   Mr. Rendon. The Senate President Pro Tem previously appointed him to the California
   Employment Training Panel.
Mr. Rendon stated that currently he serves as the Director of Public Affairs for the Teamsters Joint Counsel 42, representing Teamsters in California, Hawaii, and Las Vegas. He expressed his enthusiasm for serving on the Board and expanding knowledge in all areas of healthcare.

3. Petition for Reduction of Penalty and Early Termination of Probation David Cler OD, License Number 6884
   The Board heard the matter in open session. Petitioner, David Cler, OD represented himself. Deputy Attorney General, Kim Settles represented the Board and Administrative Law Judge, Nancy L. Rasmussen, presided over the hearing.

**FULL BOARD CLOSED SESSION**

4. Pursuant to Government Code Section 11126(c)(3), to Deliberate on Disciplinary Decisions
   The Board deliberated in closed session regarding the Petition for Reduction of Penalty and Early Termination of Probation David Cler, OD License Number 6884 and the Proposed Decision in the Matter of the Accusation Against Gregory Roy Jenkins, OD License Number 7233.

   The full board closed session ended at 12:30 p.m. The Board adjourned for lunch and reconvened at 1:15 p.m. to full board open session.

**FULL BOARD OPEN SESSION**

5. Approval of the November 20, 2008 Board Meeting Minutes
   Monica Johnson, Board Secretary provided corrections and amendments to the minutes. The Board voted to approve the minutes as amended.

   Edward Rendon moved to approve the minutes of the November 20, 2008 Board Meeting as amended. Martha Burnett-Collins seconded the motion. The board voted: 8-yes; 0-no; and 1 abstention.

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6. President’s Report
   Dr. Goldstein reported that he and Ms. Maggio meet one – two times per week to discuss issues arising in the office.

   The following issues were also discussed:

   *Licensure by Endorsement*
   Dr. Goldstein advised that questions regarding licensure by endorsement are referred directly to staff.
**Latisse**
Margie McGavin reported that she receives many questions from optometrists as to whether or not they can legally prescribe and sell the eye drop Latisse. Glaucoma patients who were using the drug Lumigan found that a fringe benefit of the drug was longer, thicker, darker eyelashes. Allergan, the maker of the drug, repackaged the drug, renamed it Latisse and is now marketing it for its lash-boosting ability. Dr. Goldstein responded that this matter might appear on future agendas for the Board’s discussion.

Dr. Goldstein invited the board members to present on issues in their portfolios.

**VSP**
Fred Naranjo acknowledged Vision Service Plan (VSP) for giving over 2,000 eye glasses to the poor in San Francisco. He stated that his constituents have received free lenses through VSP due to projects that it puts forth, such as one for disaster victims. Mr. Naranjo requested that a thank you letter be sent to VSP on behalf of the Board. Dr. Goldstein responded that this matter would be referred to Ms. Maggio. He further responded that official action is probably not necessary and a letter may certainly be written on behalf of the Board.

**OE Tracker**
Susy Yu, OD is the Board’s delegate to the Association of Regulatory Boards of Optometry (ARBO). Dr. Yu serves on both the OE Tracker Committee and Contemporary Issues Committee. Dr. Yu reported that ARBO is seeking the Board’s support in its licensees’ use of the Optometric Education (OE) Tracker Security Database. The OE Tracker program is an automated online service for optometrists and continuing optometric education providers to track hours of continuing education (CE) credit. According to ARBO, the database is a much easier, and more efficient method of tracking continuing education. Arkansas and Tennessee are among the states that are considering official action to mandate their licentiates to use OE Tracker.

**Berkeley Partnership Conference**
Martha Burnett-Collins, OD stated that she was invited by Dennis Levi, OD, PhD, and Dean of the Berkeley School of Optometry to attend the Berkeley Partnership Conference. During the conference optometrists from various types of practice shared their experiences with the students. Dr. Burnett-Collins reflected that she found the meeting particularly insightful in regards to how students and doctors of optometry might balance their expectations of education and career while, at the same time, factoring in ‘real life’ by realizing that unplanned events sometimes occur unexpectedly.

**School Outreach**
Monica Johnson asked if the board would continue with the school outreach. She stated that in the past the Board has met with 4th year students to discuss the licensing process and introduce the students to the Board. She believes this was very successful and requests that it be continued. Dr. Goldstein replied that he and Ms. Maggio have discussed the continuation of the outreach program.

**Congratulations**
Katrina Semmes congratulated Fred Naranjo on his recent engagement.
**COA House of Delegates**

Dr. Goldstein stated that he, along with Kenneth Lawenda, OD and Ms. Maggio attended the California Optometric Association (COA) House of Delegates. He summarized the State Report given to the COA membership that included an overview of the Board’s enforcement program, including the number and type of complaints received by board staff. He also noted that due to the passage of SB 1406, the number of licenses issued with glaucoma and lacrimal irrigation/dilation certifications has more than doubled the number of optometrists who are practicing the full scope of optometry.

Dr. Goldstein invited Dr. Lawenda to comment on the recent activities of COA. The House of Delegates was held January 30-31, 2009 at the Sheraton Grand Hotel in Sacramento California. He noted that Dr. Goldstein was recognized as the 2009 COA Optometrist of the Year for his outstanding volunteer service and service to the profession.

Dr. Lawenda reported on prospective members, bylaws and the election process. Hilary Hawthorne was elected President and bylaws amendments were proposed regarding the establishment of a low vision rehabilitation statute.

Discussion was held regarding Children’s Vision Legislation – Federal bill (S.259/H.R. 577), which was supported in Congress, and would provide children with follow follow-up care after having been identified as having a potential vision problem through a comprehensive eye exam or vision screening.

Dr. Lawenda reported on the Healthcare Delivery Systems Committee’s health plan inclusion, coalition building, and Healthy Vision 2010.

Dr. Lawenda commended Dr. Goldstein as having given an excellent presentation to the House of Delegates; particularly in explaining to COA membership what occurs at the board, and discussions regarding SB 1406. He ended his comments by stating it was a very successful meeting and the Membership has a good understanding of events.

7. **Executive Officer’s Report**

Ms. McGavin, Enforcement Manager presented the following highlights from the Executive Officer’s Report.

The Department of Consumer Affairs (DCA) is sponsoring a healing arts roundtable that will take place on April 15, 2009. The roundtable will be a miniature version of the Professionals Achieving Consumer Trust (PACT) Summit held in Los Angeles, November 18-20, 2008. DCA’s Executive Office is inviting all board presidents, vice presidents and executive officers to attend.

Recruitment efforts are under way to hire a temporary, seasonal employee to assist with licensing and reception duties. The process is expected to begin around the middle of March 2009.

DCA has surveyed boards/bureaus regarding their current and future space needs. The board’s staff is growing and we have already outgrown our current workspace, filing and storage capacity. DCA’s Headquarters (HQ) is looking into different options to meet the needs of boards and bureaus. A new building is currently under construction next to DCA HQ.
On March 10, 2009, Board staff will attend the DCA Enforcement Forum sponsored by the Division of Investigation and DCA. Various boards will share their practices and procedures with one another. The goal is to establish consistency in enforcement practice and procedures among all of the boards.

Board staff is watching the following legislation:

- AB 175 (Galgiani) – this bill would expand the definition of teleophthalmology and teledermatology by store and forward to include an asynchronous transmission of medical information to be reviewed at a later time by an optometrist trained to diagnose and treat eye diseases.

- AB 245 (Ma) – this bill makes technical, non-substantive changes to the provision for physicians and surgeons licensed by the Medical Board of California regarding the status of the license, whether or not the license is in good standing, subject to TRO, ISO, or enforcement actions, prior discipline, felony convictions, malpractice judgments.

- AB 249 (Carter) – this bill would require as part of the written patient personal property inventory in long-term health care facilities, a listing, by a unique identification number, of all patient-owned mobility, hearing, eating, or breathing equipment, including but not limited to canes, walkers, wheelchairs, hearing aids, oxygen equipment, and denture containers. Ms. McGavin explained that this bill does not include eyeglasses and Ms. Maggio asks the Board if this should be a topic for discussion by the Board.

- SB 43 (Alquist) – this bill would authorize healing arts boards, as defined to collect information regarding the cultural and linguistic competency of persons licensed, registered, or otherwise subject to regulation by those boards. The bill would require that this information be used for the purpose of meeting the cultural and linguistic concerns of the state’s diverse patient population, registered, or otherwise subject to information. Ms. McGavin explained that at this time staff has not identified any significant fiscal impact should the bill pass.

8. Glaucoma Diagnosis and Treatment Advisory Committee (GDTAC) Update
Ms. McGavin reported on the activity of the GDTAC. The Committee is comprised of three practicing optometrists (OD’s) and three Ophthalmologists (OMD’s). The GDTAC met on February 5, 2009, and on February 26, 2009. The GDTAC is scheduled to meet again on March 15, 2009; after which time, a full report must be compiled and submitted to the Office of Professional Examination Services (OPES) by April 1, 2009.

Ms. McGavin noted that progress has been made, and it is hopeful that the GDTAC will finalize all remaining concerns, and have the report submitted to the OPES by the April 1st deadline.

Dr. Goldstein added that he attended the first meeting when he gave charge to the Committee. In his view, ‘the GDTAC is relatively independent of the board and the board should stay out of their way’. Dr. Goldstein added that they should be completed by the end of March.

9. Discussion and Possible Action Regarding Optometric Care in Nursing Home Facilities
Dr. Goldstein introduced Dr. Cory Vu, O.D., who was asked to come and provide a summary of issues regarding optometric care in nursing homes.

Dr. Vu shared his background stating he has been with the Department of Healthcare Services (DHCS) for ten years. His job with the DHCS is to administer the medi-cal vision care program for the State of California and address issues such as fraud, enrollment, etc.
Dr. Vu explained that current law does not adequately address the issue of providing optometric services in the nursing home facility environment. Dr. Vu raised the following concerns:

- Doctors providing services to nursing homes go to many facilities.
- Where would a patient or family go to obtain copies of the report?
- Where would medical records be stored?
- What equipment is needed and used in this setting?
- How will optometrists report to the board their place of practice since providing services in a nursing home facility does not fit the current description of temporary practice defined in California Business and Professions Code (BPC) section 3070.
- What are the types of exams are appropriate to be performed in a nursing home setting?

According to Ms. McGavin BPC section 3070 requires optometrists to notify the board in writing, of every location where they practice. The provisions for Statement of Licensure do not suit the scope for nursing home practice. Staff believes it is necessary to create regulations specific to the scope of practice in a nursing home/convalescent facility environment.

Mr. Naranjo requests the board to make this a priority and asked what other professions, e.g., dentistry, podiatry, physical therapy, and physicians are doing. Dr. Vu replied that it’s pretty vague across the board.

Ms. Semmes requested staff to research other solutions/processes that other state licensing boards use so we can possibly mimic or tweak what is being done and not have to start from scratch.

Ms. McGavin responded that staff will do more research regarding this for the May board meeting; however, each boards’/bureaus’ laws are very different and we need to follow the optometry law and how it is written.

The Board directed staff to take the following action before the May 15th Board Meeting:
Staff should talk to nursing home administrators and to ODs who perform services on a temporary basis in nursing home settings. There is no prohibition to having records stored at a home office. Possibly bring regulatory language to July meeting and incorporate in with the proposed language and amendments to California Code of Regulations Sections1506, 1508, 1509, and 1509.5.

Staff will review the laws and regulations for the professions of dentistry, podiatry, physical therapy, and speech therapy as it relates to providing services in a nursing home setting.

10. Discussion and Possible Action Regarding Proposed Changes in the Administration of the California Law Examination
Ms. Leiva reported that on October 29, 2008 the Board received a proposal from the National Board of Examiners in Optometry (NBEO) to administer the California Law Exam (CLE) using an online computer-based testing system that can be accessed through the NBEO web site. This would allow candidates the ability to take the exam during a “window of examination opportunity” from any location without being required to travel to a proctored test site. Staff would like to be able to administer the exam multiple times a year in order to provide more options for licensees, but believes it is necessary for the CLE to be administered in a proctored environment in order to keep the law exam secure.
Ms. Leiva provided information on two additional options: PSI Examination Resources (PSI) and COMIRA. Sixteen boards/bureaus under the DCA umbrella currently use the services of PSI. DCA has a master services agreement with PSI and it would be relatively easy for the board to begin using PSI services. PSI has a number of testing sites in California as well as sites in other states. This would make it convenient for both candidates in California and out-of-state ODs who wish to become licensed in California. The testing sites have on site proctors and a security process that includes photographing the candidate at registration, verifying eligibility and monitoring the candidates as they take the exam. COMIRA provides test development and administration services. Gary Randolph, former board employee and Ms. Maggio met with COMIRA representatives in August 2008 to discuss their services. COMIRA recommended partnering with the California optometry schools and possibly out of state optometry schools to serve as the testing sites for the CLE administration.

The Board agreed with staff that the exam needs to be more readily available in a proctored format and motioned for implementing the services of PSI and requested an update at the next board meeting.

Monica Johnson moved to direct staff to adopt PSI solutions to enable administration of the California Law Examination. Dr. Kenneth Lawenda seconded the motion. The vote was unanimous.

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11. Discussion and Possible Action to Initiate a Rulemaking to Add and Amend Sections of Division 15, of Title 16 of the California Code of Regulations (CCR) Regarding the Mandatory Submission of Fingerprints for Board Licensees

Cheree Kimball presented this agenda item by reporting that DCA has long been aware that a percentage of its licensee population was never fingerprinted. However, a series of articles in the LA Times focused on a number of health care practitioners that possess a criminal past and intimated that the magnitude of the problem is more widespread. Additionally, these articles raised serious questions concerning the timeliness to the disciplinary process and whether individual practitioners are being held accountable.

The vast majority of licensees are safe, competent health care providers, who practice without any criminal or disciplinary actions taken against their license. DCA’s healing arts boards/bureaus require applicants for licensure to submit fingerprints for the purpose of conducting a state criminal history record check through the Department of Justice (DOJ). However not all boards/bureaus have required fingerprinting of their licensees from the inception of the program. As a result, there are thousands of practitioners licensed who have never been fingerprinted by DCA’s healing arts boards/bureaus. Research found that the Board began fingerprinting applicants through DOJ in January 1998 as required under BPC section 144; however, FBI fingerprint processing did not begin until 2008.
Staff pulled a random sampling of license files dated prior to 1998 and found that some licensees had been fingerprinted others had not. Staff has been unable to locate any documentation of when the Board began this requirement and who complied.

Staff requested the board’s approval to implement the regulatory process to add sections to Division 15, Title 16 of the CCR to: 1) clarify the fingerprinting requirements as they pertain to board licensees; 2) clarify requirements to renew an optometric license; and 3) add a section that would require a licensee to respond to a request for information regarding criminal history within 30 days.

Michael Santiago, Legal Counsel to the Board noted that Senate Bill 389, introduced on February 26, 2009, authored by Senator Negrete-McLeod, proposes to amend BPC Section 144 and to add Sections 144.5 and 144.6 related to retroactive fingerprinting of licensees under the DCA regulatory boards. It is from this bill that the board will obtain its statutory authority.

Dr. Kenneth Lawenda moved to direct staff to initiate the rulemaking process to add and amend sections to the California Code of Regulations to require California licensed optometrists to comply with retroactive fingerprinting requirements and new license renewal requirements. Monica Johnson seconded the motion. The vote was unanimous.

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12. Discussion and Possible Action to Initiate a Rulemaking to Add and Amend Sections of Division 16, Title 16 of the CCR Sections 1506, Principal Place of Practice; 1508, Statement of Licensure; 1509, Temporary Practice – Defined; and 1509.5, Posting Evidence of Optometric Licensure

Ms. Leiva reported that the proposed additions and amendments to CCR sections 1506, 1508, 1509 and 1509.5 were brought before the board previously but no action was taken due to a change in staff. During her final review of the file, Ms. Leiva found that the language for 1509 and 1509.5 had not been approved. She is presenting all language again to make certain all board members agree with the changes before filing with the Office of Administrative Law (OAL).

Dr. Goldstein stated that he has some concerns. Section 1506 is possibly problematic if the principle place of practice is not fully accessible to board communication and inquiries, and should be visited more fully. Sections 1509 and 1509.5 may create more confusion if more comprehensive regulations (regarding mobile practice) are not in place.

Dr. Goldstein asked board members, and staff to discuss what the principal place of practice should be and what the board’s objective is in the discussion.
Optometrists are required by BPC Section 3070 to register every practice location with the Board. Additionally, BCP section 3075 requires optometrists to post evidence of licensure at every practice locations. The only exemption to these requirements is for temporary practice locations which staff feels should be defined.

The principal place of practice must also be where the optometrist practices the majority of the time, and where correspondence is deliverable by US mail. Which by definition, rules mobile practice locations out. Additionally, there is a small percentage of optometrists, who for various and legitimate reasons, do not have a principal place of practice. The board needs a very definitive definition of what a temporary practice may be.

Dr. Goldstein stated that there exists a need to prepare more comprehensive regulations to address mobile practice, nursing homes, etc. The current statute may have out lived its usefulness as optometric practice has changed. Perhaps a decrease in reporting requirements may be more in line with other health professions.

It was decided that the Board would continue the discussion at the May Board Meeting.

**Monica Johnson moved to direct staff to prepare more comprehensive regulations to address mobile practice, practice in nursing homes, and temporary practice settings. Katrina Semmes seconded the motion. The vote was unanimous.**

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**13. Discussion Regarding the Request From the California Academy of Eye Physicians & Surgeons for the California Board of Optometry to Consider Establishing Regulations Pertaining to Senate Bill 1406, Chapter 352**

Dr. Craig Kliger, Executive Vice President of the California Academy of Eye Physicians & Surgeons (CAEPS), addressed the board on behalf of CAEPS, regarding their request for the board to review pertaining laws, and determine if establishing any regulations in response to Senate Bill (SB) 1406 should be deemed appropriate. Dr. Kliger stated that as the board has a requirement to protect the public, it may be in the public’s best interest for the board to determine if, and where additional Continuing Medical Education (CME) may be needed. Dr. Kliger offered the following as topics of concern:

- The added procedure of venipuncture may expose staff to HIV and perhaps additional CME should be required.
- Board’s licentiates may suddenly be subject to regulations that exist from other departments (i.e. Public Health). For example, having laboratory specimens in an office might subject licentiates to be subject to certain State, Federal, OSHA clinical laboratory rules (i.e. medical waste handling, disposal of sharps, sharps containers).
- Board may have staff or legal counsel review pertaining laws, and explain those laws to licentiates so they do not break laws they might not be aware of.
Tim Hart, Director of Government and External Affairs, COA, responded to Dr. Kliger’s concerns as follows:

- Before the board can make regulations, an Initial Statement of Reasons and Economic Impact are necessary to justify why regulations are needed.
- Why the public suddenly needs to be protected by a passage enacted of SB 1406, when no procedure was requested that optometrists are not already trained and qualified to perform.
- The Medical Board of California has enacted only two specific subsets of regulations that touch on specific medical procedures. These two subsets are for Medical Assistants and Nurse Practitioner Midwives. The rest of the regulations are left to how unprofessional conduct is defined and what procedures practitioners cannot perform.

Ms. Johnson asked Mr. Hart if optometrists were allowed, under law, to perform venipuncture prior to the passing of this bill. Mr. Hart, replied that they were allowed to perform the procedure in optometry school, not in optometric practice. The NBEO had notified optometry schools that, beginning next year, students would have to be trained in injections to pass all three parts of the NBEO. Mr. Hart added the point; ‘to say optometrists have suddenly been authorized to do something, doesn’t mean that they haven’t been trained and tested’ in it.

Mr. Hart addressed Dr. Kliger’s concern regarding laboratory laws. By law, optometrists are not permitted to operate laboratories in their office unless the offices are licensed as a laboratory. Therefore, the only concern that would come about is if an optometrist broke the law and performed tests they are not permitted to perform. The request for venipuncture came about because it’s been a constant problem for optometrists to order, and receive payment for tests they’ve ordered, because the law isn’t broad enough. Mr. Hart questions if the board should be spending its time trying to determine if the public will be harmed by a procedure that hasn’t been performed yet and without and finding that the public is at risk.

Ms. Johnson recommended that staff seek advice from legal counsel and a review of current laws and regulations to determine how the expansion of practice may affect the responsibilities of licensees and any possible impact to the Board.

Monica Johnson moved for the board to request staff (in conjunction with the California Optometric Association) to review Business and Professions Code Section 3041, as amended by Senate Bill 1406 Chapter 352 (stats 2008) and identify any law/regulation that might trigger an action or responsibility by a California licensed optometrist. Dr. Kenneth Lawenda seconded the motion. The board voted 7 Ayes; 2 Abstentions.

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14. Discussion of the Joint Board Certification Project Team’s Draft Proposal for the Board Certification Process for Optometry

Dr. Lawenda provided a background on this issue by stating that approximately two years ago a task force was created to explore the issue of Board Certification in Optometry. The Joint Board Certification Project Team (JBCPT) was formed by six optometric organizations in 2007, to research, develop, and propose a model framework for a board certification process for the profession of optometry. The JBCPT agreed to the task of developing and proposing and attainable, credible, and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the profession. It is the goal for this model to establish standards for voluntary board certification and maintenance of certification in the practice of optometry. Hopefully, this model will communicate information about these standards to support the public’s quest for high-quality health care.”

The American Optometric Association (AOA) State Government Relations Center has found a number of cases where state lawmakers are being urged to require some form of board certification:

- In 2006, as a result of proposed legislation, the governor of Washington created a work group that is looking at requiring continuing competence for MDs.
- In 2007, in Virginia, the AARP introduced national model legislation to consider continued competence as a prerequisite for re-licensure.
- In 2008, discussions were held in the Oklahoma legislature that would require registration of pediatricians. No action was taken.

Dr. Lawenda reported that at the federal and state levels Medicare, Medicaid and possible Medi-Cal use state certification as a means to evaluate quality of care and insurance reimbursement.

At the core of the initial board certification program will be a patient assessment and management examination- similar to that of the NBEO Patient Assessment and Management (PAM) examination that tests knowledge in core categories.

The Board discussed the following pros/cons and issues of the proposed certification, which included:

- Optometrists would be able to advertise the fact they are board certified on their advertisements.
- How might the passage of this proposal affect staff workload?
- The competitive nature of optometry would be affected.
- Does Optometry have enough specialties to warrant a certification?
- Would ODs have to put this on their licenses?
- Certification is a way to prove that the licensee has continued his/her education through continued competency courses.
- The Board would not need to establish certification criteria
- ARBO will vote on this proposal at the Annual Meeting in June 2009

Staff will place this issue on the July meeting agenda to discuss the results of the discussion and vote at the ARBO meeting.
Dr. Susy Yu moved to continue this discussion to the next meeting. Ed Rendon seconded the motion. The vote was unanimous.

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15. Appointments to Board Committees
Dr. Goldstein reported that he would contact Ms. Maggio to discuss her recommendations on restructuring the committees and then contact board members to discuss their topics of interest for serving on committees.
Staff recommends:
• CE Committee
• Practice Committee
• Strategic Plan Committee
• Fiscal Committee
• Possibly merge Legislative and Regulatory Committees with the Outreach and Communication Committee to become the Policy and Advocacy Committee
• Possibly merge the Licensing and Examination Committee with the Enforcement Committee to become the Consumer Protection Committee.

16. Public Comment Regarding Issues Not on the Agenda
Dr. Kliger commented that in his opinion the board should consider modifying its Website to look similar to the Medical Board’s Website in regards to method of disclosure.

17. Suggestions for Future Agenda Items
Dr. Goldstein announced the future Board Meeting dates:
May 15, 2009 at the Southern California College of Optometry
August 2009 meeting may need to be rescheduled to a date in July to review the report of the GDTAC and provide staff time to draft regulations and develop certification procedures.
November 20, 2009 – San Francisco

Future discussion items for Board consideration:
• Strategic Plan Update. Staff has proposed hiring a consultant to lead board and staff through a comprehensive strategic planning process and staff development.
• Dr. Kliger’s suggestion of modifying the Board’s Website.
• Enforcement – revisions to the consumer complaint form
• Latisse – staff is receiving numerous inquiries regarding an ODs authority to prescribe and dispense this medication.
Adjournment

Dr. Yu moved to adjourn meeting. Ms. Johnson seconded the motion. The vote was unanimous.

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The meeting was adjourned at 4:00 p.m.

Monica Johnson, Board Secretary

Dated July 14, 2009