



California State Board of
Optometry

SUNSET REVIEW REPORT 2025

Presented to the California Legislature

Senate Committee on Business, Professions and Economic Development

Assembly Committee on Business and Professions





STATE OF CALIFORNIA

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

CALIFORNIA STATE BOARD OF OPTOMETRY

Members

Jeffrey Garcia, OD—President

Eunie Linden, JD—Vice President

Stacy Bragg, OD—Secretary

Alex Clemens

Martin Dawson, CLD/SLD

Paul Hsu

Robert Klepa, JD

Joseph Pruitt, OD

Lillian Wang, OD—Immediate Past President

Executive Officer

Gregory Pruden

Staff

Randy Love, Brad Garding, Erica Batista, Arsha Qasmi, Kristin Borges, Kathleen Gregorio,
Monica Petersen, Scott Kerswell, Kristina Eklund, Deja Littles

TABLE OF CONTENTS

1 SECTION 1 – BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATION PROFESSION

- 2 Make Up and Functions of Each of the Board's Committees/Workgroups
- 3 Board Member Attendance
- 15 Board Member Biographies
- 18 Major Changes Since Last Review
- 18 Legislation Sponsored By or Impacting the Board
- 21 Regulation Changes Approved by the Board
- 22 Major Studies Conducted by the Board

25 SECTION 2 – FISCAL AND STAFF

- 25 Fiscal Issues
- 25 Fund Condition Table
- 27 Expenditures by Program Component
- 27 History of Fee Changes
- 28 Optometry Fee Schedule and Revenue
- 29 Opticianry Fee Schedule and Revenue
- 30 Budget Change Proposals
- 32 Staffing Issues

33 SECTION 3 – LICENSING PROGRAM

- 33 Licensing Program Overview
- 35 Optometry Licensing Population
- 36 Opticianry Licensing Population
- 36 Optometry Licensing Data by Type
- 37 Opticianry Licensing Data by Type
- 39 License Denial
- 42 Examinations
- 44 Pass Rates: First Time Versus Retakes
- 46 School Approvals
- 47 Continuing Education/Competency Requirements

50 SECTION 4 – ENFORCEMENT PROGRAM

- 50 Enforcement Program Overview
- 51 Enforcement Statistics
- 55 Enforcement Aging
- 59 Cite and Fine
- 62 Cost Recovery and Restitution

64 SECTION 5 – PUBLIC INFORMATION POLICIES

- 64 Consumer Outreach and Education

65 SECTION 6 – ONLINE PRACTICE ISSUES

66 SECTION 7 – WORKFORCE DEVELOPMENT AND JOB CREATION

- 69 Workforce Development Data
- 71 Initiatives to Help Reduce or Eliminate Inequities Experienced by Licensees, Applicants, and Consumers

72 SECTION 8 – CURRENT ISSUES

73 SECTION 9 – BOARD ACTION AND RESPONSE TO PRIOR ISSUES

Administrative Issues

- 73 Issue #1: Board Composition
- 74 Issue #2: RDO Member
- 75 Issue #3: Dispensing Optician Committee
- 76 Issue #4: Board Attorney

Fiscal Issues

- 77 Issue #5: Fund Merger
- 78 Issue #6: Attorney General Billing Rate

Licensing Issues

- 78 Issue #7: Fair Chance Licensing Act
- 80 Issue #8: Statutory Consolidation
- 80 Issue #9: Licensure of Foreign Graduates

TABLE OF CONTENTS *(CONTINUED)*

Education and Examination Issues

- 81 Issue #10: NBEO Examination
- 82 Issue #11: Continuing Education

Enforcement Issues

- 84 Issue #12: Teleoptometry and Emerging Technologies
- 86 Issue #13: RDO Regulation Enforcement
- 88 Issue #14: Standard of Care Model for RDOs

Practice Issues

- 89 Issue #15: Independent Contractors
- 90 Issue #16: Relationship with Ophthalmology Profession
- 92 Issue #17: Childhood Vision Screenings

Implementation Issues

- 93 Issue #18: Mobile Optometric Offices

COVID-19 Pandemic Issues

- 95 Issue #19: Emergency Waivers
- 96 Issue #20: Immunization and Testing

Technical Cleanup

- 96 Issue #21: Technical Cleanup

Continued Regulation of the Optometry Profession by the California State Board of Optometry

- 97 Issue #22: Continued Regulation

97 SECTION 10 – NEW ISSUES

- 97 Issue #1: Authorizing Contemporary Practice of Optometry
- 99 Issue #2: Registration of Optical Companies in Landlord-Tenant Relationships
- 100 Issue #3: Definition of Person in Business and Professions Code section 3040
- 101 Issue #4: No Probationary Registration Exists for Opticianry
- 102 Issue #5: Email Address Requirement for Applicants, Registrants, and Licensees
- 103 Issue #6: Caps on Mobile Units and Physical Offices
- 103 Issue #7: Potential Conflict Between State and Federal Law: Contact Lens Rule
- 104 Issue #8: Encourage Optometrists to Take CE in DEIB
- 105 Issue #9: Technical Non-substantive Amendments

106 SECTION 11 – ATTACHMENTS

Attachment A – Board’s Administrative Manual

Attachment B – Current Organizational Chart and Relationship of Committees to Board with Membership

Attachment C – Major Studies

- Occupational Analysis of the Optometric Assistant Occupation and Opticianry Scope of Practice
- Amended 2021-2025 Strategic Plan

Attachment D – Year End Organization Charts



California State Board of Optometry

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM As of December 10, 2024

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

History and Function of the Board

In 1903, California became the third state to recognize the profession of optometry and regulate its practice. The California State Board of Optometry was created a decade later, in 1913, and a decade after that, in 1923, applicants for licensure were required to meet minimum educational requirements. In 2016, the Dispensing Optician Program was moved from the Medical Board of California, and the Board began regulating the practice of opticianry and optometry.

Today the Board protects consumers of optometric and optical services by licensing and regulating approximately 8,000 optometrists, 3,300 spectacle lens dispensers, 1,400 contact lens dispensers, and 1,200 registered dispensing ophthalmic businesses. In addition, the Board has regulatory authority over mobile optometric offices, the practice of optometry in home residences, the shipping, mailing, furnishing, or delivering of prescription ophthalmic lens to patients in California by out-of-state and online retailers, and the practice of unlicensed optometric assistants.

Pursuant to Business and Professions Code (BPC) section 3010.1, the Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions.

Our Mission: To protect the health and safety of California consumers through licensing, registration, education, and regulation of Optometry and Opticianry.

Our Vision: The highest quality optometric and optical care for the people of California.

Our Values: Consumer Protection; Integrity; Transparency; Professionalism; Excellence; Diversity, Equity, Inclusion, and Belonging.

California State Board of Optometry Composition

Pursuant to BPC 3010.5 and 3011, the Board is comprised of 11 members. Five members are licensed optometrists (including up to two faculty members of an optometric school), one member is a registered optician, and five are public members. Six members of the Board constitute a quorum.

¹ The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

Pursuant to BPC 3013, the Governor appoints three public members, five licensed optometrist members, and the registered optician member. The Senate Committee on Rules and the Speaker of the Assembly each appoint one public member. The law provides for appointment staggering as follows:

- Initial appointments for one of the public members and two of the professional members made by the Governor are for terms of one year.
- One of the public members and two of the professional members appointed by the Governor are for terms of three years.
- The remaining public member appointed by the Governor and remaining two professional members are appointed for terms of four years.
- The public members appointed by the Legislature each serve a term of four years.

The Board is required, by BPC 3014, to elect a president, vice president, and a secretary who shall hold office for one year or until a successor is elected.

BPC 3017 requires the Board to hold regular meetings every calendar quarter.

BPC 3020 establishes under the Board a Dispensing Optician Committee for the purpose of advising the Board regarding the regulation of opticianry. This committee is comprised of five members, appointed as follows:

- One registered dispensing optician, appointed by the Governor.
- One registered spectacle lens dispenser or contact lens dispenser, appointed by the Governor.
- Two public members, appointed by the Governor.
- One Board member.

The Committee is required to meet at least twice a year.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

The Board has one committee created by statute, the Dispensing Optician Committee, and three Board-created committees: Consumer Protection, Public Relations, and Outreach Committee; Legislation and Regulation Committee; and Practice and Education Committee.

The Dispensing Optician Committee:

Mandated by statute (see BPC 3020) to recommend registration standards and criteria for the registration of opticians.

Legislation and Regulation Committee:

Responsible for recommending legislative and regulatory priorities to the Board, assisting staff with drafting language for Board-sponsored legislation, and recommending official positions on current legislation. The committee also recommends changes and additions to the Board's regulations.

Practice and Education Committee:

Advises Board staff on matters relating to optometric practice, including standards of practice and scope of practice issues. Reviews staff responses to proposed regulatory changes that may

affect optometric practice. Also approves continuing education courses and offers guidance to Board staff regarding continuing education issues.

Consumer Protection, Public Relations, and Outreach Committee:

Oversees the development and administration of legally defensible licensing examinations. Consults on improvements/enhancements to licensing and enforcement policies and procedures. Assists with the development of outreach and educational materials for the Board's stakeholders.

Children's Vision Workgroup:

The workgroup was originally created in 2015 to work with stakeholders on the issue of pupil health and vision examinations.

National Board of Examiners of Optometry/Association of Regulatory Boards of Optometry Workgroup:

The workgroup was established to improve communications between NBEO/ARBO and the state board. The workgroup has explored with NBEO and ARBO alternative ways to administer national exams.

Optometry/Opticianry Workgroup:

The workgroup was established to harmonize the Optometry and Opticianry Practice Acts and discuss emerging issues.

Telehealth and Emerging Technologies Workgroup:

To meet the emerging trends of telehealth within the practice of optometry, the Board created a telehealth workgroup that began work in 2019. The Board enjoyed several presentations from experts on telehealth in the fall of 2019, and the staff completed thorough research on the topic. In the summer of 2024, the name of the workgroup was updated to reflect emerging technologies.

Sunset Review Workgroup:

The sunset review workgroup is periodically established for purposes of assisting the Board prepare its Sunset Review Report for the Legislature.

Table 1a. Attendance			
Stacy Bragg, O.D.			
Date Appointed: May 22, 2023			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	October 18, 2023	Web Ex	Yes
Board Meeting	December 9, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	February 12, 2024	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Stacy Bragg, O.D.			
Practice and Education Committee	June 14, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	December 9, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Cyd Brandvein*			
Date Appointed: October 25, 2013			
Date Reappointed: September 14, 2017			
Date Separated: June 1, 2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	October 23, 2020	Web Ex	Yes
Board Meeting	November 20, 2020	Web Ex	Yes
Board Meeting	December 11, 2020	Web Ex	No
Consumer Protection & Public Relations and Outreach Committee	February 25, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Consumer Protection & Public Relations and Outreach Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	No
Consumer Protection & Public Relations and Outreach Committee	February 18, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	No
Board Meeting	May 20, 2022	Web Ex	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Madhu Chawla, O.D.*			
Date Appointed: June 15, 2012			
Date Reappointed: June 5, 2015			
Date Separated: June 1, 2020			
Meeting Type	Meeting Date	Meeting Location	Attended?
Practice and Education Committee	February 26, 2021	Web Ex	Yes
Practice and Education Committee	March 26, 2021	Web Ex	Yes

Table 1a. Attendance			
Madhu Chawla, O.D.*			
Practice and Education Committee	July 23, 2021	Web Ex	Yes
Practice and Education Committee	September 24, 2021	Web Ex	Yes
Practice and Education Committee	January 28, 2022	Web Ex	No
Practice and Education Committee	March 4, 2022	Web Ex	Yes
Practice and Education Committee	September 23, 2022	Web Ex	No
Practice and Education Committee	November 18, 2022	Web Ex	No
Practice and Education Committee	January 27, 2023	Web Ex	No
Practice and Education Committee	March 24, 2023	Web Ex	No

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Alex Clemens			
Date Appointed: January 19, 2024			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	No
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Martin Dawson, CLD/SLD			
Date Appointed: March 19, 2024			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Jeffrey Garcia, O.D.*			
Date Appointed: August 10, 2020			
Date Reappointed: May 22, 2023			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?

Table 1a. Attendance			
Jeffrey Garcia, O.D.*			
Board Meeting	October 23, 2020	Web Ex	Yes
Board Meeting	November 20, 2020	Web Ex	Yes
Board Meeting	December 11, 2020	Web Ex	Yes
Consumer Protection & Public Relations and Outreach Committee	February 25, 2021	Web Ex	Yes
Practice and Education Committee	February 26, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Practice and Education Committee	March 26, 2021	Web Ex	Yes
Practice and Education Committee	April 16, 2021	Web Ex	Yes
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Practice and Education Committee	July 23, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Practice and Education Committee	September 24, 2021	Web Ex	Yes
Consumer Protection & Public Relations and Outreach Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	No
Board Meeting	January 21, 2022	Web Ex	Yes
Practice and Education Committee	January 28, 2022	Web Ex	Yes
Practice and Education Committee	March 4, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex, Sacramento, and Beverly Hills	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Practice and Education Committee	September 23, 2022	Web Ex	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Practice and Education Committee	November 18, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	
Board Meeting	January 27, 2023	Web Ex	Yes
Practice and Education Committee	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	March 24, 2023	Web Ex	Yes
Legislation and Regulation Committee	April 21, 2023	Web Ex	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	June 23, 2023	Web Ex	Yes
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	October 18, 2023	Web Ex	Yes
Board Meeting	December 8, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	February 12, 2024	Web Ex	No
Board Meeting	February 16, 2024	Web Ex and Sacramento	No

Table 1a. Attendance			
Jeffrey Garcia, O.D.*			
Consumer Protection, Public Relations, and Outreach Committee	April 5, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	April 5, 2024	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	June 14, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Stacy Hancock, CLD/SLD			
Date Appointed: June 8, 2022			
Date Reappointed: N/A			
Date Separated: June 1, 2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 26, 2022	Web Ex	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	No
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Paul Hsu			
Date Appointed: June 23, 2023			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Board Meeting	December 8, 2023	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	No

Table 1a. Attendance			
Glenn Kawaguchi, O.D.*			
Date Appointed: August 10, 2012			
Date Reappointed: May 5, 2015			
Date Separated: June 1, 2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Legislation and Regulation Committee	February 26, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Dispensing Optician Committee	April 23, 2021	Web Ex	Yes
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Legislation and Regulation Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	No
Board Meeting	January 21, 2022	Web Ex	No
Legislation and Regulation Committee	February 18, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex and Sacramento	No
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Robert Klepa, J.D.			
Date Appointed: May 23, 2023			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Board Meeting	December 8, 2023	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Consumer Protection, Public Relations, and Outreach Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Robert Klepa, J.D.			
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Eunie Linden, J.D.			
Date Appointed: March 19, 2021			
Date Reappointed: June 21, 2023			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Legislation and Regulation Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Legislation and Regulation Committee	February 18, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 21, 2023	Web Ex	No
Board Meeting	May 12, 2023	Web Ex and Sacramento	No
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Board Meeting	December 8, 2023	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Consumer Protection, Public Relations, and Outreach Committee	April 5, 2024	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Debra McIntyre, O.D.*			
Date Appointed: March 15, 2016			
Date Reappointed: September 14, 2017			
Date Separated: June 1, 2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Practice and Education Committee	February 26, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Practice and Education Committee	March 26, 2021	Web Ex	Yes
Practice and Education Committee	April 16, 2021	Web Ex	No
Board Meeting	May 21, 2021	Web Ex	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Mark Morodomi, J.D.*			
Date Appointed: April 7, 2015			
Date Reappointed: August 2, 2018			
Date Separated: June 1, 2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	February 26, 2021	Web Ex	Yes
Legislation and Regulation Committee	April 23, 2021	Web Ex	No
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Legislation and Regulation Committee	October 22, 2021	Web Ex	No
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Legislation and Regulation Committee	February 18, 2022	Web Ex	No
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	No
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 21, 2023	Web Ex	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Joseph Pruitt, O.D.			
Date Appointed: June 10, 2021			
Date Reappointed: N/A			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	July 9, 2021	Web Ex	Yes
Practice and Education Committee	July 23, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Practice and Education Committee	September 24, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Practice and Education Committee	January 28, 2022	Web Ex	Yes
Practice and Education Committee	March 4, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	No
Board Meeting	August 26, 2022	Web Ex and Sacramento	No
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	No
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes
Board Meeting	August 25, 2023	Web Ex and Sacramento	No
Board Meeting	December 8, 2023	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	December 9, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Jonathan Ross, O.D.			
Date Appointed: June 8, 2022			
Date Reappointed: N/A			
Date Separated: June 1, 2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Practice and Education Committee	September 23, 2022	Web Ex	Yes
Board Meeting	October 10, 2022	Web Ex	Yes

Table 1a. Attendance			
Jonathan Ross, O.D.			
Practice and Education Committee	November 18, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Practice and Education Committee	January 27, 2023	Web Ex	Yes
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	No
Practice and Education Committee	March 24, 2023	Web Ex	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes

Table 1a. Attendance			
Sandra Sims, J.D.			
Date Appointed: April 29, 2021			
Date Reappointed: May 31, 2024			
Date Separated: September 24, 2024			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	No
Legislation and Regulations Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Legislation and Regulation Committee	February 18, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex, Sacramento, and Beverly Hills	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	No
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	No
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes
Board Meeting	August 25, 2023	Web Ex and Sacramento	No
Board Meeting	December 8, 2023	Web Ex and Sacramento	No
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Consumer Protection, Public Relations, and Outreach Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes

Table 1a. Attendance			
David Turetsky, O.D.*			
Date Appointed: December 18, 2013			
Date Reappointed: September 14, 2017			
Date Separated: June 1, 2022			
Meeting Type	Meeting Date	Meeting Location	Attended?
Consumer Protection & Public Relations and Outreach Committee	February 25, 2021	Web Ex	Yes
Legislation and Regulation Committee	February 26, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Legislation and Regulation Committee	April 23, 2021	Web Ex	Yes
Board Meeting	May 21, 2021	Web Ex	Yes
Board Meeting	July 9, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Legislation and Regulation Committee	October 22, 2021	Web Ex	Yes
Consumer Protection, Public Relations and Outreach Committee	October 22, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Consumer Protection & Public Relations and Outreach Committee	February 18, 2022	Web Ex	Yes
Legislation and Regulation Committee	February 18, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Lillian Wang, O.D.*			
Date Appointed: March 27, 2015			
Date Reappointed: July 31, 2018 & May 23, 2023			
Date Separated: Current Member			
Meeting Type	Meeting Date	Meeting Location	Attended?
Legislation and Regulation Committee	February 26, 2021	Web Ex	Yes
Practice and Education Committee	February 26, 2021	Web Ex	Yes
Board Meeting	February 26, 2021	Web Ex	Yes
Practice and Education Committee	March 26, 2021	Web Ex	Yes
Practice and Education Committee	April 16, 2021	Web Ex	Yes
Legislation and Regulation Committee	April 23, 2021	Web Ex	Yes
Board Meeting	May 21, 2021	Web Ex	Yes

Table 1a. Attendance			
Lillian Wang, O.D.*			
Board Meeting	July 9, 2021	Web Ex	Yes
Practice and Education Committee	July 23, 2021	Web Ex	Yes
Board Meeting	August 27, 2021	Web Ex	Yes
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 21, 2022	Web Ex	Yes
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	June 23, 2023	Web Ex	Yes
Board Meeting	August 25, 2023	Web Ex and Sacramento	Yes
Practice and Education Committee	October 18, 2023	Web Ex	Yes
Board Meeting	December 8, 2023	Web Ex	Yes
Practice and Education Committee	February 12, 2024	Web Ex and Sacramento	Yes
Board Meeting	February 16, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	April 5, 2024	Web Ex and Sacramento	Yes
Legislation and Regulation Committee	April 5, 2024	Web Ex and Sacramento	Yes
Board Meeting	May 31, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	June 14, 2024	Web Ex and Sacramento	Yes
Board Meeting	August 9, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	October 11, 2024	Web Ex and Sacramento	Yes
Board Meeting	December 6, 2024	Web Ex and Sacramento	Yes
Practice and Education Committee	December 9, 2024	Web Ex and Sacramento	Yes

*Attendance prior to 2021 was reported in the last sunset report.

Table 1a. Attendance			
Donald Yoo, J.D.			
Date Appointed: October 26, 2021			
Date Reappointed: N/A			
Date Separated: June 1, 2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Board Meeting	November 19, 2021	Web Ex	Yes
Board Meeting	January 7, 2022	Web Ex	Yes
Board Meeting	January 27, 2022	Web Ex	Yes

Table 1a. Attendance			
Donald Yoo, J.D.			
Board Meeting	March 11, 2022	Web Ex	Yes
Board Meeting	May 20, 2022	Web Ex	Yes
Board Meeting	August 26, 2022	Web Ex and Sacramento	Yes
Board Meeting	October 10, 2022	Web Ex	Yes
Board Meeting	December 9, 2022	Web Ex and Sacramento	Yes
Board Meeting	January 27, 2023	Web Ex	Yes
Board Meeting	March 17, 2023	Web Ex and Sacramento	No
Legislation and Regulation Committee	April 21, 2023	Web Ex	Yes
Board Meeting	May 12, 2023	Web Ex and Sacramento	No

Table 1b. Board/Committee Member Roster*					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Jeffrey Garcia, O.D., President	August 17, 2020	May 23, 2023	June 1, 2027	Governor	Professional
Eunie Linden, J.D., Vice President	March 19, 2021	June 21, 2023	June 1, 2027	Senate Rules	Public
Stacy Bragg, O.D., Secretary	May 22, 2023	-	June 1, 2025	Governor	Professional
Alex Clemens	January 19, 2024	-	June 1, 2026	Governor	Public
Martin Dawson, CLD/SLD	March 19, 2024	-	June 1, 2027	Governor	Professional
Paul Hsu	June 23, 2023	-	June 1, 2027	Speaker of Assembly	Public
Robert Klepa, J.D.	May 22, 2023	-	June 1, 2025	Governor	Public
Joseph Pruitt, O.D.	June 10, 2021	-	June 1, 2025	Governor	Professional
Lillian Wang, O.D.	April 2, 2015	May 23, 2023	June 1, 2026	Governor	Professional
Vacant	-	-	-	Governor	Professional
Vacant	-	-	-	Governor	Public

*As of December 10, 2024

Jeffrey Garcia, O.D. - (President) was appointed to the Board by Governor Gavin Newsom as a professional member on August 17, 2020, and reappointed by Governor Gavin Newsom on May 23, 2023. Dr. Garcia, O.D. is an optometrist and has been the owner of Family Eye Care Optometry since 1996. Dr. Garcia, O.D., has been an Adjunct Clinical Assistant Professor for the Southern California College of Optometry since 2014 and an Auxiliary Clinical Faculty for Western College of Optometry since 2013. Dr. Garcia, O.D. is a retired Navy Captain, having served as both a Hospital Corpsman and an Optometrist from 1985 to 2018. Dr. Garcia, O.D. is a member of the American Optometric Association and California Optometric Association. Dr. Garcia, O.D. earned a Doctor of Optometry degree from the Southern California College of Optometry.

Eunie Linden, J.D. - (Vice President) was appointed to the Board by the California Senate Rules Committee as a public member on March 19, 2021, and reappointed on June 21, 2023. Ms. Linden is an attorney who previously worked as a consultant for the California State Assembly Committee on Business and Professions. Ms. Linden also worked for the California Office of Legislative Counsel as a Deputy Legislative Counsel. Ms. Linden graduated from the University of California, Berkeley, School of Law in 2011. Ms. Linden also earned a bachelor's degree from California State University, Long Beach, in 2005, and a Master of Public Policy degree from the University of California, Los Angeles, in 2008.

Stacy Bragg, O.D. - (Secretary) was appointed to the Board by Governor Gavin Newsom on May 23, 2023. Dr. Bragg, O.D. has been a Telehealth Optometrist at Empire Vision Center since 2022 and an Optometrist at Regency Eye Care Inc since 2017. She was an Optometrist at Stacy A. Bragg, O.D., Inc from 2016 to 2017. She was a Managing Optometrist for EYEXAM of California, Inc. from 2014 to 2016. Dr. Bragg, O.D. was an Independent Subleasing Optometrist at First Sight Vision Services, Inc. from 2005 to 2014. Dr. Bragg, O.D. earned a Doctorate degree in Optometry from Pacific University College of Optometry and a Bachelor of Science in Biology from Mercer University.

Alex Clemens was appointed to the Board by Governor Gavin Newsom on January 19, 2024. Clemens has been Partner and Co-Founder of Progress Public Affairs since 2022. He was Partner and Co-Founder at Lighthouse Public Affairs from 2016 to 2022. He was Founder of Barbary Coast Consulting from 2003 to 2016. Clemens has been a licensed private investigator in the State of California since 1998. Clemens earned a Bachelor of Arts degree in International Politics from the University of California, Santa Cruz. Clemens has taught full courses on ethical advocacy and strategic communications at the University of San Francisco Master of Public Affairs program in the 2010s, and to masters' candidates at Golden Gate University in the 2000s. He has guest lectured at the Berkeley Goldman School of Public Policy, at Stanford University, at the University of California Santa Cruz, and at San Francisco State University.

Martin Dawson, CLD/SLD was appointed to the Board by Governor Gavin Newsom on March 19, 2024. Mr. Dawson has been a Field Director with Prison Fellowship since 2021 and currently works as an Academy Program Manager with Prison Fellowship. He was an Optical Consultant for Acuity Eye Group from 2020 to 2021 and a Licensed Optician and Lab Manager for Stanton Optical from 2017 to 2020. Mr. Dawson is co-pastor of the Pillar of Fire Church San Diego.

Paul Hsu was appointed to the Board by the Assembly Speaker as a public member on June 23, 2023. Mr. Hsu is the Chief Procurement Officer at Global Delivery Company, Inc., and holds the position of Vice President of Business Development at Marketing Promotions Inc. Mr. Hsu is also the President of PCH General Constructions, Inc. Mr. Hsu serves as National Advisor for the Asian Pacific Islanders Americans for Public Affairs (APAPA) and previously chaired Chapter Development and was a member of the National Governing Board for the organization.

Robert Klepa, J.D. was appointed to the Board by Governor Gavin Newsom on May 23, 2023. Mr. Klepa has been a Hearing Officer for the Orange County Employee Retirement System since 2019, for the Los Angeles City Housing Dept since 2018, for the Ventura County Employees Retirement Association since 2016, for the Los Angeles County Chief Executive Officer Disability Division since 2011, and for the Los Angeles County Civil Service Commission since 2002. Mr. Klepa has been an Adjunct Instructor with Santa Monica College since 2002 and the University of California, Los Angeles Extension Program since 1998. Mr. Klepa was a Hearing Officer for the Los Angeles

County Housing Authority from 2009 to 2019 and for the city of Santa Monica from 2005 to 2015. Mr. Klepa was a Judge Pro Tem, Arbitrator, and Mediator with the Los Angeles County Superior Court from 1998 to 2014. Mr. Klepa has been a California licensed attorney since 1989, having previously earned his Juris Doctorate from Loyola Law School and his Bachelor of Arts in Political Science from the University of California, Los Angeles.

Joseph A. Pruitt, O.D. was appointed to the Board by Governor Gavin Newsom as a professional member on June 10, 2021. Dr. Pruitt, O.D. has been Director of Eye Care at Riverside-San Bernardino County Indian Health Inc., since 2014. Dr. Pruitt, O.D. was Staff Optometrist at the Department of Veterans Affairs Minneapolis VA Health Care System from 2008 to 2014. Dr. Pruitt, O.D. is a member of the American Optometric Association, Armed Forces Optometric Society, and Christian Medical and Dental Association/Fellowship of Christian Optometrists. Dr. Pruitt, O.D. earned a Doctor of Optometry degree from the Illinois College of Optometry and a Master of Business Administration degree from Nova Southeastern University. Dr. Pruitt, O.D. completed his residency in Primary Care/Geriatric Optometry at the West Los Angeles VA Medical Center.

Lillian Wang, O.D. was appointed to the Board by Governor Edmund Gerald Brown Jr. as a professional member on April 2, 2015, and reappointed by Governor Gavin Newsom on May 23, 2023. Dr. Wang, O.D. has been an optometrist at the Lafayette Optometric Group since 2004 and an associate clinical professor at the University of California, Berkeley School of Optometry since 2000. She did her residency in Pediatric Optometry at the College of Optometry in Houston, TX, from 1997 to 1998 and was an assistant clinical professor at the State University of New York School of Optometry from 1998 to 2000. Dr. Wang, O.D. is a member of the American Academy of Optometry, the California Optometric Association, and the New England College of Optometry Alumni Association. She earned a Doctor of Optometry degree from the New England College of Optometry.

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

No, the Board has not canceled any full board meetings due to lack of a quorum. However, the Dispensing Optician Committee (DOC) has not met since April 2021 due to lack of a quorum caused by not having sufficient appointed members. The DOC has canceled the following meetings:

- July 21, 2022
- October 20, 2022
- April 20, 2023
- July 20, 2023
- October 19, 2023
- There were none scheduled in 2024.

The lack of a quorum has caused the DOC to cancel meetings which has left the Board without the expertise of a statutorily created subcommittee to provide guidance on opticianry issues.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:
- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)

As noted in the Board and Committee Roster, several board members have termed off and new board members have been appointed since the last sunset review.

Several staffing changes have also occurred:

- The former executive officer departed in October 2022 and the current executive officer began in November 2022.
 - The Board also established in 2022 a dedicated enforcement manager position, separating those duties from the administration and licensing manager position.
 - The enforcement manager position was vacated by the incumbent July 30, 2024, and the new enforcement manager began in September 2024.
 - A policy analyst at the Associate Government Program Analyst level vacated the position in November 2023. The Board has been challenged in recruiting a policy analyst, at the Associate Governmental Program Analyst level, and has posted the position several times without success in hiring a candidate.
 - The Board amended its 2021-2025 Strategic Plan pursuant to the Governor's Executive Order N-16-22, directing state agencies and departments to take additional actions to embed equity analysis and considerations into its policies and practices, including but not limited to, the strategic planning process. As a result of that process, the Board's mission was updated to embed "diversity, equity, inclusion, and belonging" into the Board's values.
- All legislation sponsored by the board and affecting the board since the last sunset review.

The Board has not sponsored any legislation since its last sunset review. The following bills were enacted that impacted the Board:

AB 107 (Chapter, 693, Statutes of 2021)

This bill, after July 1, 2023, requires the Board to issue temporary licenses to military spouses meeting specified criteria within 30 days, including passing a background check if one is required for licensure. This bill also requires DCA and the Board to post license information for military spouses on its websites and requires DCA to submit an annual report on licensure of military members, veterans, and spouses.

AB 407 (Chapter 652, Statutes of 2021)

This bill expanded the scope of practice for optometrists and optometric or ophthalmic assistants (assistants). It allowed optometrists to perform more services for their patients, including the use of all topical and oral pharmaceutical agents, which are not controlled substances. It also allowed assistants, under direct supervision of a licensed optometrist or ophthalmologist, to perform more services for patients if the assistant has at least 45 hours of training in the procedures that is acceptable to the licensed optometrist or ophthalmologist.

AB 691 (Chapter 654, Statutes of 2021)

This bill expanded the authority of a qualified optometrist to administer immunizations to include the administration of the COVID-19 vaccine and authorized an optometrist to engage in specified COVID-19 testing.

AB 830 (Chapter 376, Statutes of 2021)

This is the technical committee bill for the Assembly Business and Professions Committee. Among other things, this bill requires DCA's director to notify the Legislature within 60 days after the position of chief or executive officer of any board or bureau within DCA becomes vacant.

AB 1534 (Chapter 630, Statutes of 2021)

This bill extended the Board's sunset date to January 1, 2026. It also revised and recodified the Nonresident Contact Lens Seller Registration Act, created new requirements for mobile optometric clinics, and allowed the Board to charge a fee for license endorsement. This bill also made minor, technical and non-substantive changes to the Business and Professions Code.

SB 509 (Chapter 219, Statutes of 2021)

This bill created a temporary optometrist license for an individual who is immediately unable to take the required Section III-Clinical Skills Examination developed by the National Board of Examiners of Optometry (NBEO Part III) but has met other specified requirements. This bill required a temporary license holder to practice under the direct supervision of a licensed optometrist, as specified, and allowed the temporary license holder to perform any services under the Optometric Practice Act.

AB 2574 (Chapter 596, Statutes of 2021)

This bill corrected an erroneous cross-reference between the clinical laboratory director definition related to optometrists and the Optometry Practice Act and re-authorized and required an optometrist to, in an emergency, stabilize, if possible, and immediately refer any patient who has an acute attack of angle-closure glaucoma to an ophthalmologist.

SB 189 (Chapter 48, Statutes of 2022)

This budget bill, among other things, authorized the Board and state entities to hold public meetings, subject to specified notice and accessibility requirements, through teleconferencing. No physical locations needed to be made available to the public for such meetings if members of the public are allowed to observe and address the meetings electronically. The bill included a sunset date of July 1, 2023.

SB 731 (Chapter 814, Statutes of 2022)

This bill, among other provisions, expanded the types of arrest records that are eligible to be automatically sealed to include more types of felonies under specified circumstances. This bill also allowed certain felony convictions that resulted in incarcerations to be automatically sealed as long as the individual has completed their sentence and has not been convicted of a new felony within four years. It also expanded the date range for which arrests and convictions are eligible to be automatically sealed. These provisions became operative on July 1, 2023.

SB 1237 (Chapter 386, Statutes of 2022)

This bill clarified that military members on active duty with the California National Guard or members of the military on non-temporary assignments stationed outside California are eligible for a waiver of license renewal fees, continuing education requirements, and other license renewal requirements.

AB 883 (Chapter 348, Statutes of 2023)

This bill required the Board, beginning July 1, 2024, to expedite applications for licensure for active-duty military members participating in the U.S. Department of Defense's SkillBridge program. Currently, all DCA boards and bureaus are required to expedite applications from military veterans.

SB 372 (Chapter 225, Statutes of 2023)

This bill required the Board to update license records if the Board receives government-issued documentation demonstrating a legal change of name or gender, as specified. This bill also allowed licensees to request that their prior name be removed from online license verification systems operated by the Board and establishes a process for individuals to access a licensee's enforcement records under their prior name.

SB 502 (Chapter 487, Statutes of 2023)

This bill required the Department of Health Care Services (DHCS), subject to an appropriation, to file all necessary state plan amendments to exercise the Health Services Initiative option made available under the federal Children's Health Insurance Program (CHIP) provisions to cover vision services provided to low-income children statewide through a mobile optometric office. The bill also authorized the acceptance of payment from any of the state's CHIP programs, in addition to the Medi-Cal program, for the owner and operator of a mobile optometric office and the optometrist providing services.

SB 544 (Chapter 216, Statutes of 2023)

This bill revised teleconference requirements under the Bagley-Keene Open Meeting Act, which requires all board meetings to be open and available to the public. This bill added a new teleconference option that requires a majority of members at one physical, publicly accessible location, and also allows additional members above a majority to participate in the meeting from nonpublic sites, as long as the public can also participate in the meeting both remotely and from the publicly accessible sites. It also amends existing law for advisory bodies to allow members to participate remotely in meetings from private nonpublic locations, as long as there is one physical location with at least one staff member where the public can attend, and the public can also access the meeting remotely. These new provisions will be repealed as of January 1, 2026. This bill also preserved existing Bagley-Keene teleconference law. Board members can attend meetings from multiple different teleconference sites, connected electronically via audio or audio and video, and the public must be allowed to attend at each teleconference site.

AB 2327 (Chapter 391, Statutes of 2024)

This bill extended the sunset date for the Mobile Optometric Office program (MOO), which allows nonprofits and charitable organizations to provide optometric services through mobile optometric offices, from 2025 to 2035. This bill also extended the deadline for the Board to adopt regulations relating to mobile optometric offices to January 1, 2026, and prohibited the Board from bringing enforcement actions under the program until January 1, 2026, or until regulations are adopted, whichever is sooner.

- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.

Implementation of Assembly Bill 2138 (Chiu) - Amend California Code of Regulations §§ 1399.270, 1399.271, 1399.272, 1516, and 1517 (Effective February 25, 2021)

[https://www.optometry.ca.gov/lawsregs/approvedreg_2021.shtml]

This rulemaking updated the Board's criteria for determining whether an act, crime, or professional misconduct is substantially related to the qualifications, duties, or functions of an optometrist or optician. The updates brought the Board into compliance with AB 2138 (Chiu, Chapter 995, Statutes of 2018).

Continuing Optometric Education: Purpose and Requirements (Effective August 23, 2023)

[https://www.optometry.ca.gov/lawsregs/approvedreg_2023.shtml]

This rulemaking updated and modernized the Board's continuing education regulation to allow all continuing education to be taken via webinar if it is "live and interactive" and allows for participatory interaction between instructor and licensee.

Fees (Approved December 27, 2023, effective July 1, 2024)

[https://www.optometry.ca.gov/lawsregs/approvedreg_2023.shtml]

This rulemaking raised existing fees to their statutory limits.

Mobile Optometric Office Program (Effective October 9, 2024)

[https://www.optometry.ca.gov/lawsregs/approvedreg_2024.shtml]

This rulemaking implemented the Mobile Optometric Office Program (MOO), establishing a registry of MOO providers, as created by AB 896 (Chapter 121, Statutes of 2020) and revised by AB 1534 (Chapter 630, Statutes of 2021).

Home Residence Permit Program (Effective October 21, 2024)

[https://www.optometry.ca.gov/lawsregs/approvedreg_2024.shtml]

This rulemaking implemented the Home Residence Permit program, established by AB 458 (Chapter 425, Statutes of 2021), authorizing licensed optometrists to acquire a permit and provide optometric services to the homebound.

Radiofrequency Technology and Devices

Approved by the Board at the May 31, 2024, public meeting.

This rulemaking authorizes optometrists certified to use therapeutic pharmaceutical agents (TPA-certified) to use radiofrequency technology and devices to treat dry eye disease.

Optometry Disciplinary Guidelines

Approved by the Board at the October 25, 2019, public meeting.

This rulemaking was intended to be the 2019 update of existing disciplinary guidelines applicable to licensed optometrists. Since the text was approved by the Board five years ago, changes in law have occurred that require further changes to the text. The package is presently under staff review.

Optician Program Omnibus Regulatory Changes

Approved by the Board at the August 14, 2020, public meeting.

This rulemaking would make minor changes to the existing optician program regulations, including updating current initial registration and renewal forms, aligning current fees with the statute, and making other non-substantive changes. Some elements of the package, such as fees, were implemented with the Board's fee regulation effective July 1, 2024. The package is presently under staff review.

Dispensing Optician Disciplinary Guidelines

Approved by the Board at the August 14, 2020, public meeting.

This rulemaking was intended to implement the disciplinary guidelines applicable to registered opticians. Since the text was approved by the Board four years ago, changes in law have occurred that require further changes to the text. The package is presently under staff review.

Requirements for Glaucoma Certification

Approved by the Board at the February 26, 2021, public meeting.

Existing law sets out the requirements for obtaining glaucoma certification. Due to COVID-19, optometry schools have been offering the Grand Rounds Program, authorized by CCR Section 1571, subd. (a)(4)(B), online as a live course for students to satisfy the case management requirement. This proposed regulation would remove the in-person patient evaluation requirement from CCR Section 1571, subd. (a)(4)(B). The package is presently under staff review.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

Occupational Analysis of the Optometric Assistant Occupation and Opticianry Scope of Practice

[https://www.optometry.ca.gov/formspubs/occup_analysts_sops_2023_4.pdf]

The Board contracted with DCA's Office of Professional Examination Services (OPES) to evaluate the role of unlicensed individuals working as optometric assistants. The purpose of the evaluation was to identify overlap in the scope of practice of three opticianry occupations: optometric assistant, spectacle lens dispenser (SLD), and contact lens dispenser (CLD), and to determine whether any health and safety concerns necessitate a new licensing system. The study acquired limited data but did make the following recommendations: 1) establish a clear definition of the role of optometric assistant; 2) detail the tasks optometric assistants can perform and the intent of the tasks; 3) require optometric assistants to register with the Board; and 4) make no changes to the scope of practice for SLDs and CLDs. OPES's conclusions and recommendations were as follows: 1) there is confusion and health and safety concerns about optometric assistant scope of work; and 2) the Board may create a task force to further evaluate the optometric assistant occupation, including whether a license or registration should be required and establishing a clear scope of practice for optometric assistants. The Board has not taken formal action on the report.

Amended 2021-2025 Strategic Plan [<https://www.optometry.ca.gov/about-us/stratplan.pdf>]

In 2022, the Governor issued Executive Order N-16-22 which directed state agencies and departments to take additional actions to embed equity analysis and considerations into its policies and practices, including but not limited to the strategic planning process. The Board was one of the first within DCA to undertake this work, initiating a survey to licensees, stakeholders, board members, and board leadership and staff to consider diversity, equity, and inclusion impacts of policy decisions such as regulatory, statutory, and continuing education requirements. With the assistance of DCA, the Board conducted a new diversity, equity, inclusion, and

belonging focused scan and analysis during September and October of 2023. Feedback was solicited from external stakeholders, board members, and the Board's leadership and staff. This feedback was used to assist the Board in considering a diversity, equity, inclusion, and belonging perspective to its current strategic plan. The Board was led through the strategic planning process by staff from DCA's Strategic Organizational Leadership and Individual Development (SOLID) Unit who conducted workshops at public board meetings on December 8, 2023, and February 16, 2024. On February 16, 2024, the board officially adopted the amended strategic plan. A significant change the Board made was to update its values statement to include the Board's commitment to a California for all that celebrates the diversity of the state. As such, the Board's values statement now includes the following:

Our Values

Consumer Protection

Integrity

Transparency

Professionalism

Excellence

Diversity, Equity, Inclusion, and Belonging

5. List the status of all national associations to which the board belongs.

The Board is an active member of the [Association of Regulatory Boards of Optometry \(ARBO\)](https://www.arbo.org/) [https://www.arbo.org/]. ARBO is an international association, providing resources to regulatory boards of optometry since 1919. ARBO's membership consists of 66 regulatory boards throughout the United States, Canada, Australia, and New Zealand.

- Does the board's membership include voting privileges?

Yes, the board's membership includes voting privileges.

- List committees, workshops, working groups, task forces, etc., on which the board participates.

The Board participates in the following ARBO committees, workshops, working groups, or task forces:

- Council on Optometric Practitioner Education (COPE)
 - Council on Endorsed Licensure Mobility for Optometrists (CELMO)
 - National Board Examination Review Committee (NBERC)
 - Optometric Education Tracker Committee (OE Tracker)
 - Telehealth Taskforce
- How many meetings did board representative(s) attend? When and where?

The current Executive Officer has attended one national meeting: June 16-18, 2024, in Nashville, Tennessee.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Separate exams are used for optometry and opticianry.

Optometrist National Exams

The law requires optometrist applicants to take and pass the National Board of Examiners in Optometry (NBEO) Parts I, II, and III examinations for licensure. Additionally, to be certified to use therapeutic pharmaceutical agents the law requires optometrist applicants to take and pass NBEO's Treatment and Management of Ocular Disease (TMOD) exam. The examination is developed and administered by NBEO, located in North Carolina. The NBEO was established in 1951 and is an organization that develops, administers, and scores examinations, and reports the results that state boards utilize in licensing optometrists to practice eye care. At present, all 50 states, the District of Columbia, and Puerto Rico use NBEO to administer competency exams for licensure.

In partnership with DCA's Offices of Professional Examination Services (OPES), the board conducts assessments of the NBEO Exam, most recently in 2020. The purpose of the assessment is to ensure that the examination meets professional guidelines and technical standards outlined in the Standards for Educational and Psychological Testing and the DCA Examination Validation Policy. The Board's 2020 assessment determined the examination meets the prevailing standards for validation and use of the examination for licensure in California. The NBEO examination is divided into three parts, and applicants must take the first two exams during their second year of optometry school. Parts I and II of the NBEO are computer-based and administered through the Pearson VUE third-party testing proctor. Applicants for an optometrist license take these NBEO examinations before applying to the Board. Part III is performed in person in North Carolina and typically taken between August and May of the fourth year of optometry school. The Board and NBEO have arranged for the scores to be transmitted electronically for examination security purposes. The Board regularly meets and consults with NBEO on all aspects of the exam.

Registered Dispensing Optician Program Examinations

The law requires that Spectacle Lens Dispenser (SLD) candidates pass the American Board of Opticianry (ABO) examination. Contact Lens Dispenser (CLD) candidates must pass the National Contact Lens Examination (NCLE). Both national examinations are developed and administered by the ABO-NCLE and are available in English and Spanish. Both exams are computer-based, two-hours in length, and can be taken at any of the Prometric testing sites around the country. In partnership with OPES, the board conducts regular assessments of the ABO and NCLE exams, most recently in 2020. ABO-NCLE develops the exams with a content expert panel composed of subject matter experts. The content expert panel analyzes the professional skills and abilities from job task analyses, which provide the evidence for the test content outline or blueprint. Test questions are written by certified opticians who have received training from ABO-NCLE and Prometric in writing items. The items are reviewed by the content expert panel with Prometric and pilot-tested to ensure validity and psychometric quality before being used as scored items on an actual exam. The validity and reliability of the exams are monitored by ABO-NCLE staff and certification examinations are updated approximately every three years.

Section 2 – Fiscal and Staff

Fiscal Issues

6. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board's fund is not continuously appropriated. However, pursuant to BPC 3148, \$16 from every biennial renewal fee (as of July 1, 2024, the biennial renewal fee is \$500) "shall be paid [...] to the University of California. This sum shall be used at and by the University of California solely for the advancement of optometrical research and the maintenance and support of the department at the university in which the science of optometry is taught."

7. Using Table 2. **Fund Condition**, describe the board's current reserve level, spending, and if a statutory reserve level exists.

As of July 1, 2024, the Board's current reserve level is 8 months, or \$2.9 million. At the close of FY 2023-2024, the Board spent approximately \$2.9 million and received revenue of \$2.8 million. BPC 3145 provides for a statutory reserve of "not greater than six months of the appropriated operating expenses of the board in any fiscal year." While the current reserve level is slightly above the statutory maximum of six months, the Board has been operating with a structural deficit the past few fiscal years and has relied on a combination of fund reserves and salary savings achieved from vacancies to manage the fund.

Table 2. Fund Condition (list dollars in thousands)						
	FY 2020-21 ³	FY 2021-22 ³	FY 2022-23 ³	FY 2023-24	FY 2024-25 ⁴	FY 2025-26 ⁴
Beginning Balance ¹	\$3,135	\$3,319	\$2,077	\$1,732	\$2,938	\$1,410
Revenues and Transfers	\$2,431	\$2,428*	\$2,564	\$3,933**	\$3,156	\$3,153
Total Resources	\$5,566	\$5,747	\$4,641	\$5,801	\$6,094	\$4,558
Budget Authority	\$2,675	\$2,901	\$3,960	\$4,131	\$4,031	\$4,152
Expenditures ²	\$2,285	\$2,473	\$2,909	\$2,863	\$4,387	\$4,483
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Fund Balance	\$3,281	\$3,274	\$1,732	\$2,938	\$1,707	\$75
Months in Reserve	15.9	13.5	6.9	8.0	4.6	1.0

¹Actuals include prior year adjustments.

²Expenditures include reimbursements and direct draws to the fund.

³Includes Registered Dispensing Opticians.

⁴Estimate

*Includes Executive Order 21/22-276 transfer to GF (AB 84)

**Includes Transfer from Registered Dispensing Opticians

8. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The Board has been operating with a structural deficit for the past three fiscal years which is depleting the fund reserves. As of July 1, 2024, the Board is projecting a deficit in FY 2026-2027 if it were to fully expend its appropriation in the next two fiscal years. At current spending and projected revenues, however, the Board may be able to delay the deficit by a few additional years.

To help bring near-term stability to the fund condition, for the past two fiscal years the Board has been maintaining a vacancy rate of 25 – 33 percent to achieve salary savings and reduce actual expenditures. Effective July 1, 2024, the Board has also implemented a regulation to raise all fees to the statutorily authorized maximum.

However, the regulatory fee increase may not close the structural deficit on a long-term basis and future fee increases could be necessary. The regulatory fee increase is unlikely to put the Board on a permanently sustainable fiscal path because the Board's expenditures are projected to continue to exceed revenues, which reduce reserves. In addition, inflationary pressures will continue to strain the Board's budget. Where it can, the Board has removed positions from its organizational chart and carried high vacancy rates realizing significant salary and benefit savings; but these actions alone may not be enough to close the structural deficit and build a sustainable fund condition that includes a healthy reserve.

As of July 1, 2024, the Board has a 25 percent vacancy rate, a level at which or higher it has maintained for two (2) years. If that were to be maintained going forward the Board may be able to achieve a balance in the fund with revenues and expenditures closely tracking one another. If the Board were to eliminate its vacancy rate, it would also no longer enjoy the sizeable salary savings it is achieving, which is the main tool available to manage a fund condition through a period of structural deficits. If the Board were to be fully staffed, it would spend approximately \$750,000 more than it does now, exploding the structural deficit to nearly \$1 million and eroding the fund condition at a fast clip. This would cause a deficit in FY 2026-27.

The Board is closely monitoring the fund condition with the Department's Budget Office and will keep the Legislature informed of any material changes. The Board looks forward to working with the Legislature to determine appropriate fee levels to ensure a stable fund condition over time.

9. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

In FY 2011-2012, the Board made a \$1 million-dollar loan to the General Fund out of the Optometry fund which was repaid in FY 2016-2017. The Registered Dispensing Optician (RDO) program did not make any general fund loans. No loans have been made since the last Sunset Report in 2020.

10. Using Table 3, **Expenditures by Program Component**, describe the amounts and percentages of expenditures by program component. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$391	\$241	\$508	\$195	\$598	\$287	\$533	\$189
Examination	-	\$161	-	\$148	-	\$149	-	\$111
Licensing	\$200	\$21	\$301	\$34	\$530	\$48	\$472	\$44
Administration *	\$490	\$41	\$532	\$49	\$492	\$34	\$442	\$32
DCA Pro Rata	-	\$565	-	\$482	-	\$573	-	\$726
Diversion (if applicable)	-	-	-	-	-	-	-	-
TOTALS	\$1,081	\$1,029	\$1,341	\$908	\$1,621	\$1,091	\$1,447	\$1,102

* Administration includes costs for executive staff, board, administrative support, and fiscal services.

11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The chart below identifies what the Board has spent on business modernization, including contributions to the BreEZe system, since the last sunset review.

Program	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025*
CSBO	\$123,167	\$65,598	\$62,772	\$49,350	\$45,818	\$65,000

*Budgeted.

12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

Except for the fictitious name permit, all licenses and registrations issued by the Board expire at the end of the month two years from when they were issued. For optometry, the authority for the fees charged by the Board is found at BPC 3152 and Title 16 California Code of Regulations section 1524. For opticianry, the authority for the fees charged is found at BPC 2565 - 2566.1 and Title 16 California Code of Regulations sections 1399.260 – 1399.263. Optometry and Opticianry fees were raised to the statutorily authorized maximum, effective July 1, 2024. Prior to that, most optometrist fees had not been adjusted since 2009, and most opticianry fees had not been adjusted since 2017.

Table 4. Optometry Fee Schedule and Revenue

(list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Exam Application	\$275	\$275	\$98,950	\$90,961	\$78,748	\$74,525	3.3%
Initial License*	\$125	\$125	\$31,695	\$24,825	\$21,950	\$15,260	1%
Biennial Renewal	\$500	\$500	\$1,515,209	\$1,481,656	\$1,540,307	\$1,516,332	58.8%
Delinquency Fee	\$50	\$50	\$8,865	\$7,782	\$8,500	\$7,500	0.3%
Fictitious Name Permit	\$50	\$50	\$5,950	\$7,600	\$7,000	\$9,300	0.3%
Annual Renewal of Fictitious Name Permit	\$50	\$50	\$72,450	\$71,050	\$71,500	\$73,175	2.8%
Delinquency Fee – Fictitious Name Permit	\$25	\$25	\$4,975	\$5,175	\$5,400	\$3,950	0.2%
Name Change Duplicate Wall Certificate	\$25	\$25	\$17,635	\$15,850	\$15,550	\$12,775	0.6%
Statement of Licensure	\$40	\$40	\$13,440	\$15,590	\$15,240	\$25,200	0.7%
Biennial Renewal Statement of Licensure	\$40	\$40	\$20,820	\$20,440	\$22,880	\$21,680	0.8%
Delinquent Renewal of Statement of License	\$20	\$20	\$1,460	\$1,520	\$1,520	\$1,800	0.1%
CE Course Application	\$100	\$100	\$6,900	\$7,100	\$8,900	\$3,550	0.3%
Retired License	\$25	\$25	\$150	\$600	\$775	\$1,550	0.0%
Retired Volunteer License	\$50	\$50	\$0	\$150	\$150	\$500	0.0%
Biennial Renewal of Retired Volunteer License	\$50	\$50	\$306	\$306	\$238	\$272	0.0%
Letter of Verification	\$40	\$60	\$0	\$0	\$1,360	\$6,400	0.1%
Immunization Certification	\$50	\$50	\$0	\$400	\$450	\$50	0.0%
Home Residence Permit	\$50	\$100	\$0	\$0	\$0	\$0	0.0%
Renewal Fee for Home Residence Permit	\$50	\$100	\$0	\$0	\$0	\$0	0.0%
Delinquency Fee for Home Residence Permit	\$25	\$100	\$0	\$0	\$0	\$0	0.0%
Mobile Optometric Office Owner and Operator Registration Fee	\$360	Reasonable Cost	\$0	\$0	\$0	\$0	0.0%
Mobile Optometric Office Owner and Operator Biennial Renewal Fee	\$360	Reasonable Cost	\$0	\$0	\$0	\$0	0.0%
Mobile Optometric Office Permit Fee	\$472	\$600	\$0	\$0	\$0	\$0	0.0%
Mobile Optometric Office Permit Renewal Fee	\$472	\$600	\$0	\$0	\$0	\$0	0.0%

*Initial application fees are broken down via the following certification types which all graduates since 2008 automatically qualify for: Therapeutic Pharmaceutical Agent - \$25; Lacrimal Irrigation and Dilution - \$50; and Glaucoma - \$50.

Table 4. Opticianry Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2020-21 Revenue	FY 2021-22 Revenue	FY 2022-23 Revenue	FY 2023-24 Revenue	% of Total Revenue
RDO Application	\$200	\$200	\$8,550	\$10,050	\$10,350	\$18,600	0.5%
RDO Registration	\$300	\$300	\$2,000	\$15,800	\$10,200	\$24,250	0.5%
RDO Biennial Renewal	\$300	\$300	\$96,150	\$118,400	\$92,650	\$118,400	4.1%
RDO Delinquency	\$50	\$75	\$3,800	\$1,950	\$2,700	\$2,350	0.1%
RDO Replacement Certificate	\$25	\$25	\$175	\$350	\$500	\$1,100	0.0%
CLD Application	\$200	\$200	\$12,750	\$20,700	\$25,650	\$19,650	0.8%
CLD Registration	\$300	\$300	\$13,000	\$26,400	\$33,200	\$25,800	1.0%
CLD Biennial Renewal	\$300	\$300	\$112,600	\$97,800	\$105,350	\$106,600	4.1%
CLD Delinquency	\$50	\$75	\$4,900	\$3,200	\$2,900	\$2,300	0.1%
CLD Replacement Certificate	\$25	\$25	\$925	\$900	\$375	\$1,025	0.0%
SLD Application	\$200	\$200	\$46,800	\$54,450	\$60,300	\$47,550	2.0%
SLD Registration	\$300	\$300	\$48,200	\$73,400	\$77,600	\$61,800	2.5%
SLD Biennial Renewal	\$300	\$300	\$236,700	\$274,675	\$229,350	\$287,400	10%
SLD Delinquency	\$50	\$75	\$12,125	\$10,975	\$9,750	\$9,900	0.4%
SLD Replacement Certificate	\$25	\$25	\$2,175	\$2,475	\$1,850	\$2,750	0.1%
Nonresident Ophthalmic Lens Dispenser Application	\$200	\$200	\$150	\$600	\$450	\$300	0.0%
Nonresident Ophthalmic Lens Dispenser Registration	\$200	\$200	\$0	\$200	\$1,400	\$400	0.0%
Nonresident Ophthalmic Lens Dispenser	\$300	\$300	\$1,600	\$1,400	\$1,600	\$1,000	0.1%

Biennial Renewal							
Nonresident Ophthalmic Lens Dispenser Delinquency	\$50	\$75	\$50	\$50	\$50	\$50	0.0%
Nonresident Ophthalmic Lens Dispenser Replacement Certificate	\$25	\$25	\$0	\$0	\$0	\$0	0.0%

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

1. [1111-038-BCP-2020-GB – Occupational Analysis Funding](#)
[https://esd.dof.ca.gov/Documents/bcp/2021/FY2021_ORG1111_BCP3607.pdf]
The Board requested a one-time special fund budget augmentation of \$106,000 in 2020-21 to fund an occupational analysis (OA) of the unlicensed profession of optometric assistants and associated costs for subject matter experts. The OA is needed to clarify the scope of practice of optometric assistants compared to the scope of practice of registered dispensing opticians to determine whether optometric assistants should be regulated for the protection of consumers.
2. [1111-056-BCP-2021-GB - Board and Bureau Workload - Examination Development and Validation \(Board of Optometry\)](#)
[https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG1111_BCP4343.pdf]
The Board requested \$60,000 in fiscal year 2021-22 and ongoing to fund continued optometry examination development and psychometric validation. Ongoing annual development and validation of the Board's licensing exams is critical to avoid any potential compromises of the exams.
3. [1111-063-BCP-2021-GB - Board of Optometry – Mobile Optometric Office License \(AB 896\)](#)
[https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG1111_BCP4346.pdf]
The Board requested \$262,000 in fiscal year 2021-2022, \$246,000 in fiscal years 2022-23 and 2023-24, and two three-year limited-term positions to address anticipated workload because of Chapter 121, Statutes of 2020, which creates a new license type for mobile optometric offices.
4. [1111-070-BCP-2022-GB - Board of Optometry – Enforcement, Continuing Education Audits, and Opticianry Professions Practice Analysis](#)
[https://esd.dof.ca.gov/Documents/bcp/2223/FY2223_ORG1111_BCP5184.pdf]
The Board requested resources to reduce case closure timeframes, increase monitoring and accountability for growing enforcement workload related to continuing education audits, and bring process uniformity to higher-level enforcement actions. The Board also requested one-time funding for a scope of practice study of the licensed professions of spectacle lens dispenser and contact lens dispenser, and the unlicensed profession of optometric assistant. The study was needed to clarify the actual practice and parameters of each profession.
5. [1111-098-BCP-2022-GB – Legislative Workload \(AB 1534\)](#)
[https://esd.dof.ca.gov/Documents/bcp/2223/FY2223_ORG1111_BCP5186.pdf]

The Board requested \$443,000 in fiscal year 2022-23, \$419,000 in fiscal year 2023-24 and ongoing, and 3.0 positions to address increased workload related to the provisions of Chapter 630, Statutes of 2021 (AB 1534). AB 1534 revised and restructured the practice of Opticianry in California, required registration of Non-Resident Spectacle Lens Sellers, and increased penalties for violations of the Optometric and Optician Practice Acts. The Board requested 3.0 analyst positions to address the increased workload as a result of these new provisions.

6. 1111-124-BCP-2022-GB - Legislative Workload (SB 509)

[https://esd.dof.ca.gov/Documents/bcp/2223/FY2223_ORG1111_BCP5186.pdf]

The Board requested two-year limited-term resources, including a 0.5 position and \$84,000 in fiscal year 2022-23 and \$76,000 in fiscal year 2023-24, to address increased workload related to the provisions of Chapter 219, Statutes of 2021 (SB 509). SB 509 allowed for a temporary optometrist license to be issued for an individual who applies for and is eligible for licensure under existing law, but who is unable to immediately take the required examination for licensure.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
111-038-BCP-2020-GB	20-21	Occupational Analysis Funding	0	N/A	\$0	\$0	\$106,000	\$106,000
1111-056-BCP-2021-GB	21-22	To fund continued optometry examination development and validation.	0	N/A	\$0	\$0	\$60,000	\$60,000
1111-063-BCP-2021-GB	21-22	To fund positions to implement Mobile Optometric Office Program (AB 896 and AB 1534)	1: OT; 1: AGPA	1: OT; 1: AGPA	\$196,000	\$196,000	\$66,000	\$66,000
1111-070-BCP-2022-GB	22-23	To fund scope of practice study, reduce case closure timeframes, and increase continuing education audits	1: SSM1: AGPA	1: SSM1; 1: AGPA	\$159,000	\$159,000	\$107,000	\$107,000
111-098-BCP-2022-GB	22-23	To fund positions related to opticianry. (AB 1534)	1: SSA; 2: AGPA	1: SSA; 2: AGPA	\$344,000	\$344,000	\$99,000	\$99,000
1111-124-BCP-2022-GB	22-23	To fund a position related to temporary licensure. (SB 509)	0.5: AGPA	0.5: AGPA	\$61,000	\$61,000	\$23,000	\$23,000

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

As noted in past sunset reviews, the Board continues to experience high staff turnover and vacancy rates due to resource limitations and limited advancement opportunities for staff. Despite these challenges, the Board worked to balance its financial needs, staff development, and its statutory mandate of consumer protection.

The Board's staff grew from 12.5 positions in Fiscal Year (FY) 2020-2021 to a high of 19.9 in FY 2023-2024. This growth was necessary to achieve improvements in licensing and enforcement processes and timelines. To achieve ongoing personnel savings, in FY 2022-23 the Board did not seek permanent authority for 2.5 limited term positions received in prior BCPs (1111-063-BCP-2021-GB and 1111-124-BCP-2022-GB) and initiated the process to remove them. Effective July 1, 2024, the Board's organization chart shrunk by 2.5 positions or 12.5 percent, from 19.9 positions to 17.4 reflecting this change. Additionally, pursuant to the [Department of Finance Budget Letter 24-20](https://dof.ca.gov/wp-content/uploads/sites/352/2024/07/BL-24-20-Vacancy-Savings-and-Position-Elimination.pdf) [https://dof.ca.gov/wp-content/uploads/sites/352/2024/07/BL-24-20-Vacancy-Savings-and-Position-Elimination.pdf], the Board was required to identify an additional 1.4 vacant positions to remove to achieve savings. After removing these 1.4 positions, the Board's organizational chart will show 16 authorized positions.

Given the structural deficit discussed earlier, the Board maintained a vacancy rate among its authorized positions of about 25% – 33% for FY 2022-2023 and 2024-2025 to manage its fund condition. During this period, the Board achieved significant salary savings, while also improving its licensing and enforcement timelines. However, this high vacancy rate can pose several staffing challenges to the Board.

First, as a small regulatory board there are few opportunities for advancement within the Board, and most employees seeking to promote in their career must look elsewhere for those opportunities. Second, remaining staff must absorb the duties of the vacant positions, placing an extra burden on their existing job responsibilities. Third, maintaining a high vacancy rate must be balanced against the Board's consumer protection mandate. While the Board managed to improve its licensing and enforcement timelines with a high vacancy rate, the Board may need to hire additional staff in the future to ensure it has sufficient human capital to carry out its consumer protection mandate. To address these concerns, the Board is working to carefully balance its budgetary needs while still providing internal staff development opportunities and maintaining positions that offer staff advancement opportunities.

The Board also had a leadership change since the prior sunset review. In October 2022 the Board's Executive Officer departed and an interim Executive Officer was appointed. The interim Executive Officer was made permanent in March 2023.

The Board has had difficulty recruiting for its policy analyst position. This position is responsible for performing legislative and regulatory analytical work and the Board's outreach and communications functions. The most recent incumbent was in the role for one year, departing in November 2023.

15. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 12, Attachment D).

As a small board, it is critical that staff works efficiently and effectively together. A variety of methods are employed by Board leadership to develop staff personally and professionally.

Staff development first begins at the hiring stage and continues with onboarding and ongoing personnel development throughout the employees' probationary tenure with the Board. During the hiring and onboarding stage, management and the employee are learning about each other and discovering what adjustments may need to be made to help the employee achieve their potential. As the employee onboards into the position, constant and ongoing check-ins with management occur until the employee has developed the ability to function more independently in their role. During this time, skills and attributes are accessed more fully and employees may be sent to specific training courses to enhance a particular skill area. Employees also have the opportunity to request specific training courses and are encouraged to do so.

The Board utilizes DCA's SOLID Training Services division, and CalHR, which offers an array of training classes to support staff in learning and practicing new skills, gaining competence and confidence in their work roles, and preparing for career advancement. Under the current Executive Officer, once a year all staff attend a full day staff team building event, including a half-day training facilitated by SOLID. Specifically, in 2023, this training course was "Color Lingo", a communication styles training, and in 2024, the training was titled "Inner Hero", a training about mindset and developing resilience in the face of adversity.

The Executive Officer conducts weekly manager meetings and participates in monthly licensing, administration, and enforcement unit meetings. The managers and Executive Officer also meet one-on-one with staff to discuss items of interest or concern.

Section 3 – Licensing Program

16. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

As of July 1, 2024, the Board is meeting and substantially exceeding the performance targets and requirements for optometry applications. The performance targets for optometry applications are found at Title 16 California Code of Regulations section 1564 and that law provides that the minimum, median, and maximum processing times for optometrist licensure application are as follows:

- Minimum – 1 day
- Median – 30 days
- Maximum – 120 days

For fictitious name permit applications, Title 16 California Code of Regulations section 1564.1 provides that the minimum, median, and maximum processing times are as follows:

- Minimum – 7 days
- Median – 30 days

² The term "license" in this document includes a license, certificate, permit or registration.

- Maximum – 120 days

The Board is currently exceeding all these targets. As of July 1, 2024, the Board was processing completed optometrist applications in less than a week and completed fictitious name permit applications in under two weeks.

The law does not provide any processing requirements for opticianry applications, but the Board strives to process these applications consistent with the Department of Consumer Affairs licensing performance measures, which provides for a 30-day target to process a complete application for licensure as a Registered Contact Lens Dispenser or Registered Spectacle Lens Dispenser. For the business license, the Registered Dispensing Ophthalmic Business, the performance target is 60 days. As of July 1, 2024, the Board is meeting these targets.

17. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The processing times of applications for all license types improved during the period covered in this report. And since Spring of 2023 the Board measurably improved the average time to process the initial optometrist and fictitious name permit applications (FNP). At the conclusion of FY 2019-2020, the last year reported in the Board's prior sunset review report, the average processing time for an initial optometrist license was 68 days. In FY 2020-2021, it was 69 days, in FY 2021-2022, it took 76 days, and in FY 2022-2023, it was 68 days, however at the end of quarter 3 of that fiscal year the processing time was 90 days. The reforms were put into place in the Spring of 2023; at that time the Board's average processing time was about three months. With only one quarter left in the fiscal year, the reforms had an immediate effect, bringing the average down to 68 days. Fiscal year 2023-2024 marks the first full fiscal year the reforms have been in place and the average processing time for a completed initial optometrist license was less than one (1) week. Year over year the processing time improved by over 90%.

Over the first three fiscal years covered in this report, FY 2020-2021 through 2022-2023, FNPs applications averaged between 79 and 110 days on average to complete. In FY 2023-2024 because of reforms implemented on BrEZe, these applications were being processed in nine (9) days on average.

As seen in Table 7a and 7b, pending applications, across initial optometrist exam requests and applications and those for opticianry, have not grown at a rate that exceeds completed applications. In fact, the number of applications the Board has received for initial licensure as an optometrist have declined over the past four (4) fiscal years. In percentage terms, exam requests were 14 percent lower in FY 2023-2024 compared to FY 2020-2021 and initial applications were 34 percent lower in FY 2023-2024 compared to FY 2020-2021.

According to the United States Bureau of Labor Statistics, the optometrist profession is projected to grow by nine (9) percent between 2022 and 2032, much faster than average for all occupations. In California, between FY 2020-2021 and FY 2023-2024, the population of active licensed optometrists grew 3.5 percent (7,536 in FY 2020-2021 and 7,798 in FY 2023-2024). More information regarding trends in application and renewals is discussed in answer to question 61.

The four opticianry license types, in contrast, have seen growth. Over the four-year (4) period, FY 2020-2021 – FY 2023-2024, active RDO licenses grew by seven (7) percent. Total spectacle lens dispenser registrations are 15 percent higher, and the contact lens dispenser registration is 20 percent higher in FY 2023-24 compared to FY 2020-2021. The Board has issued a total of 22 nonresident ophthalmic lens dispenser licenses compared to 15 in FY 2020-2021.

According to the United States Bureau of Labor Statistics, the optician profession is projected to grow by three (3) percent between 2022 and 2023, about as fast as average for all occupations.

One of the challenges with the opticianry registrations was that two transactions must occur to receive the registration: an initial application and then an initial registration, with separate fees paid in each transaction. The business process required the applicant to first open and submit an initial application which must be reviewed and approved by staff before the applicant was able to open and submit an initial registration. Both steps had to be successfully completed to be registered to practice opticianry in California. Having to complete both transactions when the process can be conducted with one, was identified as a barrier to entry and this two-step process may have delayed entry into the workforce for qualified applicants. The Board worked with the DCA BreEze team to collapse the two applications into one, combining transactions to achieve application efficiencies for the applicant and staff. Effective in September 2024, this new process is anticipated to further improve the processing times for opticianry applications.

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

Over the past four (4) fiscal years, the Board has denied three (3) applications for licensure based on criminal history that was determined to be substantially related to the qualifications, functions, or duties of the profession. Details for each case are below:

1. Registered Spectacle Lens Dispenser applicant was denied based on their criminal conviction for DUI.
2. Registered Spectacle Lens Dispenser applicant was denied based on their criminal convictions for lewd and lascivious act with a child under 14, assault with a firearm, and false statement of material fact.
3. Registered Spectacle Lens Dispenser applicant was denied based on their criminal convictions for identity theft and petty theft.

Table 6a. Optometry Licensee Population

		FY 2020/2021	FY 2021/2022	FY 2022/2023	FY 2023/2024
Optometrist	Active ³	7,536	7,563	7,757	7,798
	Out of State	1,025	847	823	789
	Out of Country	37	28	26	24
	Delinquent	771	794	724	645
	Retired	90	95	105	179
	Retired Volunteer	21	25	38	50
	Inactive	313	329	348	330
	Other ⁴				

Statement of Licensure (SOL)	Active	1,399	1,524	1,575	1,861
	Delinquent	677	684	732	719
Fictitious Name Permit	Active	1,463	1,413	1,504	1,560
	Delinquent	253	240	243	159
Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.					

Table 6b. Opticianry Licensee Population

		FY 2020/2021	FY 2021/2022	FY 2022/2023	FY 2023/2024
Registered Dispensing Ophthalmic Business (RDO)	Active	1,103	1,147	1,156	1,185
	Delinquent	385	222	165	105
Registered Spectacle Lens Dispenser (SLD)	Active	2,870	3,085	3,231	3,300
	Delinquent	1,287	724	790	800
Registered Contact Lens Dispenser (CLD)	Active	1,142	1,212	1,291	1,371
	Delinquent	394	246	276	258
Nonresident Ophthalmic Lens Dispenser (NOLD)	Active	15	16	22	22
	Delinquent	2	3	3	5

Table 7a. Optometry Licensing Data by Type

Optometrist		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2020/21	(Exam)	378	369	11	15	N/A	N/A	0	0	0
	(License)	355	256	4	221	N/A	N/A	69	112	97
	(Renewal)	4,037	3,839	227	1,639	N/A	N/A	4	0	4
FY 2021/22	(Exam)	334	323	9	15	N/A	N/A	0	0	0
	(License)	287	314	16	176	N/A	N/A	76	106	97
	(Renewal)	3,815	3,638	201	1,273	N/A	N/A	15	0	15
FY 2022/23	(Exam)	310	293	12	21	N/A	N/A	11	0	11
	(License)	259	417	7	11	N/A	N/A	68	33	61
	(Renewal)	4,080	3,850	273	1,680	N/A	N/A	7	0	7
FY 2023/24	(Exam)	324	296	20	24	N/A	N/A	0	0	0
	(License)	235	222	3	20	N/A	N/A	4	16	11
	(Renewal)	4,250	3,718	350	1,078	N/A	N/A	2	0	2

* Optional. List if tracked by the board.

Table 7a. Optometry Licensing Data by Type

SOL		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	371	338	30	36	N/A	N/A	0	0	0

	(Renewal)	796	509	231	1,067	N/A	N/A	1	0	1
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	430	387	33	47	N/A	N/A	0	0	0
	(Renewal)	753	526	228	1,003	N/A	N/A	0	0	0
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	407	382	41	30	N/A	N/A	1	0	1
	(Renewal)	951	546	279	1,173	N/A	N/A	8	0	8
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	696	674	27	22	N/A	N/A	0	0	0
	(Renewal)	994	555	350	1,129	N/A	N/A	0	0	0
* Optional. List if tracked by the board.										

Table 7a. Optometry Licensing Data by Type

FNP		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	126	89	4	46	N/A	N/A	79	122	104
	(Renewal)	1,531	1,427	97	364	N/A	N/A	0	0	0
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	163	80	21	107	N/A	N/A	115	141	127
	(Renewal)	3,815	3,638	201	345	N/A	N/A	0	0	0
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	151	207	34	17	N/A	N/A	110	263	132
	(Renewal)	1,511	1,391	101	349	N/A	N/A	0	0	0
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	208	195	16	14	N/A	N/A	9	50	12
	(Renewal)	1,591	1,443	243	220	N/A	N/A	0	0	0
* Optional. List if tracked by the board.										

Table 7b. Opticianry Licensing Data by Type

RDO		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	65	13	63	59	N/A	N/A	0	154	154
	(License)	10	10	0	0	N/A	N/A	9	0	9
	(Renewal)	609	547	29	546	N/A	N/A	23	0	23
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	85	81	37	26	N/A	N/A	68	123	114
	(License)	83	80	2	1	N/A	N/A	4	0	4
	(Renewal)	618	606	194	288	N/A	N/A	10	0	10
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	82	51	26	31	N/A	N/A	65	76	74
FY 2022/23	(License)	52	53	0	0	N/A	N/A	2	0	2

	(Renewal)	511	466	86	327	N/A	N/A	4	0	4
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	136	130	24	13	N/A	N/A	40	39	39
	(License)	127	126	0	1	N/A	N/A	1	0	1
	(Renewal)	691	605	118	159	N/A	N/A	5	0	5
* Optional. List if tracked by the board.										

Table 7b. Opticianry Licensing Data by Type

SLD		Received	Approved/Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY)
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	340	263	31	131	N/A	N/A	62	112	92
	(License)	250	234	5	20	N/A	N/A	10	33	10
	(Renewal)	1,454	1,190	176	1,591	N/A	N/A	4	0	4
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	397	380	67	78	N/A	N/A	40	68	57
	(License)	368	375	9	6	N/A	N/A	7	18	7
	(Renewal)	1,534	1,385	721	921	N/A	N/A	10	0	10
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	428	398	48	58	N/A	N/A	25	45	38
	(License)	402	396	7	4	N/A	N/A	2	0	2
	(Renewal)	1,486	1,175	184	1,126	N/A	N/A	1	0	1
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	382	351	37	50	N/A	N/A	16	55	37
	(License)	351	338	7	7	N/A	N/A	2	2	2
	(Renewal)	1,897	1,433	256	1,042	N/A	N/A	2	0	2
* Optional. List if tracked by the board.										

Table 7b. Opticianry Licensing Data by Type

CLD		Received	Approved/Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY)
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	98	68	8	37	N/A	N/A	71	87	78
	(License)	66	63	8	4	N/A	N/A	15	0	15
	(Renewal)	627	556	53	497	N/A	N/A	1	0	1
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	151	142	25	20	N/A	N/A	38	53	45
	(License)	131	133	0	4	N/A	N/A	6	0	6
	(Renewal)	578	497	211	316	N/A	N/A	3	0	3
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	192	172	17	26	N/A	N/A	30	37	33

FY 2022/23	(License)	170	169	2	1	N/A	N/A	2	0	2
	(Renewal)	623	524	60	392	N/A	N/A	0	0	0
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	156	152	18	9	N/A	N/A	19	57	26
	(License)	147	143	0	5	N/A	N/A	2	0	2
	(Renewal)	666	550	79	337	N/A	N/A	0	0	0
* Optional. List if tracked by the board.										

Table 7b. Opticianry Licensing Data by Type

NOLD		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2020/21	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	1	0	1	1	N/A	N/A	N/A	N/A	N/A
	(License)	0	0	0	0	N/A	N/A	N/A	N/A	N/A
	(Renewal)	8	7	0	6	N/A	N/A	14	0	14
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	5	1	1	4	N/A	N/A	0	245	245
	(License)	1	1	0	0	N/A	N/A	5	0	5
	(Renewal)	9	9	1	3	N/A	N/A	34	0	34
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	3	7	0	0	N/A	N/A	42	135	123
	(License)	7	7	0	0	N/A	N/A	9	0	9
	(Renewal)	9	7	1	5	N/A	N/A	2	0	2
	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(Application)	4	2	0	2	N/A	N/A	29	109	69
FY 2023/24	(License)	2	2	0	0	N/A	N/A	12	0	12
	(Renewal)	7	5	0	7	N/A	N/A	5	0	5
* Optional. List if tracked by the board.										

Table 7b. License Denial

	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24	
	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN
License Applications Denied (no hearing requested)	0	0	0	1	0	0	0	0
SOIs Filed	0	2	1	0	1	2	0	1
Average Days to File SOI (from request for hearing to SOI filed)	-	345	57	-	106	49	-	123
SOIs Declined	0	0	0	0	0	0	0	0
SOIs Withdrawn	0	0	0	0	0	0	0	0
SOIs Dismissed (license granted)	0	0	0	0	0	0	0	0
License Issued with Probation / Probationary License Issued	0	0	1	0	0	1	0	0
Average Days to Complete (from SOI filing to outcome)	-	-	335	258	216	203	-	-

19. How does the board verify information provided by the applicant?

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

All applicants for licensure must take and successfully pass a state and federal criminal background check. The Board has not denied any applications over the last four years based on the applicant's failure to disclose information on the application.

- Does the board fingerprint all applicants?

Yes, the Board fingerprints all applicants.

- Have all current licensees been fingerprinted? If not, explain.

Yes, all current and active licensees have been fingerprinted.

- Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The National Practitioners Databank (NPDB) is the national databank of disciplinary actions for optometrists and other health care practitioners. State regulatory agencies and other entities required to report disciplinary information populate the database with information about their licensees. Board staff reviews NPDB entries at initial application and enrolls the applicant in continuous monitoring. Should the NPDB be updated with disciplinary actions, judgments, or settlements involving an enrolled licensee, the Board receives a notification of that update.

- Does the board require primary source documentation?

Yes, the Board requires documentation to be received directly from the initiating source and publishes a statement regarding primary source verification on its website: [Primary Source Verification Statement](https://www.optometry.ca.gov/formspubs/applicantprimarysource.pdf).
(<https://www.optometry.ca.gov/formspubs/applicantprimarysource.pdf>)

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Business and Professions Code section 3057 provides the requirements for an out-of-state applicant. There is no pathway for an out-of-country applicant to obtain licensure without first having obtained a degree of optometry from an accredited school or college of optometry. Accredited schools and colleges of optometry are in the United States (including Puerto Rico) and Canada. Out-of-country applicants, except those with Canadian degrees, are directed to contact accredited institutions to inquire about pathways to acquire the necessary degree.

Out-of-state applicants must meet the following requirements:

- Take and pass the California Law and Regulations Exam.

- Take and pass all three parts of the national exams offered by the National Board of Examiners in Optometry, including Treatment and Management of Ocular Disease, or TMOD.
- Provide proof of out-of-state license.
- Provide proof of meeting the California continuing education requirements.
- Take and successfully pass a state and federal fingerprint criminal background check.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The United States military requires optometrists to already have been licensed before they can report for duty in the armed services. There are no education, training, or experience requirements for Registered Spectacle Lens Dispensers or Registered Contact Lens Dispensers; they simply must pass a national examination.

- Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

Yes, the Board identifies and tracks applicants who are veterans.

- How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

The Board has had no applicants offering military education, training, or experience towards meeting optometry or optician licensing requirements. There are no training or experience requirements to obtain a registration as a RDO, SLD, or CLD, and the United States armed forces requires optometrists serving in the military to hold a state license.

- What regulatory changes has the board made to bring it into conformance with BPC § 35?

The Board is following BPC 35, and therefore has not needed to make regulatory changes. The Board's existing requirements do not hinder military personnel from having their application or license renewals processed promptly.

- How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

Since the last sunset review in 2020, the Board has waived the renewal fee for two optometrists and zero opticians. The impact to Board revenues is negligible.

- How many applications has the board expedited pursuant to BPC § 115.5?

Since FY 2020-2021, the Board has expedited the following applications pursuant to BPC 115.5:

	BPC 115.5 Applications Received	BPC 115.5 Applications Approved
Optometrist	9	8
Registered Spectacle Lens Dispenser	10	7
Registered Contact Lens Dispenser	5	4

22. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes, No Longer Interested notifications are sent electronically to DOJ by BreZE on an ongoing basis. There is no backlog.

Examinations

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Optometrist applicants must pass the California Laws and Regulations Exam (CLRE), and the national examinations developed by the National Board of Examiners in Optometry (NBEO); the exams are only offered in English. Spectacle Lens Dispenser candidates must pass the American Board of Opticianry Examination and Contact Lens Dispenser candidates are required to pass the National Contact Lens Examination. Both national examinations are developed and administered by the American Board of Opticianry and are available in English and Spanish. Further information on the examinations is provided below.

All applicants for licensure as an optometrist must take and pass the CLRE. The Board charges \$275 for the exam, the Board's examination vendor, PSI, charges \$29.15; and the NPDB charges \$4. The CLRE is developed and maintained by the Office of Professional Examination Services (OPES), a division of DCA, in conjunction with executive staff of the Board. OPES staff include testing specialists who are trained to develop and analyze occupational licensure examinations. Individual multiple-choice questions are developed in examination development workshops by licensees serving as Subject Matter Experts. Each question is carefully researched and validated with published references to ensure accuracy and consistency with entry-level practice. The Board publishes on its website a CLRE Examination Bulletin that is updated annually and distributed to the Deans of the optometric colleges. It can be accessed here: [CLRE Exam Bulletin](https://www.optometry.ca.gov/formspubs/cib_exam.pdf) (https://www.optometry.ca.gov/formspubs/cib_exam.pdf).

CLRE candidates receive two test opportunities per fee; should the candidate fail the first time, they must wait 180 days before they can sit for another examination. The purpose of this wait period is to allow sufficient time to refresh the examination and provide the candidate time for

further study. The Board has found that this lengthy wait period can impact the length of time it takes a candidate to be licensed, with no direct connection to consumer protection. Effective January 1, 2025, the Board and OPES will be refreshing the examination quarterly, which reduces the period a candidate who fails must wait in half, from 180 days to 90.

All applicants for licensure as an optometrist, in California and in every state in the United States, must also take and pass the national exams produced by NBEO, which includes the following:

- [Part 1 – Applied Basic Science](https://www.optometry.org/exams/part_I) [https://www.optometry.org/exams/part_I]
- [Part 2 – Patient Assessment & Management](https://www.optometry.org/exams/part_II) [https://www.optometry.org/exams/part_II]
- [Part 3 - Patient Encounters and Performance Skills](https://www.optometry.org/PEPS) [https://www.optometry.org/PEPS]
- [Treatment and Management of Ocular Disease \(TMOD\)](https://www.optometry.org/exams/tmod) [https://www.optometry.org/exams/tmod]

Parts I and II of the NBEO are computer based, and Part III is performed in person in North Carolina. Upon applying with the Board, applicants must ensure that the NBEO submits their scores to the Board. The Board and the NBEO have arranged for the scores to be transmitted electronically for examination security purposes.

Initially, the COVID-19 pandemic exposed testing challenges within optometry as the reliance on a sole physical site in a state on the East Coast proved challenging for students in California and other distant locations.

The Board simultaneously engaged NBEO in discussions around securing an additional location and collaboratively worked together with numerous stakeholders to ensure that students would not be impacted. This work was successful and the NBEO has administered numerous administrations of Part III since 2020 and despite the pandemic and travel restrictions, all candidates were able to travel and take Part III of the NBEO.

However, the NBEO underwent an extensive study and determined that establishing a second test site is not financially feasible nor does it have any future plans to establish a second site. One likely impact of creating a new site would be to increase the testing fees, which would impact applicants financially. The NBEO has also established contingency plans which it can employ in the case of another emergency, pandemic, natural disaster, cyber-attack, or domestic terrorism.

The Board also worked with the Legislature and stakeholders to secure passage of SB 509 (Chapter 219, Statutes of 2021 (codified as BPC 3046.1)) which provided a pathway for optometry students impacted by COVID-19 to secure temporary licensure with important consumer protections in place, such as a requirement to work under a supervising licensed optometrist that is physically present.

However, the statute would not cover future pandemics or emergencies because it only requires the Board to issue temporary licensure “due to the state of emergency, proclaimed by the Governor on March 4, 2020, in response to the COVID-19 pandemic.” However, it may serve as an important model in the future for the Legislature to consider how to address occupational licensure pathways and decisions for highly qualified students and applicants when unplanned situations occur, such as pandemics or national emergencies.

24. What are pass rates for first time vs. retakes in the past 4 fiscal years? Are pass rates collected for examinations offered in a language other than English?

Overall passage rates are presented below in Table 8(a). Over the past four (4) fiscal years, the pass rate for first time CLRE test takers is: 88%. Over the same period, the pass rate for retakes of the CLRE was 83%.

The CLRE and NBEO are only offered in English. The passage rates have declined across both the state exam, CLRE, and the national exams administered by NBEO.

Table 8(a). Examination Data³				
California Examination (include multiple language) if any:				
License Type		OPT	-	-
Exam Title		CLRE	-	-
FY 2020/21	Number of Candidates	357	-	-
	Overall Pass %	90%	-	-
	Overall Fail %	10%	-	-
FY 2021/22	Number of Candidates	286	-	-
	Overall Pass %	92%	-	-
	Overall Fail %	8%	-	-
FY 2022/23	Number of Candidates	276	-	-
	Overall Pass %	85%	-	-
	Overall Fail %	15%	-	-
FY 2023/24	Number of Candidates	252	-	-
	Overall Pass %	80%	-	-
	Overall Fail %	20%	-	-
Date of Last OA		2019	-	-
Name of OA Developer		OPES	-	-
Target OA Date		2026		

*Number of candidates is determined by approved exam requests

Table 8(b). National Examination. Include multiple languages, if any.				
License Type		OPT	SLD	CLD
Exam Title		NBEO	ABO	NCLE
FY 2020/21	Number of Candidates	1,778	610	204
	Overall Pass %	92%	49%	45%
	Overall Fail %	8%	51%	55%
FY 2021/22	Number of Candidates	1,701	743	251
	Overall Pass %	88%	49%	51%
	Overall Fail %	12%	51%	49%

³ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

	Number of Candidates	1,743	833	313
FY 2022/23	Overall Pass %	84%	51%	51%
	Overall Fail %	16%	49%	49%
	Number of Candidates	1,700	696	271
FY 2023/24	Overall Pass %	85%	56%	53%
	Overall Fail %	15%	44%	47%
Date of Last OA		2023	2019	2019
Name of OA Developer		NBEO	Prometric	Prometric
Target OA Date		2028-30	2026	2026

25. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

Yes, except for Part III of the NBEO exam, all the exams are computer-based.

For optometry license applicants, Parts I and II of the NBEO are computer-based. The exams are proctored at hundreds of testing sites around the country. Both tests are two hours each and are available to take within two specific weeks, four times a year. For opticianry applicants, both the American Board of Opticianry and the National Contact Lens Examiners exams are computer-based testing. Prometric (third-party testing vendor) proctors the exams in sites across the country. Both the opticianry tests are two hours each and are available to take continuously.

26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

The Board has not identified any statutes that hinder the efficient and effective processing of examinations. The Board has identified an issue that can hinder the efficient and effective processing of certain opticianry applications. Regarding the issuance of probationary licenses, this issue is discussed in detail in Section 10 New Issues, Item #4.

27. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board conducts occupational analyses to provide validation evidence to support the requirements for California-specific examinations as needed. The occupational analysis for the CLRE was last conducted in 2019.

As of January 1, 2025, the Board will update and revise its current California-specific examination quarterly, or every 90 days, in accordance with sound testing practices followed by OPES. Previously, the wait time was six (6) months. The Board has not identified any other reason to update, revise, or eliminate the CLRE. The CLRE is an important consumer protection tool. While the NBEO exams test competency to function as an optometrist – can the individual safely diagnosis primary eye care problems – the CLRE is designed to test a candidate's knowledge of California's specific jurisprudence and consumer protection requirements. For example, it includes questions about patient receipt requirements and sanitation and handwashing specifications, as well as important questions dealing with scope of practice and referral requirements.

School Approvals

28. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

Business and Professions Code section 3023 requires the Board to accredit schools, colleges, and universities in or out of this state providing optometric education that it finds giving a sufficient program of study for the preparation of optometrists. The Board accepts accreditation from the Accreditation Council on Optometric Education (ACOE). The ACOE is the only accrediting body for professional optometric degree programs, optometric residency programs, and optometric technician programs in the United States and Canada. Both the U.S. Department of Education and the Council on Higher Education Accreditation recognize the ACOE as a reliable authority concerning the quality of education of the programs the ACOE accredits. The Bureau for Private Postsecondary Education (BPPE) does not play a role in approving the schools/colleges of optometry; therefore, the Board does not work with the BPPE in the approval process. The Board does not approve or accredit optician schools or programs in California because there are no education or degree requirements necessary to obtain registration as an RDO, SLD, or CLD.

29. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The ACOE has accredited 26 schools and colleges of optometry [in the United States and Canada]. California has three fully accredited schools:

- Herbert Wertheim School of Optometry and Vision Science, University of California, Berkeley
- Marshall B. Ketchum University, Fullerton; and
- Western University of Health Sciences, College of Optometry, Pomona.

The Board considers the courses offered by the other schools/colleges of optometry accredited by the ACOE to be equivalent to those in California. Any schools/colleges of optometry that are in the pre-accreditation process are reviewed each year until the program has its first graduating class, at which time it becomes fully accredited. The ACOE conducts a formal reevaluation visit at least every eight years for professional O.D. or optometric residency programs. All accredited programs are reviewed annually through an annual reporting process, and the ACOE may visit more frequently if deemed necessary through the annual reporting process. The Board receives and reviews the copy of each report prepared by ACOE.

30. What are the board's legal requirements regarding approval of international schools?

The Board does not have statutory authority to approve or certify international schools of optometry or opticianry. Further, in 2018 via AB 1708 (Chapter 564, Statutes of 2017) the Legislature repealed Business and Professions Code section 3057.5, which required the Board to allow a graduate of a foreign university to sit for the examinations.

Continuing Education/Competency Requirements

31. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

There are no continuing education (CE) requirements for optician licenses. Optometrist licensees must complete a minimum number of hours of CE based upon the certifications associated with their license. Licensees with no additional certifications are required to complete 40 hours of CE within the two years immediately preceding the license expiration date. Optometrists certified in the use of therapeutic pharmaceutical agents (TPA) are required to complete 50 hours of CE, with 35 of the required 50 hours on the diagnosis, treatment, and management of ocular disease. An optometrist who has a glaucoma certification is required to complete 10 of the 50 hours specifically on glaucoma. All applicants who graduated in 2008 or after are TPA and glaucoma certified and must complete the same CE requirements of 50 hours total, with 35 hours in ocular disease and 10 hours in glaucoma.

In August 2023 the Board's continuing education regulations found at Title 16 California Code of Regulations section 1536 were amended to allow for "live and interactive" courses, including webinars, which modernized the ability of optometrists to achieve compliance with the CE requirements necessary to renew their license. The Board also doubled the length of approval for Board-approved CE courses to two (2) years. A copy of these regulations can be found here: [CE Regulations](https://www.optometry.ca.gov/lawsregs/approvedreg_2023.shtml). [https://www.optometry.ca.gov/lawsregs/approvedreg_2023.shtml]

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle*	Percentage of Licensees Audited**
Optometrist	Biennial	50	7.5%*

*TPA certified must complete 50 total, with 35 in ocular disease and 10 in glaucoma if also holding that certification, which all post 2008 graduates do.

**Goal. The Board has been building its CE program as discussed in this section.

- How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The Board requires optometry licensees to certify, under penalty of perjury, to meeting the CE requirements pursuant to Title 16 CCR section 1536 each renewal cycle. If a licensee fails to certify completion of the required CE, the license renewal is held until the licensee certifies completion of CE. A licensee may not practice with an expired or delinquent license.

During an audit the Board will request proof of CE attendance via certificates and transcripts. The Board's regulations allow for utilization of ARBO's OE Tracker, which is an optometric continuing education tracker utilized by many optometrists to track their CE compliance. The Board has a direct access login that it will access to verify an auditees CE. All information contained on OE Tracker is primary source and verified as authentic by ARBO.

- Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Yes, the Board conducts CE audits of its optometrist licensees. The Board audits a percentage of its license renewals by randomly selecting licensees and requiring them to prove their compliance with CE requirements. There are no CE requirements for opticians. The Board believes that CE requirements are an important tool for licensees to demonstrate their continued competency to safely practice. To verify compliance with the CE requirements, the Board audits a portion of its licensees. While the Board has struggled in the past to consistently perform CE audits, since FY 2022-2023, quarter 2 the Board has been routinely performing audits and nearly doubled its completed audits in FY 2023-2024, year over year.

Audited licensees are required to supply certificates of completion as proof of meeting the CE requirements. The Board's regulations require licensees to "maintain all course completion certificates on file which are used for renewal purposes for a period of four (4) years from the license renewal date and shall provide these records to the Board upon request or in the event of an audit, if requested, within ten (10) days of the date of the Board's written request for such records." The Board's regulations also authorize use of the ARBO OE Tracker, as mentioned above, to check for CE compliance.

Audit notices are sent via email, regular, and certified mail to the address of record to ensure receipt of the notice by the audited licensee. If the licensee fails to respond within the 10-day time frame, they may be considered to have failed the audit. Coursework submitted in response to the audit is evaluated in accordance with Title 16 California Code of Regulations section 1536. If the licensee meets the requirements, the licensee will receive a letter stating they have passed the audit. An audited licensee who fails the audit may receive a citation with a fine.

- What are consequences for failing a CE audit?

The consequences for failing a CE audit can include any of the following: no action taken, letter of education, citation, or formal discipline such as a letter of public reproof or accusation. The Board normally issues a citation with fine and abatement order to remediate the hours.

- How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

Data regarding completed CE audits is presented below:

FY 2020-2021: 0 completed.

FY 2021-2022: 0 completed.

FY 2022-2023: 72 audited, 14 failed; 19% failure rate.

FY 2023-2024: 141 audited, 42 failed; 30% failure rate.

To renew an optometrist license, the license holder certifies under penalty of perjury to having met the CE requirements. CE audit failures occur when the results of the audit demonstrate that the licensee holder did not complete the required hours because they cannot prove that they took enough courses to meet the requirements. The Board has been communicating information about CE audits at every board meeting, on its website, via List Serv, newsletter, and social media, at via presentations to stakeholders and universities.

- What is the board's course approval policy?

Under the Board's CE regulations, the following CE course offerings enjoy automatic approval:

- Courses officially sponsored or recognized by any accredited US school or college of optometry.
- Courses provided by any national or state affiliate of the American Optometric Association, the American Academy of Optometry, or the Optometric Extension Program.
- Courses approved by the ARBO committee known as COPE (Council on Optometric Practitioner Education).
- Any CE course approved for category 1 of the American Medical Association or category 1A of the American Osteopathic Association Continued Medical Education credits that contribute to the advancement of professional skill and knowledge in the practice of optometry.

CE courses not preapproved as above are reviewed by the Board's Practice and Education Committee (PEC). Providers must apply for CE course approval on the Board approved form and pay a \$100 application fee. The application must be accompanied by any course presentation materials and the curriculum vitae of all instructors and/or lecturers involved. The courses are then approved at a public PEC meeting on an as-needed basis. Course approvals are valid for two (2) years.

- Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

The PEC, pursuant to Title 16 California Code of Regulations section 1536, approves CE courses which meet the following criteria:

- Whether the program is likely to contribute to the advancement of professional skill and knowledge in the practice of optometry,
- Whether the instructors, lecturers, and others participating in the presentation are recognized by the Board as being qualified in their field,
- Whether the proposed course is open to all optometrists licensed in this state, and
- Whether the provider of any mandatory continuing optometric education course agrees to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for at least three years from the date of course presentation.

- How many applications for CE providers and CE courses were received? How many were approved?

During the past four fiscal years, the Board received approximately 706 applications for CE course approvals and approved approximately 677.

- Does the board audit CE providers? If so, describe the board's policy and process.

No, the Board does not audit CE providers.

- Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The Board has not reviewed its CE policy to move toward performance-based assessments of licensees' continuing competence, and the Board is not currently planning to implement performance-based assessments, as the Board does not have the staff resources to implement such assessments. However, in August 2023 the Board authorized live and interactive CE and defined live and interactive as:

- In-person lectures, in-person workshops, in-person demonstrations, or in-person classroom studies which allow participatory interaction between the licensee and the instructor during the instructional period; or
- Lectures, webinars, workshops or audio or video conferences delivered via the internet or computer networks in real time, which means online meetings with participatory interaction between the licensee and the instructor presenting the content during the instructional period at the same time.

The criteria for judging and approving CE courses used by the Board for continuing optometric education credit was also updated to include "whether the proposed course has measures for participatory interaction, including participant attendance reports, in-content quizzes, participant polls, real time participant video requirements, and records of participant log in and log out times."

Section 4 – Enforcement Program

32. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board follows DCA's Consumer Protection Enforcement Initiative (CPEI) guidelines, and established the following guidelines:

	Target – Average Days
Intake	7
Intake and Investigations	90
Disciplinary Action	540
Probationer Intake	25
Probationer Violation	10

The Board has consistently met the Intake performance target over the past four (4) years but has not met the targets for the other performance measurements, such as Intake and Investigations and Disciplinary Action. It should be noted that the Board's performance target for Intake and Investigations, 90 days, is a target date that is earlier than all but five (5) other DCA boards and bureaus.⁴

Performance across the fiscal years is noted below:

⁴ Board of Psychology is 80 days, Bureau of Automotive Repair is 60 days, Court Reporters Board is 60 days, Naturopathic Medicine Board is 90 days, and the Speech Language Pathology and Audiology and Hearing Aid Dispensers Board is 90 days.

Performance Measure	Target – Average Days	Actual FY 2020-21	Actual FY 2021-22	Actual FY 2022-23	Actual FY 2023-24
Intake	7	4	6	5	2
Intake and Investigations	90	192	308	328	195
Disciplinary Action	540	461	703	682	932
Probationer Intake	25	2	10	1	1
Probationer Violation	10	9	12	0	1

33. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Number of Complaints Received

Complaints for both opticianry and optometry remained consistent across FY 2020-2021 – FY 2022-2023. During FY 2023-2024, however, complaints related to the optometry program increased by 85%, from 211 to 391. Most of this increase is attributed to the increase in internally generated complaints initiated by staff. In FY 2023-2024 this category of complaint increased from 30 to 140, as staff increased its rate of CE audits and targeted unlicensed activity. Complaints received from the public also had a notable increase, increasing from 148 to 204. Over the past year the Board has increased its social media and list serv postings, routinely published its newsletter, and published its complaint form in languages other than English. These efforts may help explain the increase in complaints received from the public.

Citations Issued

The issuance of administrative citations increased from 0 issued in FY 2020-2021 to 61 in FY 2023-2024. Most of the citations issued during this time frame are for failing a CE audit, as discussed in question 31.

Investigation Closure Times

The Board made significant improvement in the time it takes to close an investigation from the time of assignment. In FY 2020-2021 the Board averaged 329 days for an optometry investigation and 458 days for an opticianry investigation. In FY 2023-2024 these timeframes had been reduced to 122 days for optometry and 236 days for opticianry.

Table 9. Enforcement Statistics									
	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24		
	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	
COMPLAINTS									
Intake									
Received	214	34	213	58	211	43	391	55	
Closed without Referral for Investigation	3	0	1	0	0	0	0	0	
Referred to INV	211	33	210	58	212	42	393	57	
Pending (close of FY)	1	1	3	0	2	2	0	0	

Conviction / Arrest								
CONV Received	9	42	14	57	11	46	8	41
CONV Closed Without Referral for Investigation	0	1	0	0	0	0	1	1
CONV Referred to INV	9	42	14	57	11	46	7	40
CONV Pending (close of FY)	1	0	0	0	0	0	0	0
Source of Complaint ⁵								
Public	161	18	160	24	148	23	204	32
Licensee/Professional Groups	5	4	7	4	4	1	1	0
Governmental Agencies	9	41	11	25	11	46	8	41
Internal	8	32	15	49	30	11	140	13
Other	1	0	2	0	8	1	4	1
Anonymous	39	10	32	13	21	7	42	10
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	5	6	6	5	4	2	2
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	20	3	23	10	3	4	3	1
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	3	5	6	6	5	4	2	2
INVESTIGATION								
Desk Investigations								
Opened	122	61	134	75	147	53	367	84
Closed	66	71	98	61	214	118	410	126
Average days to close (from assignment to investigation closure)	329	458	441	566	314	463	122	236
Pending (close of FY)	171	110	201	120	141	70	107	40
Non-Sworn Investigation	N/A		N/A		N/A		N/A	
Opened	0	0	0	0	0	0	0	0
Closed	0	0	0	0	0	0	0	0
Average days to close (from assignment to investigation closure)	0	0	0	0	0	0	0	0
Pending (close of FY)	N/A		N/A		N/A		N/A	
Sworn Investigation								
Opened	1	1	5	3	14	5	9	4
Closed	7	2	0	1	5	4	11	1
Average days to close (from assignment to investigation closure)	840	408	0	91	151	259	369	472
Pending (close of FY)	3	2	8	4	16	5	12	6
All investigations ⁶								
Opened	220	75	224	115	288	88	400	140
Closed	161	87	210	106	222	151	443	97
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	167	383	352	433	279	433	298	278

⁵ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

⁶ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Average days for investigation closures (from start investigation to investigation closure)	164	314	314	316	260	316	227	236
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	1010	385	915	537	275	432	402	274
Average days from receipt of complaint to investigation closure	168	318	318	317	264	317	230	242
Pending (close of FY)	164	95	171	100	114	50	81	20
CITATION AND FINE								
Citations Issued	0	0	4	7	17	16	54	7
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	0	0	1,022	710	261	646	199	289
Amount of Fines Assessed	0	0	\$6,750	\$25,000	\$29,200	\$61,250	\$95,700	\$21,950
Amount of Fines Reduced, Withdrawn, Dismissed	0	0	0	0	\$7,000	\$1,875	\$6,400	\$0
Amount Collected	0	0	\$4,750	\$74,159	\$17,500	\$12,959	\$95,250	\$12,050
CRIMINAL ACTION								
Referred for Criminal Prosecution	0	0	0	0	0	1	0	1
ACCUSATION								
Accusations Filed	0	1	3	1	2	4	6	2
Accusations Declined	0	0	0	1	0	0	0	1
Accusations Withdrawn	1	0	0	0	0	0	2	0
Accusations Dismissed	0	0	0	0	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	0	157	107	139	618	124	520	129
INTERIM ACTION								
ISO & TRO Issued	0	0	0	0	0	0	0	0
PC 23 Orders Issued	0	0	0	0	0	0	1	0
Other Suspension/Restriction Orders Issued	0	0	0	0	1	1	2	1
Referred for Diversion	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Petition to Compel Examination Ordered	0	0	0	0	0	0	0	0
DISCIPLINE								
AG Cases Initiated (cases referred to the AG in that year)	5	5	7	6	6	12	10	7
AG Cases Pending Pre-Accusation (close of FY)	1	4	2	3	6	9	8	3
AG Cases Pending Post-Accusation (close of FY)	6	1	6	2	4	5	2	0
DISCIPLINARY OUTCOMES								
Revocation	1	2	0	0	1	2	0	1
Surrender	1	1	0	0	1	0	1	1
Suspension only	0	0	0	0	0	0	3	0
Probation with Suspension	1	0	1	0	0	0	1	0
Probation only	1	0	1	1	1	2	0	2
Public Reprimand / Public Reprimand	0	0	0	0	1	0	0	0

Other	0	0	0	0	0	2	0	0
DISCIPLINARY ACTIONS								
Proposed Decision	1	0	2	10	1	0	0	1
Default Decision	1	2	0	0	0	2	0	0
Stipulations	2	1	0	0	3	1	2	3
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	479	371	728	253	196	195	189	226
Average Days from Closure of Investigation to Imposing Formal Discipline	629	556	1297	668	755	592	706	393
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	1080	931	1032	842	793	793	818	918
PROBATION								
Probations Completed	1	1	1	3	0	1	3	1
Probationers Pending (close of FY)	7	4	5	3	4	5	3	3
Probationers Tolled *	0	0	0	0	0	1	1	1
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	2	0	2	0	0	1
SUBSEQUENT DISCIPLINE⁷								
Probations Revoked	0	0	1	0	2	0	1	1
Probationers License Surrendered	0	0	0	0	0	1	0	0
Additional Probation Only	0	0	0	0	0	0	0	0
Suspension Only Added	0	0	0	0	0	0	0	0
Other Conditions Added Only	0	0	0	0	0	0	0	0
Other Probation Outcome	0	0	0	0	0	0	0	0
SUBSTANCE ABUSING LICENSEES								
Probationers Subject to Drug Testing	2	1	1	1	2	1	0	1
Drug Tests Ordered	14	22	60	28	97	26	33	7
Positive Drug Tests	0	1	6	0	5	0	0	2
PETITIONS								
Petition for Termination or Modification Granted	3	1	1	1	0	0	0	0
Petition for Termination or Modification Denied	1	0	0	0	0	1	0	0
Petition for Reinstatement Granted	0	0	0	0	0	0	0	0
Petition for Reinstatement Denied	0	0	0	0	0	0	0	0
DIVERSION **								
New Participants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Successful Completions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Participants (close of FY)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Terminations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Terminations for Public Threat	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Drug Tests Ordered	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Positive Drug Tests	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

⁷ Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging													
		FY 2020/ 21	FY 2021/22		FY 2022/23		FY 2023/24		Cases Closed		Average %		
	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	OPT	OPN	
Investigations (Average %)													
Closed Within:													
90 Days		101	29	106	52	128	53	348	92	683	226	61.8%	48.9%
91 - 180 Days		7	15	23	8	20	8	33	12	83	43	7.5%	9.3%
181 - 1 Year		19	10	22	13	46	13	20	10	107	46	9.6%	10%
1 - 2 Years		19	14	37	9	69	9	23	12	148	44	13.4%	9.5%
2 - 3 Years		3	5	10	13	13	13	16	8	42	39	3.8%	8.4%
Over 3 Years		5	12	22	20	9	20	6	12	42	64	3.8%	13.8%
Total Investigation Cases Closed		154	85	220	115	285	116	446	146	1105	462	100%	100%
Attorney General Cases (Average %)													
Closed Within:													
0 - 1 Year		0	0	0	0	0	2	1	3	1	5	7.7%	29.4%
1 - 2 Years		0	1	0	0	1	2	0	0	1	3	7.7%	17.6%
2 - 3 Years		0	0	1	0	0	1	2	1	3	2	23.1%	11.8%
3 - 4 Years		0	1	1	1	2	0	0	1	3	3	23.1%	17.6%
Over 4 Years		2	1	0	2	1	0	2	1	5	4	38.4%	23.5%
Total Attorney General Cases Closed		2	3	1	0	4	7	5	6	12	16	100%	100%

34. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Most disciplinary outcomes have shown little change. However, the overall statistics show a decrease in revocations across both optometry and opticianry. During the period covered in the last sunset review, FY 2017-2018 through FY 2019-2020, there were seven (7) optometrist licenses revoked and 10 opticianry registrations revoked. During the period covered in this report, FY 2020-2021 through FY 2023-2024, there were two (2) optometrist licenses revoked and five (5) opticianry registrations revoked.

35. How are cases prioritized? What is the board's complaint prioritization policy?

The Board prioritizes cases per DCA's [Complaint Prioritization and Enforcement Referral Guidelines](https://www.dca.ca.gov/enforcement/case_referral_guidelines_professional_boards_bureaus.pdf) [https://www.dca.ca.gov/enforcement/case_referral_guidelines_professional_boards_bureaus.pdf], which were updated in FY 2023-24.

Guidance To Refer Complaints to the Division of Investigation (DOI):

CATEGORY 1 – URGENT – Immediate referral to DOI

Complaints alleging imminent and/or ongoing public safety risk:

- Practicing under the influence of drugs or alcohol, or mental or physical impairment of the licensee resulting in great bodily injury/death or major financial harm over \$10k.
- Use of force incidents resulting in great bodily injury/death.

- Unlicensed practice or practicing with a delinquent/revoked license resulting in great bodily injury/death or major financial harm over \$10k and/or requiring an in-person undercover operation.
- Aiding and abetting unlicensed practice resulting in great bodily injury/death or major financial harm over \$10k and/or requiring an in-person undercover operation.
- Project abandonment resulting in major financial loss over \$10k and/or great bodily injury/death to the client/public.
- Acts of serious consumer harm, gross negligence, or incompetence by a licensee resulting in great bodily injury/death (criminal).
- Complaints with significant media coverage and/or sensitivities.
- Examination subversion or board examination compromised (recommend consultation with DCA's Office of Professional Examination Services prior to DOI referral).
- Obtaining licensure by selling/using fraudulent documents/transcripts.
- Re-inspections after a refusal to comply with routine inspections that resulted in violent threats and/or great bodily injury to the inspector or another board/bureau employee.
- Other felony criminal violations, including but not limited to:
 - Selling fraudulent documents/transcripts.
 - Major financial fraud/financial elder/insurance fraud abuse over \$10k.
 - Sexual misconduct with a client (non-consensual).

CATEGORY 2 – HIGH – Discuss with DOI prior to assigning to the Board

- Acts of serious consumer harm, gross negligence, or incompetence by a licensee resulting in great bodily injury/death or major financial loss under \$10k (non-criminal).

CATEGORY 3 – Complaints appropriate to be worked by the Board

- Use of force incidents not resulting in great bodily injury/death.
- General unprofessional conduct, negligence, incompetence resulting in minor/potential harm.
- General work quality complaints, offensive behavior/conduct/speech (noncriminal).
- Unlicensed practice or practicing with a delinquent/revoked license with minor/potential consumer harm/injury/financial loss, not requiring an in-person undercover operation.
- Aiding and abetting unlicensed practice – non-criminal, minor/potential harm/injury/financial loss, not requiring an in-person undercover operation.
- Working outside the scope of the license (non-criminal, minor/potential consumer harm, no major financial loss).
- Site inspections – solo and joint with board expert, no need for law enforcement standby/security.
- Examination Subversion – individual cheating, examination not compromised.
- Failing to have required permits, insurance, or violating related laws/ordinances (e.g., worker's compensation violations, permit violations, business violations, zoning violations, public contract violations, labor code violations, etc.).
- Civil lawsuits/malpractice - unless determined to be Category 1 or 2.
- Project abandonment with no/minimal consumer harm (non-criminal, minor/potential consumer harm, no major financial loss, minor/potential patient harm).
- Applicant misconduct not related to examination subversion or fraudulent documents
- Unsanitary conditions requiring site visit.

CATEGORY 4 – Complaints appropriate to be worked by the Board

- Subsequent arrest notifications that do not require a suspension (Penal Code section 23 (PC23) action or interim suspension order (ISO)) and DOI assistance.
- Failure to release records, recordkeeping violations, contract violations.

- False/misleading advertising – not unlicensed/not criminal.
- Failure to display license number.
- Continuing education violations.
- Declaration and record collection.
- Probation violations unless determined to be Category 1 or 2.
- Non-jurisdictional issues.
- Other Services Provided by DOI Upon Request
 - Law enforcement standby/security for board/bureau staff or member safety.
 - Assist with PC23/ISO, if unable to quickly take action at the board/bureau level.
 - Issuing and serving subpoenas when needed.

36. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Licensees, insurers, state and local governments, prosecutors, and courts are all required to report to the Board information regarding settlements, judgements, and arbitration awards, pursuant to Business and Professions Code sections 801, 801.1, 803.5, and 803.6. In addition, the Board receives reports from the National Practitioner Data Bank. The Board does not believe there are problems with receiving the reports.

- What is the dollar threshold for settlement reports received by the board?

The dollar threshold for settlement reports is \$3,000.

- What is the average dollar amount of settlements reported to the board?
The Board received nine (9) settlement reports in the last four (4) fiscal years. The total amount of the nine (9) settlements is \$1,881,249. The average dollar amount is \$209,027.

37. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board may enter into a settlement agreement with the Respondent at any time after the pleading document (Accusation or Statement of Issues) is filed.

Settlement agreements are one tool the Board uses to reduce the time and expense associated with disciplinary actions, but the Board does not seek a settlement in every case. The following factors are considered when settlement terms are proposed:

- Nature and severity of the alleged violations
- Actual or potential harm
- Overall discipline or conviction history
- Rehabilitation
- Mitigating evidence
- Compliance with court orders
- Cooperation with the Board's investigation
- Time elapsed since the alleged violations occurred
- Work Respondent has done to prevent recurrence of the alleged violations

Settlement terms are based on the Board's Disciplinary Guidelines, which describe the disciplinary actions and probation terms indicated for specific violations of the law. Enforcement staff work with the Executive Officer and the assigned Deputy Attorney General to draft a settlement based on the alleged violations, the Board's Disciplinary Guidelines, and factors indicated above.

Once the settlement has been accepted and signed by Respondent, the Stipulated Settlement goes to the Board members for voting. The Board may adopt or reject the Stipulated Settlement. If adopted, the Stipulated Settlement will become the final order in the disciplinary action. If rejected, the Board may propose different settlement terms be given to Respondent for acceptance, or the Board may remand the case to hearing in front of an Administrative Law Judge.

- What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board is not statutorily authorized to settle before filing an Accusation.

- What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board had eleven (11) stipulated settlements and eleven (11) cases that were categorized as resulting in a hearing (proposed decisions and default decisions). Of the eleven (11) that "resulted in a hearing", six (6) of those were default decisions.

- What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Fifty percent of the cases resulted in being settled rather than resulting in a hearing.

38. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Yes, the statute of limitations for optometrist licenses is defined in BPC section 3137. It states that, with certain exceptions, the Board must file an Accusation within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first. The Board has not lost any cases due to statute of limitations.

39. Describe the board's efforts to address unlicensed activity and the underground economy.

Consistent with the prior sunset report, the primary way the Board addresses unlicensed activity is through outreach. The Board does outreach to aspiring licensees by presenting information at accredited schools or colleges of optometry, including the requirements to obtain initial licensure. These events reach both the first year and fourth year optometry students. Board staff also works with optician organizations and schools to present information regarding the requirements to obtain registrations as a spectacle or contact lens dispenser.

Board staff also proactively research unregistered dispensing ophthalmic businesses, including nonresident ophthalmic lens dispensers, and unpermitted retail offices of optometry. When

unregistered or unpermitted businesses are identified, Board staff will send a contact letter advising the business of the application and licensing requirements, providing a pathway to come into compliance. Operators that ignore several Board attempts at achieving compliance may face disciplinary action and/or a citation. The primary goal in these situations is to achieve compliance and bring the business into the regulatory fold.

Cite and Fine

40. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

Business and Professions Code sections 125.9 and 148 provide the Board authority to issue citations and fines against licensees, registrants, and unlicensed persons for violations of the Optometry Practice Act and the laws governing opticianry. Within opticianry, Business and Professions Code section 2556 authorizes the Board, by regulation, to impose and issue administrative fines and citations and Business and Professions Code section 3095, within the Optometry Practice Act, authorizes the same.

Since the last sunset review, the Board has not made any changes to the regulations which govern the Board's citation and fine authority. However, the Board has identified an issue which it plans to pursue via regulation.

There are, in effect, two citation programs: one for opticianry and one for optometry and they operate with distinct differences that make the administration of the citation program inefficient.

The optometry citation program operates as a Class A, B, C system, as follows:

- Class A citations involve a person who has engaged in the practice of optometry without a current and valid license. A class A citation is subject to an administrative fine in an amount not less than \$1,500 and not to exceed \$2,500 for each violation.
- Class B citations involve an optometrist who has either:
 - (1) Violated any statute or regulation which would be grounds for discipline by the Board that has caused non-physical financial harm to a person, or
 - (2) Has committed a violation that are grounds for issuance of a Class "C" citation and has been issued one or more prior Class "C" citations within the three (3) years immediately preceding the issuance of the citation.

A class B citation is subject to an administrative fine in an amount not less \$500 and not to exceed \$2,500 for each violation.

- Class C citations involve an optometrist who has violated any statute or regulation which would be grounds for discipline by the Board that did not cause physical or financial harm to a person. A class "C" citation is subject to an administrative fine in an amount not less than \$250 and not to exceed \$2,500 for each violation.

Under this class system for optometry, a citation may include a fine between \$2,501 and \$5,000 if one or more of the following circumstances apply:

- (1) The citation involves a violation that has an immediate relationship to the health and safety of another person;
- (2) The cited person has a history of two or more prior citations of the same or similar violations;
- (3) The citation involves multiple violations that demonstrate a willful disregard of the law;
- (4) The citation involves a violation or violations perpetrated against a senior citizen or disabled person;
- (5) The citation involves fraudulent billing submitted to an insurance company, or Medi-Cal or Medi-Care programs.

The citation system for opticianry does not operate on a class system and does not authorize a citation with a fine up to \$5,000, but instead specifies the statutory code and applies a fine range. For example, for violations of the following statutory codes the Board is authorized to fine between \$1,100 and \$2,500:

- Business and Professions Code section 810
- Business and Professions Code section 2542
- Business and Professions Code section 2553
- Business and Professions Code section 2556.5
- Business and Professions Code section 2559.1
- Business and Professions Code section 2559.2(e)
- Business and Professions Code section 2560

The problem with the opticianry citation system is that statutory codes are often amended and may be renumbered. The only way for the authority to continue to exist is for the program to initiate a regulatory proposal. For example, subsection (e) of Business and Professions Code section 2559.2 does not exist following amendments made in 2022. Additionally, the unprofessional conduct statute for opticianry, Business and Professions Code section 2555.5, is not listed in the regulation so the Board cannot issue a fine with a citation for violating this code section.

There are other important differences between the two citations programs. If an optometrist wishes to contest a citation and participate in an informal citation conference, they have 30 days to notify the Board and submit the request. A cited optician, however, only has 10 days. Once the Board is notified of the cited party's timely request for an informal citation conference, optometrists are given 60 days within which the conference will be held, whereas opticians get 30 days.

The Board anticipates pursuing a regulatory change to address these issues. Specifically, the Board intends to amend the opticianry regulations to mirror the optometrist class A, B, and C system timelines.

41. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board's citation and fine program is an important enforcement tool to provide consumer protection and is typically used when patient harm does not exist, or a licensee commits minor violations of statutes and regulations. As such, the Board's primary goal is to reform the wrong behavior rather than engage in a more formal and exacting disciplinary action. To refer these cases to the Attorney General's office would be costly and not bring about efficient consumer protection and justice. For example, violations of the continuing education requirements can be addressed with citations and fines with orders of abatement, requiring the licensee to complete

the missing education. These cases can often be dispensed within one (1) to three (3) months from the start of an audit finding a violation, to issuance of a citation to the licensee, and ending with compliance with the order of abatement. Referring this same case to the Attorney General would likely take longer than one (1) year to adjudicate, cost the Board significant resources, and it's probable the administrative law judge would order substantially similar terms. It is important to remember that citations can be appealed to an administrative hearing.

The citation factors and violations are found at Title 16 California Code of Regulations section 1578 and 1579, for optometry, and at Title 16 California Code of Regulations section 1399.276 for opticianry, which references Business and Professions Code section 125.9, subd. (b)(3)

The factors for optometry are as follows:

- The gravity of the violation. If the violation is of such a nature and/or severity that revocation of the license or restrictions on the license are necessary in order to ensure consumer protection, a citation will not be issued.
- The good or bad faith exhibited by the cited person.
- The history of previous violations of the same or similar nature.
- Evidence that the violation was or was not willful.
- The extent to which the cited person has cooperated with the board's investigation.
- The extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by the violation.
- Any other factors as justice may require.

The citable offenses for optometry are:

- Unlicensed practice.
- Violations of any statute or regulation that would be grounds for discipline.
- Unprofessional conduct (as provided for in Business and Professions Code section 3110 and Title 16 California Code of Regulations section 1582.

For opticianry, the citable offenses are the specific code sections listed in Title 16 California Code of Regulations section 1399.276.

42. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

As of July 1, 2024, the Board has conducted 22 informal citation conferences in the last four (4) fiscal years.

The Board has received nine (9) Administrative Procedure Act appeals over the same period.

The Board does not have a Disciplinary Review Committee.

	ICR	APA Appeals
23/24	11	3

22/23	8	5
21/22	3	1
20/21	0	0
Total	22	9

43. What are the five most common violations for which citations are issued?

1. Failing a CE audit
2. Unlicensed practice
3. Unprofessional Conduct
4. Criminal Conviction
5. Advertising

44. What is average fine pre- and post- appeal?

Over the past four fiscal years the average fine pre-appeal was \$2,246 and the average fine post-appeal was \$2,106.

45. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

When the Board is unable to collect on a fine associated with a citation through conventional means (i.e., the cited person remits payment of their own accord), the Board will send three letters to the cited person informing them of the intercept program, and notifying them that failure to make payment by the identified date will result in the information being sent to the Franchise Tax Board (FTB) intercept program. This is most commonly used for unlicensed practice citations where the cited individual has no professional relationship or association with the board. Licensees cannot renew their license unless all outstanding fines have been paid.

Cost Recovery and Restitution

46. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board seeks cost recovery of all investigative and prosecution costs in all disciplinary cases. Cost recovery can be ordered as a reinstatement condition of a surrendered or revoked license or as a condition of probation. The Board accepts payment plans; however, it requires that any outstanding balance is paid in full six months before the completion of probation.

47. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Cost recovery is ordered for probationers who were licensed before the disciplinary action and in license revocation or surrender cases when ordered by an Administrative Law Judge after a hearing or when included in settlement terms. The cost recovery amount ordered is based on the amount the Board spent investigating and prosecuting the case. When the cost recovery order is due upon reinstatement of a revoked or surrendered license, the Board considers whether the cost recovery would likely be collected.

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Total
Revocations	0	1	3	2	6
Surrenders	1	1	1	2	5
Cost Recovery	\$1,693.75	\$10,810.00	\$31,403.75	\$14,633.75	\$58,541.25

48. Are there cases for which the board does not seek cost recovery? Why?

The Board's authority only allows for cost recovery to be imposed against licensees, not applicants for licensure. The Board does not seek cost recovery in cases involving the denial of an application for licensure or in cases that result in a default decision.

49. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

It is uncommon for the Board to use FTB intercepts to collect cost recovery. Cost recovery is ordered when the license or registration(s) is put on probation, when a license or registration(s) is voluntarily surrendered, or when a hearing has resulted in a decision revoking a license or registration. Unless a judge or settlement orders otherwise, cost recovery for surrendered or revoked license or registration(s) is only due upon reinstatement. As such, a cost recovery order rarely necessitates a Franchise Tax Board intercept.

Table 11. Cost Recovery⁸ (list dollars in thousands)				
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures	\$632,000	\$703,000	\$885,000	\$722,000
Potential Cases for Recovery *	6	3	7	6
Cases Recovery Ordered	4	3	6	6
Amount of Cost Recovery Ordered	\$20,000	\$15,000	\$60,000	\$35,000
Amount Collected	\$21,000	\$11,000	\$7,000	\$7,000

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

50. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board does not have jurisdiction to compel restitution payments from its licensees. There have been cases in the past where the Board sought restitution if the case involved fraud. If the Board obtained evidence of substantial financial harm suffered by a consumer from a licensee, the Board may seek restitution at the hearing or in a stipulated settlement.

Table 12. Restitution (list dollars in thousands)				
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Amount Ordered	\$0	\$0	\$0	\$0
Amount Collected	\$0	\$0	\$0	\$0

⁸ Cost recovery may include information from prior fiscal years.

Section 5 – Public Information Policies

51. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board communicates with applicants, licensees, consumers, and members of the public via its website, quarterly newsletter, ListServ, and social media channels. The Board posts all board meeting materials online, generally one (1) week prior to the scheduled meeting and these materials remain on the website indefinitely. Meeting minutes from the prior meeting are included in the materials for the subsequent meeting and posted online a week in advance. Final meeting minutes, as approved at the board meeting, are posted online following the meeting and remain available indefinitely.

52. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

Yes, the Board webcasts its meetings. Links to each webcast are available for each meeting and posted on the Board's website. Recordings also remain available via DCA's YouTube page.

53. Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes, the Board establishes an annual board and committee meeting calendar and posts it on the website.

54. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with BPC § 27 if applicable?

Yes, the Board posts accusations and disciplinary actions consistent with DCA's *Website Posting of Accusations and Disciplinary Actions* and the provisions of section 27 of the Business and Professions Code.

55. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board complies with Business and Professions Code section 27, which requires the following information:

- licensee's name;
- address of record;
- license status;
- license type;
- issue date;
- expiration date;
- certification; and

- disciplinary or enforcement actions.

56. What methods are used by the board to provide consumer outreach and education?

The methods used by the Board to provide consumer outreach and education are via the [Board's website \[www.optometry.ca.gov\]](http://www.optometry.ca.gov), quarterly newsletter, and social media channels. Board staff also provides presentations on the licensing and enforcement process to stakeholders.

Section 6 – Online Practice Issues

57. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board regulates internet businesses via the Nonresident Ophthalmic Lens Dispensers Registration Act, which the Legislature enacted in 2022. That act requires anyone located outside of California who ships, mails, furnishes, or delivers ophthalmic lenses (spectacle and contact lenses) at retail to a patient at a California address to be registered with the Board. Most of these businesses operate via internet websites with e-commerce stores. The Board also regulates certain aspects of advertising (including advertising on the internet) as it pertains to nonresident ophthalmic lens dispensers, opticians, and optometrists.

The Board attempts to bring unlicensed entities into the regulatory fold via licensure. If that is unsuccessful the Board will use its various enforcement tools and pursue disciplinary action. The Board's enforcement unit actively searches for unlicensed activity by utilizing the internet to find optometry offices that are advertising fictitiously without the proper permit. Board staff also root out unlicensed opticianry practice by utilizing the internet to locate dispensing optical businesses, both in-state and out-of-state, that are unregistered with the Board. Out-of-state, and in some cases out-of-country, internet businesses that dispense spectacles and contacts are particularly difficult to locate and bring into compliance. In some cases, these businesses may not know of their obligation to be regulated by the Board, but in other cases some of these operators operate with the intention of evading any regulatory oversight at all.

Since the prior sunset review, the world has experienced a global pandemic which has helped increase the delivery of optometric services via telehealth. Many consumers enjoy the convenience and ease of renewing their prescription with online visual acuity tests and without a comprehensive exam performed in-person by an optometrist. In-person comprehensive examinations are not required in California. These examinations include preliminary tests of visual function and eye health, including depth perception, color vision, peripheral (side) vision and the response of the pupils to light. They include an assessment of refractive status to determine the presence of nearsightedness, farsightedness, or astigmatism. A licensed optometrist will perform an evaluation of eye focusing, eye teaming and eye movement abilities. Unlike a service which simply renews an existing prescription, a full eye health examination is performed, including a dilated examination if warranted, with additional tests as needed.

However, technological advancements continue to introduce new products and methods to assist consumers in receiving, and practitioners in providing, remotely delivered optometric services. While many of these enterprises and individual practitioners are licensed and regulated by the Board, some operators believe they are exempt from the Board's purview and remain

unregistered. For example, one retailer claims to be exempt from all Board registration and licensing requirements because:

- “their stores in California do not perform ophthalmic dispensing.”
- “their stores do not perform eye examinations.”
- The “ophthalmologist-owned medical practice subleases space within or adjacent to the retail stores.”
- That “Business and Professions Code section 2556.1 and 2557 “does not affect licensed physicians” and “does not apply.”

This retailer’s website tells consumers the following: “A complete eye exam...includes a thorough evaluation of your vision health, including a retinal scan. Something most optical retailers charge more for. Moreover, the exam will help to detect any early signs of serious eye conditions.”

What will a consumer receive in the eye exam from this retailer? According to their website, the following: “The doctor’s technician will administer five pre-tests to provide a more comprehensive assessment of your eye health. This screening can detect early signs of serious eye conditions such as glaucoma and cataracts.

The following tests are included in your eye exam:

- Autorefraction
- Keratometry
- Tonometry
- Retinal Evaluation
- Visual Fields

Our technician will then escort you to a private, sanitized exam room for an Acuties and Refraction Exam to test for your prescription. Our exclusive telehealth technology allows us to perform this eye exam virtually via video-screen. A physical doctor is also available on-site.”

Consumers who shop at this retailer are likely unaware that the business is not registered or regulated by the Board. They may also not be aware that the individual technician assisting them is unlicensed. Patients may be confused when they see one practitioner on a video screen and be issued a prescription signed by another practitioner that they never interacted with.

The Board believes these entities should not operate without state regulation and looks forward to working with the Legislature to determine whether the business model employed by entities like this retailer should be required to register with the Board, or not. This issue is discussed in greater detail in response to prior issue #12 and #13 and in current issue #2.

Section 7 – Workforce Development and Job Creation

58. What actions has the board taken in terms of workforce development?

The Board is an important stakeholder in developing the optometric and opticianry workforce. While limited in what it can do with available resources, the Board has initiated several important workforce development efforts. Notably, the Board has actively worked to improve application processing times for initial optometrist applications. Timely entry into the job market is a critical

measure of workforce development. If applicants cannot efficiently obtain a license in California, but can in other states, California competitiveness will suffer. Prior to Spring of 2023, an initial applicant for licensure as an optometrist could expect to wait 60-90 days to be licensed. Therefore, the applicant would graduate in May but may not receive their license until August or September. As of July 1, 2024, the processing time for initial applicants for licensure as an optometrist is under one (1) week.

Encouraging the workforce to professionally develop is also an area where the Board can play a role. The Board is committed to diversity, equity, inclusion, and belonging (DEIB) and embedded these values into the amended Strategic Plan, adopted on February 16, 2024. For example, Goal 5.7 of the Strategic Plan now states: "Evaluate and create better consumer outcomes such as access to care and addressing patient needs for marginalized populations by implementation of a multi-step action plan educating licensees about concepts of diversity, equity, inclusion, and belonging." The Board has taken steps toward fulfilling that goal by releasing a Board staff researched list of continuing education courses in DEIB, which can be accessed here: [DEIB CE Course List](https://www.optometry.ca.gov/formspubs/deib_ce_course_list.pdf) [https://www.optometry.ca.gov/formspubs/deib_ce_course_list.pdf].

The Board also passed a legislative proposal at its August 25, 2023, meeting to encourage optometrists to take continuing education courses in DEIB and this is included as New Issue #8.

The Board is also committed to educating its licensees and the public about emerging trends in optometry and received a [presentation](https://www.optometry.ca.gov/meetings/materials/20240531_board_agenda_item6.pdf) [optometry.ca.gov/meetings/materials/20240531_board_agenda_item6.pdf] at its May 31, 2024, board meeting from Dr. Melissa Barnett, OD, FAAO, FSLA, FBCLA, Director of Optometry, University of California, Davis, titled Ocular Surface Disease: Exploring the Impact of Hormonal Influence. The presentation discussed dry eye disease in the context that some individuals are more susceptible to suffering from the disease due to sex hormones.

The Board believes these are important examples of the way it can play a positive role to encourage workforce development.

59. Describe any assessment the board has conducted on the impact of licensing delays.

With the arrival of a new Executive Officer in late 2022, the Board was interested in learning about the length of time it took to process optometrists' initial application for licensure. As discussed earlier in the report, this timeline was as high as 90 days in Fiscal Year 2022-23. A business process assessment of the initial application process was conducted, and several reforms were implemented, which have resulted in lowering the timeline from 90 days to under one (1) week. Key to the success of this turnaround has been the organization at intake of the voluminous materials received from applicants prior to the applicant creating an online BreEZe account. By creating a virtual filing process where each applicant receives an individual electronic folder where their materials will be stored, staff is able to seamlessly store and process transcripts and exam scores as they arrive, transitioning the materials to BreEZe and the application once opened and paid for by the applicant.

60. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board believes working closely with schools, especially the three optometric colleges located in California, is critical to a successful licensing experience. The Executive Officer and/or staff

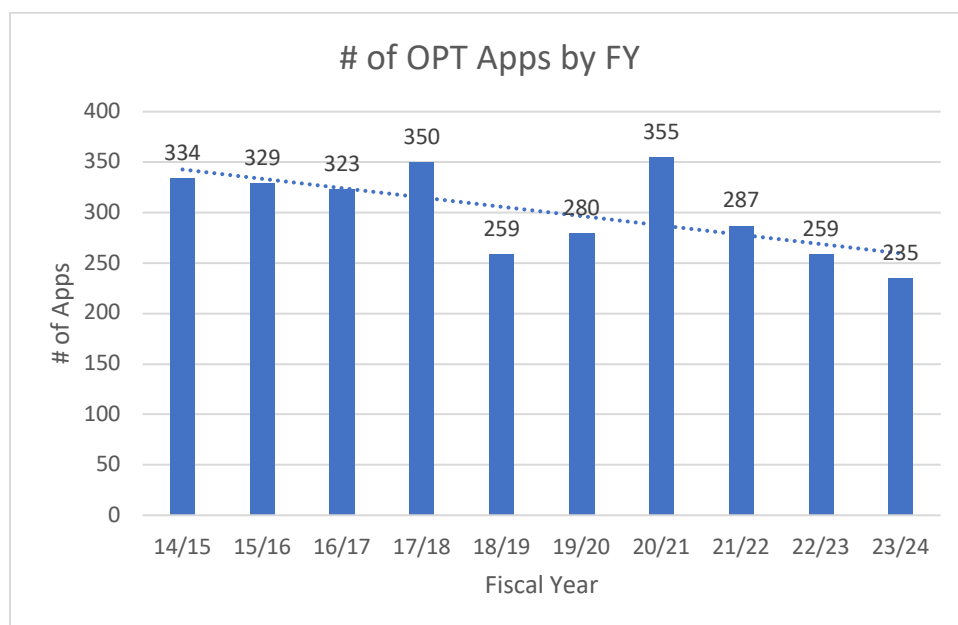
present each year to each graduating class, covering the application and licensing process, but also discussing enforcement and continuing education responsibilities. Beginning in 2023, the Executive Officer began speaking to multiple classes of optometry students at the three optometric colleges located in California, including first year students, as the Board believes introducing students to the board and the application and licensing requirements in California early and often will lead to success in both the application and licensing process, but also help make for more informed optometrists.

Prior to the COVID-19 pandemic, the Board would generally have one (1) public meeting a year hosted on the campus of one of the California optometric colleges. The Board looks forward to reinstituting this meeting in 2025 as it affords an in-person opportunity for optometric students to engage with the Board and its operations.

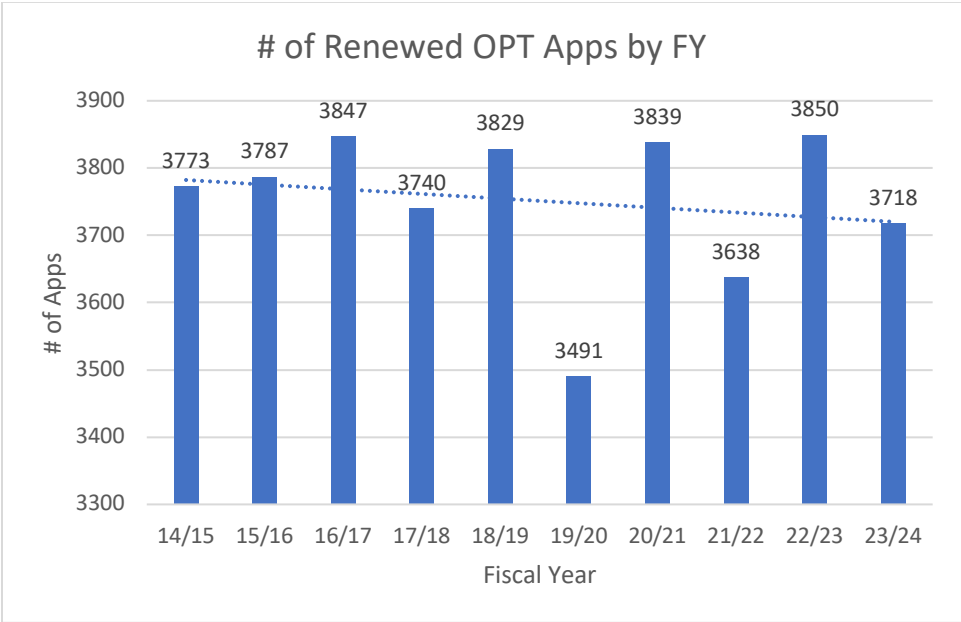
The Executive Officer and staff also work closely with stakeholders representing opticians in California and present information to the students and groups interested in an opticianry career. The Executive Officer has both traveled in-person and presented virtually to these groups.

61. Describe any barriers to licensure and/or employment the board believes exist.

In California, optometrists are not authorized to practice to the full extent of their training and education. Approximately 20 states authorize contemporary optometric procedures that are not permitted in California, and many states have higher reimbursement rates for optometric services provided to beneficiaries of social assistance programs. Combined with California's high cost of living, especially housing, and high debt burdens carried by the average newly graduated optometrist (optometrists graduate with one of the highest debt-to-income ratios among the healing arts), the competitiveness and attractiveness of the California license may be impacted. Shifts in how optometry is practiced, combined with changing patterns in how and where work is performed may also have an impact. These factors impact the decisions applicants make when considering where to seek licensure. When looking at the data, over the last 10 years the Board has identified a reduction in optometrist (OPT) applications for initial licensure:



As fewer initial licenses are applied for and issued, relatedly, the Board has identified a reduction in OPT renewals:



Reductions in initial licensure and subsequent renewals significantly impact the Board's revenues. For example, the OPT renewal fee has been the highest component of the Board's revenue, although its share has been dropping as fewer optometrists renew. The Board looks forward to working with the Legislature during Sunset Review to discuss ways to increase the competitiveness of the California license and is encouraged that policy makers have discussed increasing the Medi-Cal rate for optometric services.

62. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

The Board collects data that the Department of Health Care Access and Innovation (HCAI) uses to inform policymakers regarding workforce development. The public has access to robust data sets regarding the state's health workforce, which can be accessed at this [link](https://hcai.ca.gov/workforce/health-workforce/workforce-data/#health-workforce-datasets) [https://hcai.ca.gov/workforce/health-workforce/workforce-data/#health-workforce-datasets].

In its January 2024 "Health Workforce Research Data Center Annual Report to the Legislature" [https://hcai.ca.gov/wp-content/uploads/2024/04/Health-Workforce-Research-Data-Center-Annual-Report-to-the-Legislature-January-2024.pdf], HCAI reported workforce development information regarding optometrists in California. To date, HCAI has not reported information regarding the opticianry profession, although the Board has discussed with both HCAI and DCA the importance of displaying this data in the future and is hopeful that it will be included. Below, the Board presents the data regarding optometrists from the HCAI report:

Location of Degrees Obtained

Active License in CA	Degree in U.S. – CA	Degree in U.S. – Other	Degree Outside of U.S.
Optometrist	75.1%	24.4%	0.5%

Retirement Estimates

Active License in CA	0-2 Years	3-5 Years	6-10 Years	11+ Years
Optometrist	5.7%	13.3%	16.8%	64.2%

Age Distribution

Active License in CA	18-29 Years	30-39 Years	40-49 Years	50-59 Years	60-69 Years	70-79 Years	80-100 Years
Optometrist	2.4%	29.2%	25.6%	19.8%	15%	6.9%	1.0%

Race Distribution

Active License in CA	American Indian	Asian	Black	Hispanic	Multiracial	Pacific Islander	White	Other Race
Optometrist	0.1%	55.8%	0.8%	6%	1.6%	0.5%	33.5%	1.7%

*The corresponding population percentages are: 0.2% American Indian; 14.7% Asian; 5.4% Black, 39.5% Hispanic; 3.7% Multiracial; 0.3% Pacific Islander; 0.4% Other Race.

Languages Spoken

Active License in CA	Asian & Pacific Islander	English Only	Other Indo-European	Spanish	Multiple Census Language Groups	Other
Optometrist	2.4%	29.2%	25.6%	19.8%	15%	6.9%

Geographic Representation

Active License in CA	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern and Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Optometrist	354	1865	622	1856	157	921	430	638	446

Distribution Index*

Active License in CA	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern and Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Optometrist	0.82	1.32	0.72	1.02	0.60	1.57	0.96	0.98	0.55

*The distribution index describes the magnitude of difference between a region's share of the state's providers and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's providers and population (e.g., 10 percent of the state's providers and 10 percent of the state's population). A distribution index below 1 indicates a smaller share of providers than population (e.g., 5 percent of the state's providers and 10 percent of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution.

b. Successful training programs.

The Board does not currently have the staff or the funding available to provide training programs for licensees or to perform independent studies on workforce shortages and training programs. The Board relies on associations and schools to provide training that prepares

optometrists and opticians for future practice; the associations and schools may also compile workforce shortage information and information on training programs.

However, there are several training programs that exist. For example, the Summer Health Professions Education Program is a free summer program for eligible undergraduate college students to explore their interests in a variety of health professions, including optometry. Twelve colleges across the country participate, including two in California. More information about the program can be found here: [Summer Health Professions Education Program](https://www.shpep.org/) [https://www.shpep.org/]

The Association of Schools and College of Optometry (ASCO) also has a program called "[Eye Opener Sessions](https://www.eyeoopenersession.org/)" [https://www.eyeoopenersession.org/], which is a student-engagement program "designed to connect students who are curious about optometry with practicing eye doctors."

63. What efforts or initiatives has the board undertaken that would help reduce or eliminate inequities experienced by licensees or applicants from vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or that would seek to protect those communities from harm by licensees?

The Board believes it has an important role to play to help reduce inequities experienced by applicants and licensees and looks for opportunities to engage in this area.

An inequity that all applicant optometrists faced until recently was the lengthy wait time of up to 90 days to get licensed. Lengthy wait times can jeopardize job opportunities and the competitiveness of the California license; however, since the Spring of 2023 the wait time has been reduced to under one (1) week.

Eight other specific efforts the Board has recently engaged in are described below.

1. As mentioned in response to question 58, the Board is committed to DEIB) and embedded this commitment into its values within the amended Strategic Plan, adopted on February 16, 2024. For Example, Goal 5.7 of the Strategic Plan now states, "Evaluate and create better consumer outcomes such as access to care and addressing patient needs for marginalized populations by implementation of a multi-step action plan educating licensees about concepts of diversity, equity, inclusion, and belonging." The Board has taken steps toward fulfilling that goal by releasing a Board staff researched list of continuing education courses in DEIB, which can be accessed here: [DEIB CE Course List](https://www.optometry.ca.gov/formspubs/deib_ce_course_list.pdf) [https://www.optometry.ca.gov/formspubs/deib_ce_course_list.pdf]. The Board has also approved a legislative proposal to encourage licensees to take CE in DEIB, which is more thoroughly discussed in Section 10, New Issues.
2. As also mentioned in response to question 58, the Board is committed to educating its licensees and the public about emerging trends in optometry and received a [presentation](https://www.optometry.ca.gov/meetings/materials/20240531_board_agenda_item6.pdf) [https://www.optometry.ca.gov/meetings/materials/20240531_board_agenda_item6.pdf] at its May 31, 2024, board meeting from Dr. Melissa Barnett, OD, FAAO, FSLA, FBCLA, Director of Optometry, University of California, Davis, titled Ocular Surface Disease: Exploring the Impact of Hormonal Influence. Educational opportunities provide board members, licensees, and the public with opportunities for personal and professional growth which can positively impact care.

3. The Board created an outreach campaign titled "Give the Gift of Sight" spreading awareness of the importance of donating used eyeglasses given the power donations have to transform the vision possibilities of children and other vulnerable communities both in California and around the globe. More about this initiative, including how to donate, can be found here: [Give the Gift of Sight](https://www.optometry.ca.gov/formspubs/eyeglass_donation_lookup.pdf) [https://www.optometry.ca.gov/formspubs/eyeglass_donation_lookup.pdf].
4. In an outreach and education effort on the Fair Chance Licensing Act, in 2023 the Board released an FAQ titled "[Applying for Licensure with a Conviction or Past Disciplinary Action? Here's What you Need to Know.](https://www.optometry.ca.gov/formspubs/csbofaq.pdf)" [https://www.optometry.ca.gov/formspubs/csbofaq.pdf] The purpose of the FAQ is to assist applicants in the licensure process who have criminal or disciplinary issues.
5. To assist consumers who may not be native English speakers, the Board has translated its complaint form into Spanish and simplified Chinese and made these forms available on its website.
6. Effective October 9, 2024, the Board implemented the Mobile Optometric Office program which expands optometric care access to marginalized and vulnerable communities via charity and nonprofit mobile units directed by licensed optometrists. The Board's regulations require mobile optometric offices to provide each patient, or the patient's caregiver or guardian, a consumer notice and to retain the consumer notice in the medical record. The regulations also require the licensed optometrist to record in the medical record the date the notice was provided. These consumer protection provisions exist because the patients of mobile optometric services are often children and other vulnerable populations.
7. Effective October 21, 2024, the Board implemented the Home Residence Permit program which expands optometric care access to the homebound and others who may have mobility challenges. The Board's regulations require the consumer notice to be signed by the patient and to be filed in the medical record. These consumer protection provisions exist because the patients are homebound and vulnerable.
8. To assist military members, the Board, with the partnership and assistance of DCA, has implemented the federal Servicemember Civil Relief Act, which expedites and waives fees for spouses or domestic partners of active-duty military personnel, and expedites licensure for military members enrolled in the U.S. Department of Defense SkillBridge program.

Section 8 – Current Issues

64. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.
 - Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

Yes, the Board utilizes BreEZe. The Board was included in Release 2. Staff continually assess the workability of the system and suggests optimizations. Updates occur monthly and Board staff and BreEZe staff work closely to troubleshoot and timely implement changes.

- If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

The Board is using BreEZe and has no current plans to change IT systems.

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

- Background information concerning the issue as it pertains to the board.
- Short discussion of recommendations made by the Committees during prior sunset review.
- What action the board took in response to the recommendation or findings made under prior sunset review.
- Any recommendations the board has for dealing with the issue, if appropriate.

Administrative Issues

ISSUE #1: Board Composition. Does the current membership on the Board appropriately balance professional expertise and public objectivity, especially given current vacancies on the board?

Background: Statute prescribes the composition of the Board, which includes both Board licensees (professional members) and individuals who are not regulated by the Board (public members). Statute provides for a total of thirteen board members. When all appointments to the Board have been made, there are a total of six professional members (five optometrists and one registered dispensing member) and five public members, resulting in a slight majority of members as active licenseholders or registrants. In 2015, the United States Supreme Court ruled in *North Carolina State Board of Dental Examiners v. Federal Trade Commission* that when a state regulatory board features a majority share of active market participants, any allegedly anticompetitive decision-making may not be subject to *Parker* antitrust litigation immunity unless there is “active state supervision” to ensure that all delegated authority is being executed in the interest of the public and not the private commercial interests of the members.

To date, there has been no meaningful litigation against public bodies established under California law, and it is likely that the Board receives more than enough active state supervision to qualify for immunity. The Board is considered only semi-autonomous, with much of its rulemaking and disciplinary activity subject to involvement by multiple other governmental entities. Its current Executive Officer is not a licensee; however, there is no statutory prohibition against the appointment of a future Executive Officer who is also a market participant. Finally, the Department of Consumer Affairs has also worked to ensure that members are adequately trained in certain procedures to ensure an adequate record of deliberation for purposes of defense against any potential allegations of antitrust.

Notwithstanding the legal sensitivities accompanying boards with majority professional memberships, the disproportionality for the Board is arguably minor, with an advantage of only one additional member who is regulated by the Board, and one of the professional members being a dispensing registrant with distinct interests from the optometrist members. Considering the numerous benefits of having professional perspectives in deliberations by the Board regarding the practice of optometry, this technical imbalance is unlikely to be in need of any further statutory change. However, the Board should remain mindful whenever it engages in formal decision-making that may appear to serve the economic interests of licensee populations represented on the Board.

This is particularly true in instances where vacancies on the Board result in a further imbalance of the professional and public perspectives. Currently, there are four vacancies on the Board, three of which are public members and the other of which is the registered dispensing member. This means that as of April 1, 2021, there were five optometrist members on the Board versus only two public members. This membership asymmetry is an example of why thoughtful statutory Board compositions could still result in outsized representation of the profession.

Staff Recommendation: The Board should indicate whether it believes the current lack of public membership on the Board presents any risks or challenges in its decision-making and what efforts it has taken to ensure its decision-making is subject to state supervision so as to safeguard its members from antitrust allegations.

Board's 2021 Response to Recommendation: In all matters, the Board centers the protection of the public and appropriately balances professional expertise and public protection. With the recent appointment of public members by the Governor and the Senate President Pro Tempore, the Board anticipates a greater diversity of consumer perspective and welcomes a more wide-ranging discussion that addresses the needs and experiences of more Californians.

Current Response: As of October 11, 2024, the Board has one professional member vacancy for a licensed optometrist and one public member vacancy. All the seated members, both professional and public, bring a wealth of diverse expertise and knowledge to the role.

ISSUE #2: RDO Member. Has the inclusion of an RDO member on the Board resulted in better regulation of the industry?

Background: Prior to 2016, the Board's eleven members consisted of five members of the public and six optometrists. Subsequently, the enactment of AB 684 (Alejo/Bonilla) required that one of the optometrist members be replaced with a registered dispensing member. The bill provided that the registered dispensing member would replace the optometrist member whose term expired on June 1, 2015.

The Legislature's decision to require a permanent slot for a registered dispensing member on the Board was noteworthy. When the RDO Program was under the Medical Board of California, there was no optician member designated for that board. Similarly, while a number of other healing arts boards have councils or committees consisting of allied professionals under the board's jurisdiction, only a handful have representatives of those professions on the principle board.

While currently the registered dispensing member is vacant, there has previously been an optician on the Board. This presumably has resulted in the dispensing profession's perspective receiving more attention during meetings of the Board governing that program and the optical industry at large. As

the Board is assessing its successes and challenges, it should speak to the benefit it has seen from the change to its composition as it assumed regulatory responsibility for dispensing professionals.

Staff Recommendation: The Board should advise the Committees as to whether it believes there has been a substantial benefit to having a registered dispensing member on the Board and how that member has engaged on issues relating both to optometry and to opticianry.

Board's 2021 Response to Recommendation: Since 2016, the Board has reviewed the various statutes impacting Opticians, developed Disciplinary Guidelines, reviewed the Code of Regulations for Opticianry, and performed two of three Occupational Analyses. In each of these endeavors, the Registered Dispensing Optician Committee and the CLD/SLD Board member have been guiding forces. They have helped staff and board members better understand the standard duties of the profession and the effect of the laws and regulations. We are awaiting appointment of a Registered Optician member to the Board, and have enlisted education professionals from throughout the state and different practice modalities to supplement discussions.

Current Response: The optician member of the Board has been routinely filled since the last sunset review, but the tenure of each member has been short. However, each member serving in the role has offered valuable contributions to the Board. As the only state in the United States that combines regulation of optometry and opticianry within one regulatory board, it is critical that the optician member slot be filled, and that the member contribute to policy discussions impacting the practice of opticianry and optometry in California.

ISSUE #3: Dispensing Optician Committee. Has the DOC functioned effectively since it was established?

Background: In addition to placing a registered dispensing professional onto the Board, AB 684 (Alejo/Bonilla) created a Dispensing Optician Committee (DOC). The DOC consists of five members, including one RDO, one spectacle lens dispenser or contact lens dispenser, two public members, and one member of the Board. Following initial appointments to the DOC, all appointments to the DOC will be made by the Governor. Unlike the Board, no members of the DOC are appointed by either the Speaker of the Assembly or the Senate Rules Committee.

The role of the DOC is "to advise and make recommendations to the board regarding the regulation of dispensing opticians, spectacle lens dispensers, and contact lens dispensers." The DOC is required to meet at least twice a year. Any recommendations made by the DOC regarding scope of practice or regulatory changes must be approved, modified, or rejected by the Board within 90 days. If the Board rejects or significantly modifies the intent or scope of a recommendation, the DOC may request that an explanation be provided in writing within thirty days.

During the Board's prior sunset review, the Committees noted that there had been difficulty in finding individuals to appoint to the DOC and that the committee had not yet been fully established. Since then, the Board was successful in making appointments to the DOC and it has begun to meet; however, there are currently two vacancies out of the five designated members. As this is the first sunset review since the Board has had the DOC formally in place, it would be valuable to know whether the DOC has functioned well and what challenges the Board has experienced in utilizing the committee.

Staff Recommendation: The Board should inform the Committees of how it believes the creation of the DOC has served to benefit consumers and the profession, and whether there are any

recommended changes to how DOC members are appointed or selected that could allow it to be more effective.

Board's 2021 Response to Recommendation: The Board recommends amending the statute which seeks representatives from registered dispensing optician businesses. It is believed that the intent of the Legislature was to obtain professional input from individual licensees rather than policy influenced by company-specific budgeting or strategy. If membership is predicated upon employment by a business, the member's decisions can be unduly influenced by dismissal or other threat to livelihood. Any such influence would compromise the independence of the board member and subvert the Board's mission of consumer protection. The Board believes that this appointment should be used to engage a registered professional in the growing educational space for Opticianry.

Current Response: The DOC has not met since April 2021 because of a lack of quorum caused by insufficient appointed members. The Board looks forward to working with the Legislature on solutions to address this committee's constituted membership to ensure that it can effectively represent the interests of opticianry in California.

ISSUE #4: Board Attorney. Does the Board have sufficient legal counsel?

Background: In original statute enacted in 1913 that first created the Board allowed it "to employ agents, attorneys, and inspectors." Currently, however, there is no express language in the Optometry Practice Act authorizing the Board to hire its own dedicated attorney. Legal representation in disciplinary prosecution is provided by the Attorney General's Licensing Section, and the DCA offers counsel as part of the centralized services it provides to boards, as needed to assist with rulemaking, address legal issues that arise, and support compliance with open meeting laws.

Dedicated board counsel is, however, considered to provide substantial value when questions of law occur regularly enough to warrant the presence of attorney who specializes in a board's practice act, and may help improve the Board's rulemaking timelines. It is under this line of thinking that the Legislature has explicitly authorized other boards to appoint their own lawyers. Particularly as the Attorney General's billing rate has increased substantially, these may each be factors in costlier and lengthier enforcement activities by the Board.

Staff Recommendation: The Board should inform the Committees of whether it believes it would benefit from having its own dedicated attorney.

Board's 2021 Response to Recommendation: No, the Board has effective legal representation through the Legal Unit of DCA. The Board accesses a team of attorneys—board counsel, regulations counsel, supervising Assistant Chief Counsel, and Deputy Director for Legal Affairs. These layers provide more effective advocacy with the Attorney General's Office and other executive branch departments than would be a solo attorney for the board. Our Board counsel draws on legal knowledge and prior experience of other attorneys, which is beneficial given the cross-cutting legal issues common to all DCA boards. Board counsel has easy access to historical opinions and advice related to the Board. We appreciate that Board counsel is supervised by senior attorneys to ensure the accuracy, consistency, and quality of the advice.

Current Response: While the Board has been assigned six (6) different attorneys since the last sunset review, the legal services provided are exemplary. The Board has access to a regulations counsel, a

board counsel, and supervising attorneys, all of whom provide excellent legal services on behalf of the Board.

FISCAL ISSUES

ISSUE #5: Fund Merger. What is the status of the merger of the Optometry and RDO funds?

Background: When AB 684 (Alejo/Bonilla) transferred the RDO Program from the Medical Board of California to the Board, it also transferred the RDO Fund, in which registration fees collected from registered dispensing professionals are collected. As a result, the Board was responsible for operating two separate funds. The Board's prior sunset review background paper noted that because the Board was administering two separate funds, there may be duplicate administrative work, such as reviewing two separate fund expenditure and revenue reports, and separating each application, audit report, or fine to make sure it was charged to the appropriate fund.

The enactment of AB 896 (Low) signed into law as an urgency measure on September 23, 2020, required the Department of Finance to merge the Optometry and RDO funds. The bill abolishes the Dispensing Optician Fund on July 1, 2022, and will require that any sums of money in that fund be transferred to the Optometry Fund before July 1, 2022. Board management and the DCA Fiscal Unit have stated that they believe that the merger will occur without adverse impacts, as the RDO Fund has fully funded operations and maintained the mandated reserve balance.

Prior to the merger of the two funds, the Board reported that no enforcement-related costs for the RDO program were charged to that program, meaning any enforcement-related costs for RDOs were attributed to the Optometry Fund. Presumably this will be rectified with the fund merger. Additionally, the Board should benefit from accounting efficiencies and administrative clarity as it moves forward with a single special fund for its operational costs.

Staff Recommendation: The Board should provide the Committees with an update on the status of its fund merger and describe what future benefit it expects to derive from the consolidation of its special funds.

Board's 2021 Response to Recommendation: The Governor approved the fund merger in late 2020. By no later than July 1, 2022 the funds will transfer from the Registered Dispensing Optician Fund. At the start of 2021, the Board began receiving merged budgeting documents for long-term planning across programs. Through the merger, we are realizing long-term stability in the Board's fund condition and improved calculation for months of operations in reserves. Most importantly, the Board will restructure our staff to increase cross-training and minimize disruptions in service and processing. Through shared program resources, we will provide relief to the lone enforcement analyst for the Opticianry program, who carries a case load more than double that of our Optometry analysts.

Our Board statistics show that the programs have an almost equal number of licensees—but Optometry applications are received all at once around professional school graduations. The fund merger will allow Licensing staff flexibility to consistently process Opticianry Program applications (which are steadily increasing) while surging staff resources to handle graduation season and other cyclical renewals in Optometry. With the merger, we anticipate decreased processing times, thus better consumer protection.

Current Response: The Board's fund condition is continuously monitored by the Executive Officer, the Board, and DCA's Budget Affairs office. The fund merger occurred in FY 2023-2024. Consistent with what the Board stated in the 2021 response, processing times across both optometry and opticianry applications have decreased.

ISSUE #6: Attorney General Billing Rate. *Will the abrupt increase in the Attorney General's client billing rate for hours spent representing the Board in disciplinary matters result in cost pressures for the Board's special fund?*

Background: In July of 2019, the California Department of Justice announced that it was utilizing language included in the Governor's Budget authorizing it to increase the amount it billed to client agencies for legal services. The change was substantial: the attorney rate increased by nearly 30% from \$170 to \$220, the paralegal rate increased over 70% from \$120 to \$205, and the analyst rate increased 97% from \$99 to \$195. While justification was provided for why an adjustment to the rates was needed, the rate hike occurred almost immediately and without any meaningful notice to any client agencies. For special funded entities such as the Board, unexpected cost pressures can be devastating. As the Board anticipates the need for future fee increases, the Committees should be informed of whether the Attorney General's Office or the Administration has informed the Board of any efforts to provide assistance with ensuring that the Board is able to maintain a healthy fund condition going forward.

Staff Recommendation: The Board should discuss with the committees the impact of the Attorney General's rate increase and whether any action is needed by the Administration or the Legislature to safeguard the health of its special fund.

Board's 2021 Response to Recommendation: The increase to Attorney General fees occurred simultaneously with the Board's defense of 21 citations against Stanton Optical, which has created a separate and distinct cost pressure. In FY 2018-2019 the Board requested a budget augmentation of \$40,000 to off-set these costs. The Board anticipated making additional budget augmentation requests for 2019-2020 and 2020-2021, but reduced practice during the pandemic resulted in fewer complaints. We are scrutinizing billings and on a case-by-case basis, analysts are requesting legal aid labor for simple document revisions rather than paying the higher fees of an attorney; we are also fast tracking stipulations that do not require the use of a Deputy Attorney General. In summary, we have not had to explicitly weigh the severity of cases against cost of discipline, but cost pressures are preventing investments in technology, human resources and organizational improvement.

Current Response: In June 2024, the Board was notified that the Attorney General would be raising their fees by 3.75%. The attorney rate will now be \$228/hour instead of \$220; the paralegal rate will now be \$213/hour instead of \$205; the analyst rate will now be \$202/hour instead of \$195. The Board did not receive advance notice or warning and thus was not able to factor the rate increase into its own budgetary calculations. However, while the increase does represent cost pressure on the fund that the Board cannot control, the increase alone is not expected to lead to any fee increases.

LICENSING ISSUES

ISSUE #7: Fair Chance Licensing Act. *What is the status of the Board's implementation of Assembly Bill 2138 (Chiu/Low) and are any statutory changes needed to enable the Board to better carry out the intent of the Act?*

Background: In 2018, Assembly Bill 2138 (Chiu/Low, Chapter 995, Statutes of 2018) was signed into law, making substantial reforms to the license application process for individuals with criminal records. Under AB 2138, an application may only be denied on the basis of prior misconduct if the applicant was formally convicted of a substantially related crime or was subject to formal discipline by a licensing board. Further, prior conviction and discipline histories are ineligible for disqualification of applications after seven years, with the exception of serious and registerable felonies, as well as financial crimes for certain boards. Among other provisions, the bill additionally requires each board to report data on license denials, publish its criteria on determining if a prior offense is substantially related to licensure, and provide denied applicants with information about how to appeal the decision and how to request a copy of their conviction history. These provisions were scheduled to go into effect on July 1, 2020.

Because AB 2138 significantly modifies current practice for boards in their review of applications for licensure, it was presumed that its implementation would require changes to current regulations for every board impacted by the bill. Recently, the Board was in the process of finalizing its regulations to revise its denial criteria to incorporate the changes from the bill. It is also likely that the Board has identified changes to the law that it believes may be advisable to better enable it to protect consumers from license applicants who pose a substantial risk to the public.

Staff Recommendation: The Board should provide an update in regards to its implementation of the Fair Chance Licensing Act, as well as relay any recommendations it has for statutory changes.

Board's 2021 Response to Recommendation: The Board has fully implemented Assembly Bill 2138 for both the optometrist and optician programs. Regulations to implement the bill became effective on February 25, 2021. The Board worked closely with Department of Consumer Affairs and collaborated with other DCA consumer protection boards on this implementation.

These regulatory changes adopt criteria used in determining whether a crime, act, or professional misconduct is substantially related to the qualifications, functions, and duties of a licensee, or when an applicant or licensee has made a showing of rehabilitation related to a crime, act, or professional misconduct when considering denial, suspension, or revocation of a license or registration. The Board is in the process of training staff to apply these criteria to any optometry licensure and optician registration applicants who might qualify.

The Board projects the actual number of optometrist and optician applicants who may qualify under this criteria to be low. Although the Board believes no statutory changes are needed at this current time, staff will continue to identify potential changes to the law which may be advisable in order to enhance consumer protection.

Current Response: In an effort to continue outreach and education on the Fair Chance Licensing Act, in 2023 the Board released an FAQ titled "[Applying for Licensure with a Conviction or Past Disciplinary Action? Here's What you Need to Know](https://www.optometry.ca.gov/formspubs/csbofaq.pdf)" [<https://www.optometry.ca.gov/formspubs/csbofaq.pdf>]. The purpose of the FAQ is to assist applicants in the licensure process who have criminal or disciplinary issues. Please also see New Issue #4.

ISSUE #8: Statutory Consolidation. Should chapters establishing and governing the RDO Program be merged into the Optometry Practice Act?

Background: In addition to discussing whether a merger of the RDO and Optometry Funds was advisable, the Board's prior sunset review background paper suggested that there may be benefit to merging the RDO Program into the Optometry Practice Act. The Committees have noted that merging practice acts would not be unique and that there is precedent with other boards and bureaus. The Board has suggested that merging the practice acts may improve consumer protection and enhance administrative efficiencies by providing clarity in the statutes and regulations and removing duplicative administrative work as mentioned in the above background section.

The Board discussed a potential merger of the optometry and optician practice acts at the August 2, 2019, public meeting. Stakeholders cautioned that such a merger should be performed with care to ensure that it does not result in unintentionally removing any enforcement authority from other code sections. The Board has stated that it is currently performing a detailed review of opticianry statutes with a goal of clarifying and better organizing statute and regulations. The Board states that this statutory review is projected to be complete in 2021 before the fund merger completion date in 2022.

Staff Recommendation: The Board should update the Committees on its discussions regarding whether merging the RDO Program into the Optometry Practice Act is advisable and feasible and when it would anticipate having any proposed language to accomplish this goal.

Board's 2021 Response to Recommendation: The Board does not currently recommend including Opticianry statutes in the Optometry Practice Act. Beginning in 2019, the Dispensing Optician Committee recommended approval of a draft practice act for Opticianry that better defines the practice of each license type and sets supervision standards for retail workers. These professional recommendations have been reviewed multiple times by the Board and other committees. The legislative proposal was approved during the May 21, 2021 Board meeting. That proposal will be included in the suggested clean-up language detailed in Issue #21 of this response paper.

Current Response: The Board does not believe merging the opticianry statutes into the Optometry Practice Act is advisable because the professions are distinct.

ISSUE #9: Licensure of Foreign Graduates. Have there been adequate pathways for internationally trained optometrists to become licensed in California since the Board has ceased awarding Letters of Sponsorship to foreign graduates?

Background: To become licensed as an optometrist in California, applicants are required to have completed a four-year Doctor of Optometry degree program meeting California educational requirements. Previously, the Board was authorized to sponsor "foreign graduates," or individuals who obtained their education from institutions outside of the United States, to sit for the NBEO examination. The Board noted that these individuals would request a Letter of Sponsorship (LOS) from the Board to allow the foreign graduate to take the NBEO. The Board would determine if the applicant's education obtained through the foreign university was equivalent to the education earned at a school of optometry within the United States

However, while receiving an LOS from the Board would allow a foreign graduate to take the national NBEO examination, it did not mean that the foreign graduate would actually be eligible for licensure in California, as the applicant would still not have met the California educational requirements. This

meant that there was no real pathway for a license to practice even upon passing the NBEO. In response to these issues, AB 1708 (Low) eliminated the Board's LOS program beginning January 1, 2018 and the Board no longer sponsors foreign graduates. Instead, the Board states that when it receives inquiries from foreign graduates looking to obtain licensure in California, it directs these applicants to three colleges on the East Coast that offer an accelerated two-year program. There, foreign graduates can obtain certification to practice in the United States.

Staff Recommendation: The Board should indicate to the Committees whether it believes there could be a statutory solution to allow foreign graduates to achieve licensure within California without having to attend an accelerated two-year program on the East Coast.

Board's 2021 Response to Recommendation: The Board does not currently foresee a statutory solution to this issue. Research and policy development is on-going.

Current Response: During the intervening period since the last sunset review, the Board determined that there is no pathway available under current law. When foreign graduates, except those from Canada, inquire with the Board for licensure, the Board directs candidates to optometric programs which offer a pathway. The law requires, as part of the qualifications for the optometry license in California, that applicants have graduated from an accredited school or college of optometry, which means an institution accredited by the Accreditation Council on Optometric Education. The Board is aware of the following institutions with pathways for foreign graduates:

- Illinois College of Optometry
- The New England College of Optometry
- Nova Southeastern University College of Optometry
- Pennsylvania College of Optometry at Salus University
- State University of New York State College of Optometry
- University of Alabama at Birmingham, School of Optometry
- Western University of Health Sciences, College of Optometry

EDUCATION AND EXAMINATION ISSUES

ISSUE #10: NBEO Examination. Has the requirement that optometry students travel to North Carolina to complete a portion of the NBEO examination presented a greater challenge due to the COVID-19 pandemic, and are there any proposed solutions to resolve this ongoing issue?

Background: To become licensed as an optometrist in California, applicants must pass a three-part national examination developed by the National Board of Examiners in Optometry (NBEO). Part III of the NBEO is administered in person, with a testing site exclusively located in North Carolina. Prior to 2010, the Part III exam was given at each school of optometry. However, due to lack of consistency in staff training and administration of the test, NBEO consolidated all testing into one location in North Carolina.

Since then, the NBEO has since considered opening of an additional location. The NBEO initially considered where most schools and candidates are located, with approximately two-thirds of applicants educated on the East Coast. The NBEO then analyzed lodging and transportation costs, city safety, real estate costs, and the cost and quality of living for its staff. The result of this analysis was a proposal to open testing locations in either Denver or Las Vegas. However, the NBEO has since announced that it is not pursuing opening another location at this time, as it believes that a significant increase in per-student testing fees would be necessary to fund the expansion.

Without a testing site closer to California, applicants educated on the West Coast have had to travel to North Carolina to complete their examination requirements. This issue became particularly challenging during the COVID-19 pandemic when air travel was strongly discouraged and restricted by health officials. However, the Board is limited in terms of its ability to address the problem. The NBEO is a private organization that can choose where to offer its examinations. Currently, all 50 states, the District of Columbia, and Puerto Rico all use the NBEO Exam for licensure, so an elimination of the requirement would significantly impact license portability options for California optometrists. As the Legislature continues solutions to this ongoing issue it would be helpful to hear the perspective of the Board.

Staff Recommendation: The Board should update the Committees regarding the likelihood that the NBEO will add new testing sites in the future and whether it has recommendations to allow applicants to become licensed optometrists without jeopardizing their health through travel to North Carolina.

Board's 2021 Response to Recommendation: The Board agendaized the testing site four times in the last year, including a special hearing specific to this issue on Friday, September 18, 2020. NBEO has indicated that it does not intend to create a Western United States testing center in the next five to seven years.

Despite the threat of COVID-19, all 2020 California graduates completed the test and were licensed timely. California's 2021 graduating classes are scheduled to complete examinations before the end of May. We can report that no COVID-19 infections have been linked to the North Carolina Testing Center or travel to/from the examination site.

But we recognize that having a single testing site is inconsistent with contingency planning for the next pandemic, natural disaster, cyber-attack, or domestic terrorism. Earlier this year, we formed a task force to develop a blueprint for action. We are reviewing contracts, researching technical support and content delivery models, and engaging resources in international risk management. Additionally, the adoption of a board-specific state-of-emergency statute could be needed in the event of a disruption to testing.

Current Response: In 2023, NBEO conducted an analysis of the feasibility of adding additional test sites and concluded that additional locations would not be financially feasible. However, NBEO has established contingency plans which it can employ in the case of another emergency, pandemic, natural disaster, cyber-attack, or physical attack on the country. NBEO has administered numerous administrations of the Part III exam since 2020 and despite the pandemic and travel restrictions that existed during 2020-2022, all candidates were able to travel and take the exam.

ISSUE #11: Continuing Education. Has the Board successfully enhanced its process for auditing compliance with CE requirements?

Background: Under Board regulations, optometrists must complete 40 hours of continuing education (CE) every two years in order to renew their license. Optometrists are allowed to complete 20 of their required hours through alternative methods, including, but not limited to, self-study through an electronic medium. Optometrists who are certified to use therapeutic pharmaceutical agents must complete 50 hours of CE, including 35 hours in the diagnosis, treatment, and management of ocular disease.

During the Board's prior sunset review, it was noted that due to staffing issues and time constraints, CE audits were not consistently conducted. The Board stated in its Sunset Review Report 2016 that "as a result of the Board restructuring, additional resources are now available to conduct more audits. The Board is also researching more efficient ways to increase the number of CE audits, strengthening consumer protection."

Subsequently, the Board continued conducting CE audits into 2018 and has a record of conducting 321 audits over the past four fiscal years. During that time, 101 audits resulted in a fail for not having the required number of CE hours or being deficient in completing specific CE requirements respective to license certifications. The overall percentage of CE failure was 31 percent. This would indicate that the Board is now more effectively auditing CE compliance; however, the failure rate still appears to be high, suggesting that optometrist compliance has not yet increased accordingly.

Staff Recommendation: The Board should provide the Committees with an update on its efforts to increase CE compliance audits and state whether it believes that the current fail rate is unacceptably high and whether any changes to how it enforces CE compliance could improve compliance.

Board's 2021 Response to Recommendation: During FYs 2017-2018 and 2018-2019, the Board processed 7,569 renewals that required attestation of continuing education completion. During that time, the Board performed 321 audits of randomly selected licensee renewals. The Board achieved a 4.2% audit rate, just short of the Board's 5% goal. Unfortunately, 31% of audits found a failure to comply with mandates. As mentioned in the dialogue with Chair Roth, the Board has not seen a pattern of blatant attempts to cheat the system. Most failures were caused by the taking of a course that was ultimately not approved by the Board or the national accrediting body, COPE. In a 2019-2020 effort to improve provider compliance, the Board submitted a rulemaking package that prohibits providers from reporting that a course is "pending Board approval." We believe that such wording misleads licensees and resulted in attestations for courses without approval and not compliant with continuing education requirements.

The Board also heeds the recommendation of Senator Pan and will use Objectives 5.2 and 5.3 of the 2021-2025 Board Strategic Plan to increase the quantity and quality of communication to licensees regarding continuing education compliance.

Current Response: Following the last sunset review, no audits were conducted in FY 2020-2021 and FY 2021-2022, owing to staffing resource issues. In January 2022, the Board submitted [BCP 1111-070-BCP-2022-GB](https://bcp.dof.ca.gov/2223/FY2223_ORG1111_BCP5184.pdf) [https://bcp.dof.ca.gov/2223/FY2223_ORG1111_BCP5184.pdf] in which it sought and received position authority for an Enforcement Manager and Enforcement Analyst. These positions were specifically sought to reduce enforcement workloads and address the Board's CE audit program, which had been suspended due to high complaint case volumes. The BCP was approved, and the Board's new Enforcement Manager and Enforcement Analyst began in the summer of 2022.

Since November 2022, the Board has consistently performed CE audits, having completed 213 since that time. Of those completed, 157, or 74%, have passed.

The Board has also extensively communicated with licensees regarding the CE requirements, the importance of complying with them, and the Board's CE audit program. The Board has conducted this outreach through board meetings, newsletters, List Serv alerts, social media posts, and presentations at universities and stakeholder events and meetings.

ENFORCEMENT ISSUES

ISSUE #12: *Teleoptometry and Emerging Technologies. Does the availability and use of new and emerging technologies, including those allowing for the remote eye examinations, effectively balance concerns for patient health and safety with expanded access to optometric services?*

Background: As advancing technologies have sought to modernize health care delivery and improve patient access to care, policy discussions have persisted around how disruptions to traditional practice may result in the weakening of consumer protections. The optometric profession has been no exception. In particular, several companies have been involved in the development of products aimed at increasing the convenience of renewing a prescription for corrective lenses and contacts, which would allow patients to receive that prescription through the use of a smartphone or computer without having to visit an optometrist's office.

These so-termed remote eye assessment products have been the topic of debate within the optometric practice and have received substantial scrutiny by regulators. In April of 2016, the American Optometric Association (AOA) filed a formal complaint with the federal Food and Drug Administration (FDA), alleging that a platform marketed by a tech company called Opternative posed significant health risks to the public, including the potential for inaccurate prescriptions, missed diagnosis of serious eye conditions, and the creation of a prescription without significant input from an eye doctor.

In February of 2018, the Federal Trade Commission (FTC)'s Office of Policy Planning weighed in on proposed legislation in the State of Washington that would require licensed ophthalmologists and optometrists to conduct an in-person, comprehensive eye examination before providing prescriptions for eyeglass and contact lenses. The FTC argued against the bill, stating that "we are concerned that the Bill may reduce competition, access, and consumer choice in eye care and might also raise costs for consumers." This stance was supported by various companies actively working to innovate within the remote eye assessment technology space.

Subsequently, in August of 2019, the FDA issued a medical device recall for the Opternative product (now marketed under the name Visibly) for failure to submit a marketing application and receive clearance from the FDA. Meanwhile, other companies continue to market remote eye assessment products, with myriad distinctions making it difficult to tell whether there will be the same issues with those platforms as well. One technology solution, currently utilized by both a major online retailer as well as a prominent pharmacy chain, utilizes a web platform to renew expired prescriptions through a vision exam conducted over a smartphone or computer using a "digital eye chart." The resulting prescription is then reviewed and approved by an ophthalmologist.

The dialogue about how to appropriately balance patient access and convenience against perceived circumvention of traditional consumer protection safeguards continues. The most immediate concern is arguably that when consumers are able to renew their lens prescriptions online without a visit to the optometrist, they are missing the opportunity to ensure that they have received a comprehensive eye exam. However, the previously mentioned technology solution does feature frequently asked questions stating explicitly that the product is *not* a comprehensive eye exam and that patients should still see their eye care provider regularly. This may be an appropriate approach to cases where a patient simply needs or desires a quick and convenient way to update their prescription but who needs additional confirmation that in-person visits to an optometrist are still required to sustain their ocular health.

In addition to online refraction and prescription renewals, there have been ongoing discussions around how to properly utilize telehealth platforms to allow for optometrists to examine patients remotely using video conference technology, which would potentially increase access in rural areas with fewer available practitioners. A teleoptometry model that has been proposed would involve a patient visiting an office where trained technicians take scans or images for review by an optometrist, who would then review the information and consult with the patient over video technology. One unresolved question regarding this proposal would be whether the interaction between the patient and the optometrist must be in real-time, or whether asynchronous video transmissions would be allowed.

As technologies continue to emerge and debate persists, it may be premature to determine what teleoptometry policies are in the best interest of patients. In the meantime, the Board has continued to meet and discuss what sort of telemedicine laws would be effective for its regulatory and enforcement efforts. The topic will continue to be of interest to the Committees as the Legislature seeks to balance patient safety and convenient access to care.

Staff Recommendation: The Board should inform the Committees of whether it has seen any adverse patient impacts resulting from the use of teleoptometry and technology platforms, and whether it intends to recommend any changes to statute or its practices to better protect consumers.

Board's 2021 Response to Recommendation: Even before the pandemic hit, through two public meetings and multiple telemedicine workgroup meetings in 2019 and 2020, Board staff presented research on various telemedicine scenarios, technologies, and best practices. Workgroup conclusions: While we have heard from stakeholders that optometry is not a field that traditionally lends itself to telemedicine, there has been an increase in online retailers allowing vision refractions using app-based technology. These apps use self-refraction testing rather than autorefraction tests employed by optometrists and assistants. Once the patient generates measurements, the results are transmitted to a doctor who is licensed to write corrective lens prescriptions in California. Almost always, this doctor is an ophthalmologist who is licensed by the Medical Board of California and outside the jurisdiction of the Board of Optometry. Some are done by assistant. These online refractions can provide a reasonably accurate corrective lens prescription, but cannot assess the health of the patient's eye, monitor for potential vision problems, evaluate the functioning of the patient's eyes and vision, diagnose or treat eye disease, or provide consultation on the patient's eye and vision health. The Board has provided direction to staff for further research to develop a comprehensive telemedicine policy in FY 2021-22.

There are a variety of Opticianry services offered online. Opticianry is the sale of contact lenses and spectacles, as opposed to the testing for prescriptions and examinations for eye health. The most common online opticianry services are the delivery of prescription contact lenses, the fabrication of prescription spectacle lenses, and the delivery of prescription spectacles. While contact lens sellers must register with the Board (no matter where they are based), spectacle lens sellers must register with the Board if based in California only. During the May 21, 2021 meeting, the Board approved a legislative proposal to extend the licensure requirement to include online spectacle sellers based outside of California (Nonresident Spectacle Lens Sellers) and create an intelligible Opticianry Practice Act. The Board respectfully submits these changes by attachment to ISSUE #21: Technical Cleanup.

Current Response: Since 2022, the Board has been regulating and enforcing the Nonresident Ophthalmic Lens Dispensers Registration Act. The Act requires registration with the Board when any person not located in California ships, mails, furnishes, or delivers in any manner, ophthalmic lenses at

retail to a patient at a California address. Identifying these entities and securing their registration remains a challenge, as discussed earlier in response to question 57.

Modern technologies that provide virtual eye assessments can be both an important tool to expand access to care but could also weaken consumer protection because these virtual assessments do not replace a comprehensive examination and are not always conducted by qualified and trained optometric professionals holding licenses issued by the Board, nor are the ophthalmic products dispensed always properly fitted and adjusted. Certain technologies providing virtual eye examinations can be important supplementary tools identifying problems of the visual system, but they do not replace a comprehensive eye exam performed by a licensed optometrist or ophthalmologist. Similarly, virtual technologies which “fit and adjust” lenses may not provide an enhanced consumer experience compared to a trained registered optician.

The Board's Telehealth and Emerging Technologies Workgroup is tasked with studying and reporting back to the Board on this issue. The law in California governing telehealth for optometrists is found at Business and Professions Code section 2290.5. It provides important authority for licensed practitioners to expand access to care, via telehealth, and nothing in the optometric practice act establishes any further requirements. The Telehealth and Emerging Technologies Workgroup will be looking at frameworks in other states and exploring whether a more detailed telehealth model for optometry and opticianry in California should exist, or not.

ISSUE #13: RDO Regulation Enforcement. Does the Board need its authority to compel compliance with the laws governing RDOs clarified or enhanced to ensure robust enforcement?

Background: AB 684 (Alejo/Bonilla) entrusted the Board with responsibility to enforce laws and regulations governing the business relationships between optometrists and RDOs. The bill additionally made a number of changes to the requirements for optical retailers to make eye exams available to customers and enacted myriad new consumer protections in exchange for clarifying what types of relationships between optometrists and retailers would be lawful. As a result, the majority of optical retailers in California have now been able to offer eye exams without inappropriately intermingling an optometrist's professional judgment with a retailer's financial interest.

However, the Board has informed the Committees that one major eyewear retailer has refused to comply. The Board states that this is despite multiple efforts to communicate with the retailer to bring them into compliance. It would arguably appear as though the retailer is deliberately flouting California law. The Board has issued a total of 21 citations to individual locations of the retailer in California for various violations of the law, including failure to obtain or maintain a registration to practice as an RDO as well as advertising violations. Fine amounts for individual citations are \$5,000 or \$55,000, with a total for all citations of \$655,000. According to the Board, the citations themselves stem from ongoing issues with the retailer and their refusal to comply with the law. The Board states that the retailer has repeatedly opened new locations without obtaining proper registration, despite being repeatedly warned to do so.

To date, the Board has spent nearly \$250,000 on the investigation and legal defense of the above citations. In two prior budget years, the Board has had to request emergency budget augmentations to have the funds to continue the legal defense of the citations. In the meantime, the retailer has not corrected any of the cited violations.

The Board argues that allowing the retailer to employ misleading advertising disadvantages the public, who believe that the stores provide eye exams and optometric services when they are not

licensed to do so. The Board asserts that the retailer diminishes California's labor market by failing to abide by California law, creating an unfair advantage and encouraging non-compliance by other companies. The Board believes that allowing a corporation to schedule and control appointments places business efficiency above patient health.

As the Board cannot expend more funds in this particular appeal or possible infractions by other vendors within opticianry, it has indicated that it is seeking legislative clarification to ensure the provisions of AB 684 are enforceable. The Board has requested language stating the Board's authority to take action when an optical business has undue control over an Optometric practice. Given the importance of ensuring that the intent of AB 684 is fulfilled, the Committees may indeed wish to consider empowering the Board with greater authority to take action against bad actors.

Staff Recommendation: The Board should provide the Committees with any recommendations to ensure it has sufficient authority to compel compliance with California's laws in regards to opticianry.

Board's 2021 Response to Recommendation: Through on-going enforcement proceedings of twenty-one citations against Stanton Optical, the Board has revealed the following loopholes that allow Stanton Optical undue influence over the practice of optometry.

- According to BPC Section 655, subdivision (f), an ophthalmologist may employ an optometrist and may enter a landlord-tenant relationship with a dispensing optician business. Therefore, current law enables Stanton Optical to contract with an out-of-state, ophthalmological shell company to appear separate from the optometrists providing services. The ophthalmologist does not manage its employees; management of its optometrists is unlawfully performed by the registered dispensing optician.
- In contracting with an ophthalmologist, Stanton Optical is not required to adhere to or produce documentation of a lease agreement subject to the conditions of BPC Section 655, subdivision (d). Additionally, the terms "direct landlord-tenant relationship" and "indirect landlord-tenant relationship" have no definition.

The Board respectfully submits applicable changes by attachment to ISSUE #21: Technical Cleanup.

Current Response: The Board discusses in response to prior issue #16 a solution to the issues presented by certain contractual arrangements utilized by ophthalmological corporations and some optical companies.

With respect to Nonresident Ophthalmic Lens Dispensers, compelling unregistered businesses to submit applications, and pursuing enforcement action if they do not, has proven challenging. Many of these entities operate from foreign countries and utilize internet websites and social media accounts to sell their products. In many ways these businesses operate beyond the reach of the Board.

A tool the Board can use to address unlicensed activity involves pursuing an unlicensed activity citation and disconnection of the businesses telephone under Business and Professions Code section 148 and 149, and the Board will be exploring this tool as it pertains to these unlicensed actors. However, because these actors mostly use internet websites, social media platforms, and email accounts, and may not advertise with the use of telephone numbers, the effectiveness of this tool may be limited.

ISSUE #14: Standard of Care Model for RDOs. Should the Board treat RDOs more like trained professionals in its enforcement and licensing activities?

Background: Since the transition of the RDO Program, the Board now has oversight and enforcement responsibilities for both optometrists and opticians. However, the two regulated professions are arguably treated very differently in regards to enforcement. While optometrists are considered trained professionals whose judgement and competence are considered when being held to a California standard for purposes of licensing and discipline, RDOs are arguably not regarded with the same perspective. Considering that California has chosen to place limitations on who can lawfully engage in activities regulated under the RDO Program and considering that the practice of opticianry is a skilled professional service within the greater landscape of vision health, the Board may consider pursuing ways to utilize something resembling a standard of care model in its regulation of RDOs and dispensing professionals.

Staff Recommendation: The Board should provide its perspective on whether dispensing registrants should be treated more like trained professionals similarly to optometrists and how that paradigm shift could be effectuated in Board policy and in statute.

Board's 2021 Response to Recommendation: Though physical harm has not been reported, poorly executed spectacle and contact lens dispensing does impact the consumer. Consumer protection includes ensuring that Californians receive the care they need with a reasonable guarantee of the accuracy of that care. The Board receives several complaints each month claiming optometrists have written an incorrect prescription or that the materials they received cause side effects or do not work. Extensive committee discussion indicates that refabrications and mild physical effects are common outcomes of poorly executed spectacle and contact lens dispensing. These complications often result in lost time and money for the consumer. According to the experience of professional opticians serving on the committee—consumer outcomes improve with on-site supervision conducted by opticians, who have proven a higher understanding of the mathematical concepts and fabrications behind spectacles and contacts.

The Dispensing Optician Committee has completed a clean-up of the disparate statutes that govern Opticianry and enacted nascent disciplinary guidelines. Concurrently, the committee has closely monitored the development of educational programs and the effect of training on national exam pass rates. The Board is completing occupation analyses for Spectacle Lens Dispensers, Contact Lens Dispensers, and unlicensed assistants to optometrists. The Board is working to develop a comparison of these research reports. Beginning in 2023 the Board plans to complete a data-driven analysis of the profession. Though opticians are not rigorously trained and tested like optometrists, the Board recognizes an opportunity to improve consumer protection through standardization and education.

Current Response: The Board completed the occupational analyses and scope of practice study mentioned in the 2021 response. Those studies are attached to this report. The scope of practice study recommended that a clear definition of the role of optometric assistants should be established, and optometric assistants should be registered with the Board to ensure the role is adhered to. The study also recommended that the definition of the role should detail the tasks optometric assistants can perform and the intent of the tasks. Additional suggestions included:

- Developing an examination which candidates would have to pass to obtain state certification/licensure.
- Using an existing national paraoptometric examination which candidates would have to pass to obtain state certification/licensure.

- Creating an optometric assistant apprenticeship program as pathway to optometric assistant certification/licensure.

No changes to the SLD and CLD professions were recommended by the Subject Matter Experts.

The main limitation of this study was the low response rate of the experts who participated in it. The Board received the results of the study in 2023 and did not take any action on it.

Unlike optometrists, opticians do not enjoy any prescribing or diagnosing authority and cannot make or formulate medical opinions. Some opticians, such as CLD and SLD, do see patients and fit and adjust their prescription lenses, while others, such as the business owner of the retail establishment may not see any unless they are also registered as a CLD or SLD. This may be why the law does not provide a standard of care like what is found for optometrists at BPC 3041.1:

“An optometrist diagnosing or treating eye disease shall be held to the same standard of care to which physicians and surgeons and osteopathic physicians and surgeons are held. An optometrist shall consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider when a situation or condition occurs that is beyond the optometrists's scope of practice. Consultations, referrals, and notifications required by this section shall be documented in the patient record.”

While there is no degree requirement to become an optician in California, since the prior sunset report the Board has seen an increase in opticianry schools, especially among the California Community Colleges. Some of these programs are degree or certificate granting, while others utilize an apprenticeship model. The Board is aware of the following opticianry programs that are operating:

- American Career College, Los Angeles.
- American Career College, Ontario.
- Cañada College.
- Chabot College and CSSO Statewide Optician and Optometric Apprenticeship Program.
- Los Angeles City College.
- Martinez Adult School.
- San Mateo Adult School.
- Sacramento City College.
- Southwestern College.
- San Diego City College

The Board looks forward to conducting outreach with these institutions as they prepare future students for opticianry practice.

PRACTICE ISSUES

ISSUE #15: Independent Contractors. Does the new test for determining employment status, as prescribed in the court decision *Dynamex Operations West Inc. v. Superior Court*, have any unresolved implications for licensees working in the optometry profession as independent contractors?

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving

the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity's business; and
- C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the “ABC test,” the implications of the *Dynamex* decision are potentially wide- reaching into numerous fields and industries utilizing workers previously believed to be independent contractors. Occupations regulated by entities under the Department of Consumer Affairs have been no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of *Dynamex*, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine the rights and obligations of employees.

In 2019, the enactment of Assembly Bill 5 (Gonzalez, Chapter 296, Statutes of 2019) effectively codified the *Dynamex* decision's ABC test while providing for clarifications and carve-outs for certain professions. Specifically, physicians and surgeons, dentists, podiatrists, psychologists, and veterinarians were among those professions that were allowed to continue operating under the previous framework for independent contractors. However, optometrists were not included in the bill, and some have suggested that they should be afforded an exemption to prevent unnecessary disruption to the optometry profession.

Staff Recommendation: The Board should inform the committees of any discussions it has had about the *Dynamex* decision and AB 5, and whether there is potential to impact the current landscape of the optometry profession unless an exemption is enacted.

Board's 2021 Response to Recommendation: The Board has not engaged in discussions regarding an exemption from AB5 for licensed optometrists and does not believe the *Dynamex* decision or AB 5 impact the optometry profession unless an exemption is enacted.

Current Response: [The Board's current response is consistent with the 2021 response.](#)

ISSUE #16: Relationship with the Ophthalmology Profession. Does the distribution of shared scope of practice between ophthalmologists and optometrists adequately benefit and protect consumers?

Background: Optometry and ophthalmology are two distinct professions that share a great deal of practice scope and interest. Whereas optometrists are often considered mid-level practitioners with a narrow focus on diagnosing and treating specific eye conditions, ophthalmologists are physicians and surgeons working within a specialty that also places an emphasis on conditions of the eye. As a result, ophthalmologists may engage in virtually any activity within the practice of optometry, while also being authorized to perform a greater number of treatments and procedures than optometrists.

One potential concern with two categories of licensed professional is that enforcement of laws governing the practice of vision care falls to either the Board or the Medical Board of California depending on whether the practitioner is an optometrist or an ophthalmologist. In cases where one

board has prioritized certain enforcement efforts, similar attention may not be paid by the other and there may be inconsistent enforcement. This may be the reason why ophthalmologists are often used to perform relatively minor services such as approving prescription renewals.

Additionally, there will continue to be discussions regarding where the line should be drawn between optometry scope of practice and ophthalmology. While as physicians and surgeons, ophthalmologists doubtlessly have more education and training in most cases than optometrists, there would be greater access to care for services that optometrists are authorized to perform. The Legislature likely will and should continue to engage in conversations about how optometrists can safely and effectively engage in more health care practices currently reserved for ophthalmologists.

Staff Recommendation: The Board should inform the Committees of any perspectives it has regarding the relationship between optometry and ophthalmology.

Board's 2021 Response to Recommendation: The relationship between the optometrist and ophthalmologist relates to "ISSUE #13: RDO Regulation Enforcement. Does the Board need its authority to compel compliance with the laws governing RDOs clarified or enhanced to ensure robust enforcement?" In the defense of twenty-one citations against Stanton Optical, the Board has revealed the following relationship with an ophthalmologist that allows Stanton Optical undue influence over the practice of optometry.

- According to BPC Section 655, subdivision (f), an ophthalmologist may employ an optometrist and may enter a landlord-tenant relationship with a dispensing optician business. Therefore, current law enables Stanton Optical to contract with an out-of-state, ophthalmological shell company to appear separate from the optometrists providing services. The ophthalmologist does not manage its employees; management of its optometrists is unlawfully performed by the registered dispensing optician.
- In contracting with an ophthalmologist, Stanton Optical is not required to adhere to or produce documentation of a lease agreement subject to the conditions of BPC Section 655, subdivision (d). Additionally, the terms "direct landlord-tenant relationship" and "indirect landlord-tenant relationship" have no definition.

Additionally, the exclusion of employment of optometrists to only ophthalmologists inhibits the integration of eye health into preventative care, and federally-qualified health clinic operations. The Board respectfully submits this change by attachment to ISSUE #21: Technical Cleanup.

Current Response: Business and Professions Code section 655(f) authorizes an ophthalmologist, or their corporation, to contract with or employ optometrists and unlicensed optometric assistants, and also to enter into a contract or landlord-tenant relationship with a health plan, optical company, or registered dispensing optician.

Some optical retail establishments claim their use of corporate structure and contractual relationships eliminate any Board authority to regulate them. One retailer in California has approximately three dozen locations that they claim are exempt from Board regulation because they contract with an ophthalmologist who subleases space from their retail store. This retailer also claims not to dispense or fit and adjust any lenses because all fitting, adjusting, and dispensing is performed in the subleased space by the ophthalmologist and their employees or agents. The distinction is invisible to the consumer.

The Board does not believe the Legislature intended for this relationship to be exempt from the requirement to register with the Board. Under BPC 2550, for example, the Legislature has defined a registered dispensing ophthalmic business to be “an entity that is registered with the board...that offers, advertises, and performs optical services for the general public.” These retailers advertise through electronic means, including television and online.

Similarly, BPC 2564.90 requires “individuals, corporations, and firms engaged in the business of filling prescriptions of physicians or optometrists” to not engage in that business unless registered with the Board.

The law also provides at BPC 655(a)(2) for a definition of “optical company”, which is “a person or entity that is engaged in the manufacture, sale, or distribution to physicians and surgeons, optometrists, health plans, or dispensing opticians of lenses, frames, optical supplies, or optometric appliances or devices or kindred products.”

These retail establishments, masquerading as optical companies, appear to be offering prescription optometric products to consumers and advertising, and performing optical services for the general public.

To make clear that retail entities offering, advertising, and performing optical services for the general public must be registered with the Board, the Legislature may consider amending the law to require registration as a dispensing ophthalmic business for all optical companies that manufacture, sell, or distribute lenses, frames, and other optical or optometric supplies and products, to physicians and optometrists, when the optical company also acts as a landlord and subleases space to the physician or optometrist, and their corporation, and when the optical company offers, advertises, and performs optical services for the general public. This is discussed further as New Issue #2.

ISSUE #17: Childhood Vision Screenings. Are there opportunities for the Board to contribute to national efforts to increase the rates of early pediatric eye exams?

Background: According to data published by the National Center for Health Statistics within the Centers for Disease Control and Prevention, childhood vision screenings may provide early detection of vision disorders and opportunities for subsequent treatment. The United States Preventive Service Task Force recommends that children aged three to five years receive a vision screening at least once to detect amblyopia (lazy eye) or its risk factors. Key findings from a National Health Interview Survey revealed that during 2016/17, only 63.5 percent of children within this age group had ever had their vision tested by a doctor or other health professional, and that race, socioeconomic status, and access to insurance all significantly impacted the likelihood of a child receiving a vision screening by the age of five.

In 2015, SB 402 (Mitchell) was proposed to address the need for comprehensive eye examinations for school-age children; when the bill failed to pass, the Board created a Children's Vision Workgroup. Throughout 2017 and 2018, the Children's Vision Workgroup held a number of meetings dedicated to supporting AB 1110 (Burke), which similarly aimed to increase student access while maintaining the expected standard of care for examinations conducted in brick and mortar medical offices. However, AB 1110 also did not pass, and the workgroup was effectively dissolved.

Given the great importance of ensuring that children receive an early vision screening to identify potential vision disorders, the Board should continue to engage on this topic regardless of whether there is a bill currently moving through the Legislature.

Staff Recommendation: The Board should advise the Committees as to what work it is continuing to do to promote childhood vision screenings and whether it has any recommendations for how to incrementally enhance the state's efforts to ensure that all children have their vision tested by the age of five regardless of demographic or income.

Board's 2021 Response to Recommendation: The Board continues to prioritize the importance of early pediatric eye exams in its Consumer Protection and Outreach efforts. The Board believes that expanding eligible employers of optometrists (beyond ophthalmologists to all physicians and surgeons) could create differentiation for early-childhood medical practices and federally-qualified health centers that co-locate pediatricians and optometrists. The removal of this barrier is requested in ISSUE #21: Technical Cleanup.

Current Response: Consistent with the Board's 2021 response, the Board continues to prioritize the importance of early pediatric eye exams in both its consumer protection and outreach efforts. On the Board's homepage is a video the Board produced regarding the importance of comprehensive eye exams for children. The Board displays this video in most presentations it gives to stakeholders. While the Board encourages parents to have their children's eye health comprehensively examined at six (6) months, three (3) years, and just before entering kindergarten, and annually thereafter, the Board does not have recommendations at this time to incrementally enhance the state's efforts to have all children have their vision tested by age five (5). The Board is not aware of robust data that tracks the rate of children who have their vision tested or not but does note that California law requires schools to test students' vision (vision screening test not a comprehensive exam) upon school entry and every third year thereafter through 8th grade.

IMPLEMENTATION ISSUES

ISSUE #18: Mobile Optometric Offices. *Has the Board commenced implementation of its registration program for nonprofits offering optometric services to patients regardless of the patient's ability to pay, and have any needed statutory changes been identified?*

Background: Statute generally allows for healing arts licensees to deliver services through the use of mobile health care units to the extent authorized by written policies established by the governing body or regulatory board of the licensee. Previously, Board regulations allowed for the provision of optometry services through registered "extended optometric clinical facilities." This registration program was restricted to clinical facilities employed by an approved school of optometry where optometry services were rendered outside or beyond the walls, boundaries, or precincts of the primary campus of the school. Mobile optometric facilities were only allowed to function as a part of a school teaching program as approved by the Board.

While the extended optometric clinical facility program was historically used to provide mobile optometry services to low-access communities, optometrists seeking to provide these services were limited to the extent that they were affiliated with a school of optometry. Nevertheless, the widely recognized need for expanded access to optometric care for patients who are uninsured and unable to pay out of pocket led to the establishment of charitable organizations and nonprofits dedicated to providing care through mobile clinics. One reputable nonprofit, Vision to Learn, has provided more than 186,500 eye exams and more than 148,500 pairs of glasses to students and other Californians, regardless of income, since it was established in 2012.

Despite the success of these programs, their operation was technically unsupported by statute or Board regulation to the extent that the provision of services was unaffiliated with a school of optometry. This lack of clarity led to concerns relating to the possibility of enforcement action by the Board against nonprofit optometry service providers. In response, AB 896 (Low) was enacted in 2020 to rectify that apprehension by creating a new registration program to formalize the presence of mobile optometric offices operated by nonprofits and charitable organizations.

Organizations authorized under the bill are required to submit information to the Board regarding services provided and any complaints received by the organization. Further, all medical operations of a mobile optometric office must be directed by a licensed optometrist. Finally, the bill created a safe harbor for charitable organizations and nonprofits currently providing services while the Board promulgates regulations to implement the new registration program, providing peace of mind to those already working to expand access to optometry services for low-income communities in California. The Board is required to adopt regulations implementing the bill no later than January 1, 2022.

Staff Recommendation: The Board should provide the Committees with an update on its rulemaking to implement the provisions of AB 896 and identify any suggested revisions to that law to ensure an effective registration program for mobile optometric offices.

Board's 2021 Response to Recommendation: Proposed regulation text was finalized with assistance of legal counsel within the DCA Regulations Unit and presented to the Board during the May 21, 2021 meeting. The approved package will be submitted to the Office of Administrative Law to initiate the 45-day public comment period.

During the May 21, 2021 meeting, the Board also approved proposed amendments to statute that will ensure an effective registration program for charitable organizations and the mobile offices they intend to operate. Within this legislative clean-up proposal, the Board respectfully requests an extension to the deadline for implement of regulations to 2023.

The entire legislative proposal is included in this document by attachment and respectfully presented to the Chairs and Committees for inclusion in the final Optometry Reauthorization Bill. Any changes to the regulatory package, resulting from newly passed legislation, will be implemented within the public comment periods and subsequent board approvals customary to the approval process. The Board is scheduled to submit the final regulation to approval before the end of the year.

Current Response: On February 23, 2024, the Board noticed the regulation text for a 45-day public comment period, which ended on April 9, 2024. A modified proposal was approved by the Board at its May 31, 2024, meeting and was noticed for a 15-day public comment period beginning on June 9, 2024, which ended on June 24, 2024. The regulation became effective on October 9, 2024.

During the regulatory process, a policy issue with the number of offices was discovered. The statute authorizing the mobile optometric office program allows the nonprofit or charity operator to only hold 12 permits during the first licensure period; following the first renewal period the cap of 12 is removed and there is no limit on how many permits an owner and operator may have.

At BPC 3077, however, an optometrist is limited in how many offices they can have. An office is defined as a place where optometry is practiced and the law limits optometrists to only having 11 offices. This limitation is permanently in place and there is no ability for an optometrist to have more than 11 offices.

This limitation of 11 contrasts with the laws governing the mobile optometric office program which allows for an unlimited number of permits following the first renewal period. The Board looks forward to engaging with the Legislature and stakeholders on this issue.

COVID-19 PANDEMIC ISSUES

ISSUE #19: Emergency Waivers. How have the Board and the profession utilized the Governor's emergency process for obtaining waivers of the law during the COVID-19 pandemic?

Background: Since the onset of the COVID-19 pandemic, state health experts have continued to highlight the ongoing need to bolster the California's capacity to respond to a surge in patient needs across the state's health care system. On March 30, 2020, Governor Newsom announced his an initiative to "expand California's health care workforce and recruit health care professionals to address the COVID-19 surge" and signed Executive Order N-39-20. This executive order established the waiver request process under the DCA and included other provisions authorizing the waiver of licensing, certification, and credentialing requirements for health care providers.

To date, there have been two successful waivers dealing with the practice of optometry. First, the Board worked with Marshall B. Ketchum University, Southern California College of Optometry to sponsor a waiver request for the school's Glaucoma Grand Rounds Certification Program. This waiver removed the requirement that patients must be evaluated in person from the requirement in regulations for Glaucoma Certification.

Subsequently, on February 11, 2021, the Director of DCA issued a waiver of Business and Professions Code § 3041 "to the extent it prohibits licensed optometrists from independently ordering and administering COVID-19 vaccines that are approved or authorized by the federal Food and Drug Administration (FDA) to persons 16 years of age or older and, in cases involving a severe allergic reaction, epinephrine or diphenhydramine by injection," subject to certain conditions. This waiver essentially expanded the scope of practice for optometrists to allow them to administer the COVID-19 vaccine. Optometrists are required to complete an immunization training program and the COVID-19 training programs prescribed by the California Department of Public Health.

In addition to these two actions, other waivers have been requested by representatives of the optometry profession that have not been granted. The Board has also indicated that it may have sponsored waiver requests that have not yet been approved by the DCA. Finally, the Board does not currently have its own authority to waive provisions of the Optometry Practice Act during a declared emergency. This authority may be useful in the future to enable the Board to respond quickly to similar events without having to go through a waiver process administered by the DCA.

Staff Recommendation: The Board should update the Committees on any pending waiver requests, describe the overall effectiveness of the waiver process in acting quickly to respond to the pandemic, and advise the Committees as to whether it may be appropriate for the Board to have its own state-of- emergency statute.

Board's 2021 Response to Recommendation: There are currently no pending waiver requests initiated by the Board. Despite the threat of COVID-19, all 2020 California graduates completed the test and were licensed timely. California's 2021 graduating classes are scheduled to complete examinations before the end of May. We can report that no COVID-19 infections have been linked to the North Carolina Testing Center or travel to/from the examination site. But we recognize that having a single

testing site is inconsistent with contingency planning for the next pandemic, natural disaster, cyber-attack, or domestic terrorism. The adoption of a board-specific state-of-emergency statute could be needed in the event of a disruption to testing.

Current Response: [The Board's current response is consistent with the 2021 response.](#)

ISSUE #20: Immunization and Testing. How does the Board intend to engage in oversight and enforcement of optometrists participating in COVID-19 screenings and vaccinations?

Background: As discussed in the previous issue, DCA Waiver DCA-21-114 authorized optometrists to independently order and administer FDA-approved COVID-19 vaccines under certain conditions. This waiver is part of an effort to maximize the availability of COVID-19 vaccinations and utilize all available health professionals in immunization efforts. Additionally, proposals have been introduced in the Legislature to enable optometrists to screen patients for COVID-19 using clinical laboratory tests.

Because this waiver authority is not formally included in an optometrist's scope of practice under the Optometry Practice Act, it is unclear how the Board would be expected to validate or track optometrists using waiver authority. The Board may assist its licensees with complying with requirements set by the California Department of Public Health to perform COVID-19 vaccinations; however, much of the relevant information may be with that department rather than the Board. As the Board's licensees become more actively engaged in the state's efforts to immunize its population, there may be questions as to whether the Board is equipped or empowered to oversee those activities.

Staff Recommendation: The Board should advise the Committees as to whether it believes it has a defined role and sufficient authority in the oversight of optometrists administering COVID-19 vaccinations.

Board's 2021 Response to Recommendation: During the May 21, 2021 meeting, the Board voted to adopt a "support with amendments" position for Assembly Bill 691 (Chau) Optometry: SARS-CoV-2 vaccinations: SARS-CoV-2 clinical laboratory tests or examinations. With technical amendments and additional staff appropriation the Board believes this legislative proposal will provide sufficient authority in the oversight of optometrists administering COVID-19 vaccinations.

Current Response: [The Board's current response is consistent with the 2021 response.](#)

TECHNICAL CLEANUP

ISSUE #21: Technical Cleanup. Is there a need for technical cleanup?

Background: As the profession continues to evolve and new laws are enacted, many provisions of the Business and Professions Code relating to optometry become outmoded or superfluous. The Board should recommend cleanup amendments for statute.

Staff Recommendation: The Board should work with the committees to enact any technical changes to the Business and Professions Code needed to add clarity and remove unnecessary language.

Board's 2021 Response to Recommendation: The Board respectfully submits applicable changes by attachment.

Current Response: At New Issue #9 the Board submits proposed technical amendments.

CONTINUED REGULATION OF THE OPTOMETRY PROFESSION BY THE CALIFORNIA STATE BOARD OF OPTOMETRY

ISSUE #22: Continued Regulation. Should the licensing of optometrists and the registration of dispensing professionals be continued and be regulated by the California State Board of Optometry?

Background: In consideration of the Board's critical public protection mission in its regulation of the optometry and opticianry professions in California, it is likely that the Committees will ultimately determine that the Board's repeal date should be extended for an additional term.

Staff Recommendation: The Board's current regulation of the optometry and opticianry professions should be continued, to be reviewed again on a future date to be determined.

Board's 2021 Response to Recommendation: N/A

Current Response: The Board looks forward to working with the Legislature and stakeholders during the 2025 sunset review process.

Section 10 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

- Issues raised under prior Sunset Review that have not been addressed.
- New issues identified by the board in this report.
- New issues not previously discussed in this report.
- New issues raised by the Committees.

New Issue #1: Authorizing Contemporary Optometric Practice in California

Identification of problem: In 1996, California law granted optometrists authority to use therapeutic pharmaceutical agents. In 2000, California law granted optometrists authority to perform lacrimal irrigation and dilation in patients 12 and over. And, in 2008, California law granted optometrists the authority to treat certain glaucoma's. In each of these examples the law granted expanded scope to those optometrists who had graduated on or after each of those years. Importantly it also provided for a pathway for those who graduated prior to those dates to obtain the authority after they had met another requirement, such as passing an exam or working with an ophthalmologist or while under a preceptor model. The law recognized that accredited optometric education was preparing students for safe and competent practice.

Today, California licensed optometrists are not authorized to practice to the full extent of their training and education. The scope of practice at Business and Professions Code section 3041 does not authorize procedures that optometrists are competently trained to perform, and which are authorized in other states.

Federal law requires accredited institutions to prepare students for state licensure in all states. Since approximately a dozen states authorize optometrists to use lasers and approximately twenty states authorize minor surgical procedures within the scope of practice, optometric schools and colleges prepare and train students to perform them. This includes the three accredited optometric colleges in California, which instruct students on the use of lasers and minor surgical procedures. The Herbert Wertheim School of Optometry and Vision Science at the University of California, Berkeley, the Marshall B. Ketchum University, Southern California College of Optometry, and the Western University of Health Sciences, College of Optometry offer the following courses:

- Berkeley: **Optometry 200F. Clinical Examination and Treatment of the Visual System (2 units)** [<https://optometry.berkeley.edu/academics/curriculum/>]
The purpose of the Ophthalmic Laser and Minor Surgical Procedures (lecture and laboratory) is to familiarize optometry students with ophthalmic laser instrumentation, surgical laser procedures, the use of lasers in management of ocular conditions and the introduction of minor surgical techniques. Types of ophthalmic lasers, laser-tissue interactions and safety considerations associated with laser surgery will be covered. Pre- and post-operative considerations for ocular conditions commonly managed with lasers will be covered through lecture and laboratories. Students will perform simulated ophthalmic laser surgery in the ophthalmic laser laboratory. Periocular surgical procedures topics will include aseptic and sterile techniques, types of lesion removal, and post-operative care. The associated surgical procedure laboratories provide hands-on experience in performing various injections, simulated removal of lesions using multiple techniques, and suturing procedures. For both laser and minor surgical procedures, we will cover appropriate patient selection (indications and contraindications), thresholds for making appropriate surgical referrals, as well as informed consent, OSHA guidelines and safety considerations.
- Ketchum: **CLS 722: Ophtha Lasers, Injection & Med Dia. (2.50 credit hours)** [<https://catalog.ketchum.edu/university-catalog/scco/optometry/#curriculumtext>]
Two lecture hours and one laboratory hour per week. The purpose of this course is for the student to become knowledgeable in the protocol of advanced complex diagnostic and therapeutic clinical procedures involving ocular disease conditions. Special emphasis is placed on the indications and procedural application of anterior and posterior segment lasers, neuro-imaging, diagnostic and therapeutic injections, laboratory evaluation of patients and emergency care.
- Western: **OPTM 8120 Principles and Practices of Optometry VI: Laser Eye Procedures and Minor Surgical Eye Care (2.5 credit hours)** [<https://www.westernu.edu/media/registrar/2024-2025-catalog-co.pdf>]
This course covers the uses of lasers to perform certain surgical eye procedures, including laser therapies for open angle glaucoma, for angle closure glaucoma, and for posterior capsulotomy. The course will include a review of laser biophysics, laser-tissue interactions, as well as contraindications and complications associated with laser procedures on ocular tissues. This course will review the management and comanagement of corneal refractive surgeries, cataract surgery, and other ocular procedures. The course will also cover surgical

preparation and management of lid and adnexal lesions with an emphasis on benign neoplasms and chalazion. Additional topics include medicolegal aspects of surgical eye care and postoperative wound care. The lab portion of this course will provide hands on experience in suturing techniques, ophthalmic laser operations, and other procedures related to surgical co- management.

There also exists a [national exam](https://www.optometry.org/exams/lspe) [https://www.optometry.org/exams/lspe], specific to laser and surgical procedures, offered by NBEO, the organization that tests clinical competency of all optometry applicants. The exam is designed to assess optometric cognitive ability to appropriately manage and perform certain laser and surgical skills and is offered in a hybrid-format, consisting of both a clinical skills portion and a multiple-choice portion.

Restricting optometrists' ability to practice to the full extent of their training and education impacts access to care for vulnerable populations. For example, California is home to more than 1 million veterans and under federal policy, optometrists may provide contemporary optometric procedures such as removing lumps and bumps or using lasers for minor procedures "based on [the] state licensure of the provider." Because California law does not authorize these contemporary procedures, veterans in California may only seek treatment from ophthalmologists, even for ailments which optometrists are competently trained or may be licensed by another state to treat. Additionally, the lack of state recognition for these contemporary procedures impacts optometrists who relocate to California under federal military orders and utilize the licensure portability provisions enacted by the [Servicemembers Civil Relief Act](https://www.congress.gov/117/plaws/publ333/PLAW-117publ333.pdf), [https://www.congress.gov/117/plaws/publ333/PLAW-117publ333.pdf] because they are not able to provide this care in California even if their original home state license authorizes it.

Optometrists in California also see a majority of Medi-Cal patients, and nearly 40% of California's children are enrolled in that program. Optometrists are front-line providers to treat many common eye disorders that California law presently does not recognize.

Proposed Solution: The scope of practice of optometry in California requires modernizations to reflect the increased care that licensed optometrists are competently and safely trained and able to provide. The Board looks forward to engaging the Legislature and stakeholders on modernizations to the optometrist scope of practice that increase access to care, protect consumers, and ensure that the practice of optometry in California remains an attractive and worthwhile career.

New Issue #2: Registration of Optical Companies in Landlord-Tenant Relationships

Identification of Problem: Business and Professions Code section 655(f) authorizes an ophthalmologist, or their corporation, to contract with or employ optometrists and unlicensed optometric assistants, and also to enter into a contract or landlord-tenant relationship with a health plan, optical company, or registered dispensing optician.

Some optical retail establishments claim their use of corporate structure and contractual relationships eliminate any Board authority to regulate them. One retailer in California has approximately three dozen locations that they claim are exempt from Board regulation because they contract with an ophthalmologist who subleases space from their retail store. This retailer also claims not to dispense or fit and adjust any lenses because all fitting, adjusting, and dispensing is performed in the subleased space by the ophthalmologist and their employees or agents. The distinction is invisible to the consumer.

The Board does not believe the Legislature intended for this relationship to be exempt from the requirement to register with the Board. Under BPC 2550, for example, the Legislature has defined a registered dispensing ophthalmic business to be “an entity that is registered with the board...that offers, advertises, and performs optical services for the general public.” These retailers advertise through electronic means, including television and online.

Similarly, BPC 2564.90 requires “individuals, corporations, and firms engaged in the business of filling prescriptions of physicians or optometrists” to not engage in that business unless registered with the Board.

The law also provides at BPC 655(a)(2) for a definition of “optical company”, which is “a person or entity that is engaged in the manufacture, sale, or distribution to physicians and surgeons, optometrists, health plans, or dispensing opticians of lenses, frames, optical supplies, or optometric appliances or devices or kindred products.”

These retail establishments, masquerading as optical companies, appear to be offering prescription optometric products to consumers and advertising, and performing optical services for the general public.

Proposed Solution: To make clear that retail entities offering, advertising, and performing optical services for the general public must be registered with the Board, the Legislature may consider amending the law to require registration as a dispensing ophthalmic business for all optical companies that manufacture, sell, or distribute lenses, frames, and other optical or optometric supplies and products, to physicians and optometrists, when the optical company also acts as a landlord and subleases space to the physician or optometrist, and their corporation, and when the optical company offers, advertises, and performs optical services for the general public.

New Issue #3: Definition of Person in Business and Professions Code section 3040

Identification of Problem: Business and Professions Code section 3040 states that “It is unlawful for a person to engage in the practice of optometry or to advertise or hold himself or herself out as an optometrist without a valid, unrevoked California optometrist license. The practice of optometry includes the performing or controlling of any acts set forth in Section 3041.”

Neither this statute, nor any other in the Optometry Practice Act, provides for a definition of “person.” In 2018 and 2019, the Board issued 21 citations against a business alleging several violations of law. The citations alleged, in part, that the business violated Business and Professions Code section 3040 in that the business was advertising or holding themselves out as an optometrist. In an administrative law hearing, the judge determined that “By its own terms, section 3040 applies to natural persons. Nowhere in the Optometry Practice Act is ‘person’ defined to include a business entity.” The Board argued that this reading of the law would allow the business “to freely hold themselves out as an optometrist” but the judge determined that the argument was “unpersuasive” because, in part, “if the legislature wished to define “person” in the Optometry Practice Act to include a business entity it could have done so, as it has done elsewhere.” Ultimately, while this specific violation of law was rejected, the judge did find the Board had authority to issue citations for unlicensed opticianry practice. Nevertheless, the lack of definition of person *within* the Optometry Practice Act presents a barrier to consumer protection.

The Board is aware of two related instances where the Legislature has provided for a definition of person in the Business and Professions Code. Business and Professions Code section 653 defines

person as follows: "The word "person" as used in this article includes an individual, firm, partnership, association, corporation, limited liability company, or cooperative association."

Additionally, in Business and Professions Code section 2032, under the Medical Practice Act, person is defined as "any individual, partnership, corporation, limited liability company, or other organization, or any combination thereof, except that only natural persons shall be licensed under this chapter."

Proposed Solution: To provide for a definition of person in the Optometry Practice Act and clarify that only a natural person may be licensed as an optometrist, the Board proposes Business and Professions Code section 3040 be amended as follows:

Amend BPC 3040.

(a) It is unlawful for a person to engage in the practice of optometry or to advertise or hold himself or herself out as an optometrist without a valid, unrevoked California optometrist license. The practice of optometry includes the performing or controlling of any acts set forth in Section 3041.

(b) In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

(c) For purposes of this chapter, "Person" means any individual, partnership, corporation, limited liability company, or other organization, or any combination thereof, except that only a natural person shall be licensed as an optometrist under this chapter.

New Issue #4: No Probationary Registration Exists for Opticianry

Identification of Problem: Presently, for optometrist applicants, the Board has three decisions it can make on an application: approve it, deny it, or issue a probationary license. For opticianry applicants, only two choices exist: approve or deny. The problem with only having two choices instead of three arises for certain applicants with unique backgrounds where the balance between meeting the highest priority mandate of consumer protection clashes with the substantially related criteria found at Business and Professions Code section 480. An applicant, if granted a license with probationary terms and conditions, may be able to demonstrate competent and safe practice.

Pursuant to Business and Professions Code section 3091, the Board "may issue a probationary license to an optometrist applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:

- (1) Practice limited to a supervised, structured environment in which the licensee's activities shall be supervised by another optometrist licensed by the board.
- (2) Total or partial restrictions on drug prescribing privileges for controlled substances.
- (3) Continuing medical or psychiatric treatment.
- (4) Ongoing participation in a specified rehabilitation program.
- (5) Enrollment and successful completion of a clinical training program.
- (6) Abstention from the use of alcohol or drugs.
- (7) Restrictions against engaging in certain types of optometry practice.
- (8) Compliance with all provisions of this chapter.
- (9) Any other terms and conditions deemed appropriate by the board.

The Board has not issued any probationary optometrist licenses under this provision during the last four (4) fiscal years. However, the Board believes this authority provides it with an important tool that can be beneficial to certain applicants while allowing the Board to meet its mission of consumer protection.

The laws that govern opticianry do not allow for a probationary license absent the formal denial of the license via the filing of a Statement of Issues and a settlement or successful order by an Administrative Law Judge following an appeal by the applicant. Because a formal action is filed, DAG costs are incurred, and the process is delayed. If the Board had the ability to issue a probationary license, it would eliminate the lengthy and costly administrative process, allow licensees to practice subject to certain probationary terms and conditions, and allow the Board to more closely monitor the licensee to protect consumers.

This authority, for optometrists, was originally granted to the Board via legislation enacted in 2005. It was modeled after Business and Professions Code section 2221, within the Medical Practice Act. At the time the Board was granted this authority, the opticianry program existed within the Medical Board. In 2015, AB 684 (Chapter 405, Statutes of 2015) was enacted and transferred the opticianry program from the Medical Board to the Board.

Proposed Solution: To further the intent of the Fair Chance Licensing Act (AB 2138, 2018), the Board proposes Business and Professions Code section 2555.6 be adopted to authorize the Board to issue a probationary registration to an opticianry applicant:

2555.6

- (a) In addition to the board's authority to deny an application for registration pursuant to section 2555.5, the board in its sole discretion, may issue a probationary registration to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:
- (1) Practice limited to a supervised, structured environment in which the registrant's activities shall be supervised by another optician registered by the board that is in good standing and is either registered in an equivalent class, or is a licensed optometrist or physician and surgeon in good standing.
 - (2) Total or partial restrictions on ophthalmic dispensing privileges.
 - (3) Continuing medical or psychiatric treatment.
 - (4) Ongoing participation in a specified rehabilitation program.
 - (5) Enrollment and successful completion of a clinical training program.
 - (6) Abstention from the use of alcohol or drugs.
 - (7) Restrictions against engaging in certain types of optician practice.
 - (8) Compliance with all provisions of this chapter.
 - (9) Any other terms and conditions deemed appropriate by the board.
- (b) The board may modify or terminate the terms and conditions imposed on the probationary registration if the registrant petitions for modification or termination of terms and conditions of probation. A registrant shall not petition for modification or termination of terms and conditions until one year has passed from the effective date of the decision granting the probationary registration.

New Issue #5: Add Sections 2552.1 and 3029 – Email Address Requirement for Applicants, Registrants, and Licensees

Identification of the Problem: Several other DCA boards, including the Board of Behavioral Sciences, Medical Board, Dental Board, Physical Therapy Board, and Psychology Board, have added requirements to their laws that applicants, registrants, and licensees provide their respective board with a current email address if they have one.

The Board believes such a requirement would be useful as well. It would allow the Board to communicate information about law changes to most of its licensee and registrant population

(rather than hoping that they sign up for an email subscription, or check the social media pages). In addition, the Board's examination vendor communicates with applicants in the exam process via email. It is therefore essential that the Board has current email addresses for these applicants, so that they can receive timely updates about their exam status.

Proposed Solution: Add the following language as BPC sections 2552.1 (opticianry) and 3029 (optometry) to the Board's general administrative code sections, requiring that all applicants, registrants, and licensees who have an email address provide it to the board by July 1, 2026. The language also prohibits the Board from disclosing the email address to the public.

2552.1/3029

(a) An applicant, registrant, or licensee who has an electronic mail address shall provide the board with that electronic mail address no later than July 1, 2026. The electronic mail address shall be considered confidential and not subject to public disclosure.

(b) An applicant, registrant, and licensee shall provide to the board any and all changes to their electronic mail address no later than 30 calendar days after the changes have occurred.

(c) The board shall, with each renewal application, remind licensees and registrants of their obligation to report and keep current their electronic mail address with the board.

New Issue #6: Present Laws Cap the Number of Physical Offices and Mobile Units Providers Can Have

Identification of the problem: Prior to 2019, a licensed optometrist was functionally allowed to own only two physical locations. While there was no formal cap in the law, optometrists were required to be in personal attendance at each of their practices at least 50% of the time that the office was open for services. This changed via SB 1386 (Chapter 334, Statutes of 2018), which increased to 11 the number of offices that an optometrist, or two or more optometrists in partnership, could have.

In 2021, AB 1534 (Chapter 630, Statutes of 2021) was enacted and among other things it placed a cap of 12 for the first licensure period on the number of mobile optometric offices that a nonprofit corporation or charitable organization could own and operate. After renewing, the cap of 12 is removed and a nonprofit corporation or charitable organization is authorized to own as many mobile units as they want. This contrasts with how many offices that an optometrist is allowed to personally own or own in combination with other licensed optometrists or qualified licensees. The cap of 12 for the first licensure period for mobile optometric office operators may also impact service delivery as some operators may presently own and operate more units than the law would authorize.

Proposed Solution: The Board looks forward to working with the Legislature and stakeholders to discuss these issues, including the cap of 11 for physical offices and the cap of 12 for mobile units during the first licensure period.

New Issue #7: Potential Conflict Between BPC 2541.2 (c) and Federal Contact Lens Rule, Title 16, Chapter 1, Subchapter C, Part 315.

Identification of the Problem: Business and Professions Code section 2541.2(c) says:

“A prescriber shall retain professional discretion regarding the release of the contact lens prescription for patients who wear the following types of contact lenses:

- (1) Rigid gas permeables.
- (2) Bitoric gas permeables.

- (3) Bifocal gas permeables.
- (4) Keratoconus lenses.
- (5) Custom designed lenses that are manufactured for an individual patient and are not mass produced."

The Federal Contact Lens Rule, found at Title 16, Chapter 1, Subchapter C, Part 315, requires a prescriber to provide the patient with a copy of the prescription whether it is requested or not. The Federal law also requires the prescriber to confirm the prescription's release via certain regulatory defined methods.

There appears to be no federal exemption or exception, including no "professional discretion", to the requirement to provide a copy of the contact lens prescription.

Proposed Solution: The Board requests the Legislature to clarify whether state and federal law conflict. If they do, conforming state law to federal law would be a solution. Language requiring optometrists to follow the federal regulations, similar to the language in BPC 2541.1 for spectacle prescriptions, may also be a solution.

New Issue #8: Encourage Optometrist Licensees to Take Continuing Education (CE) on Diversity, Equity, Inclusion, and Belonging (DEIB)

Identification of the problem: The Board is committed to DEIB and embedded these values into the amended Strategic Plan, adopted on February 16, 2024. For example, Goal 5.7 of the Strategic Plan now states: "Evaluate and create better consumer outcomes such as access to care and addressing patient needs for marginalized populations by implementation of a multi-step action plan educating licensees about concepts of diversity, equity, inclusion, and belonging."

At the August 25, 2023, Board meeting, the Board considered and approved a legislative proposal to encourage optometrist licensees to take continuing education courses in DEIB. Greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students in training. In California, Latinos/Hispanics make up 40% of the population but are less than 6% of licensed optometrists. Overall, approximately 90% of licensed optometrists are Asian or White. Increasing DEIB knowledge and awareness among licensees is a worthwhile goal.

Proposed solution: Amend BPC 3059 to add language encouraging optometrists to take CE in DEIB.

3059.

(a) It is the intent of the Legislature that the public health and safety would be served by requiring all holders of licenses to practice optometry granted under this chapter to continue their education after receiving their licenses. The board shall adopt regulations that require, as a condition to the renewal thereof, that all holders of licenses submit proof satisfactory to the board that they have informed themselves of the developments in the practice of optometry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

(b) The board may, in accordance with the intent of this section, make exceptions from continuing education requirements for reasons of health, military service, or other good cause.

- (c) If for good cause compliance cannot be met for the current year, the board may grant exemption of compliance for that year, provided that a plan of future compliance that includes current requirements as well as makeup of previous requirements is approved by the board.
- (d) The board may require that proof of compliance with this section be submitted on an annual or biennial basis as determined by the board.
- (e) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3 shall complete a total of 50 hours of continuing education every two years in order to renew his or her certificate. Thirty-five of the required 50 hours of continuing education shall be on the diagnosis, treatment, and management of ocular disease in any combination of the following areas:
- (1) Glaucoma.
 - (2) Ocular infection.
 - (3) Ocular inflammation.
 - (4) Topical steroids.
 - (5) Systemic medication.
- (6) Pain medication, including the risks of addiction associated with the use of Schedule II drugs.
- (f) The board shall encourage every optometrist to take a course or courses in pharmacology and pharmaceuticals as part of his or her continuing education.
- (g) The board shall consider requiring courses in child abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected children.
- (h) The board shall consider requiring courses in elder abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected elder persons.
- (i) The board shall encourage every optometrist to take a course or courses in diversity, equity, inclusion, and belonging as part of their continuing education.

New Issue #9: Technical and Non-substantive Amendments

The Board respectfully submits the following technical and non-substantive amendments.

a. In August 2024, the Part III national exam changed names, from Clinical Skills to Patient Encounters and Performance Skills. In two places in BPC 3046.1 the phrase "Clinical Skills" should be replaced with "Patient Encounters and Performance Skills." For example:

BPC 3046.1

- (a) The board shall issue a temporary license to practice optometry to any person who applies for and is eligible for licensure pursuant to Section 3046, but who is unable to immediately take the Section III - ~~Clinical Skills~~ Patient Encounters and Performance Skills Examination developed by the National Board of Examiners in Optometry (NBEO), required for licensure under this chapter, due to the state of emergency, proclaimed by the Governor on March 4, 2020, in response to the COVID-19 pandemic.

b. Business and Professions Code section 3151 authorizes the Board to issue a retired license under the following conditions: 1) pay the required fee of \$25 and 2) the existing license must be "current and active." The "and active" requirement functionally means that licensees who have placed their license into a current inactive status are not eligible for a retired status on their license. A current and inactive license status requires payment of the renewal fee, but the CE requirements do not have to be met. To return to active status the licensee must complete the CE requirements. Because a retired status license cannot practice, licensees who are in a current inactive status should also be eligible to achieve the retired status, without first having to complete CE, bring the license active, and then retire it. The change could be accomplished by deleting the phrase "and active."

BPC 3151

- (a) The board shall issue, upon application and payment of the fee described in Section 3152, a retired license to an optometrist who holds a license that is current ~~and active~~.
- (b) A licensee who has been issued a retired license is exempt from continuing education requirements pursuant to Section 3059. The holder of a retired license shall not be required to renew that license.
- (c) The holder of a retired license shall not engage in the practice of optometry.
- (d) An optometrist holding a retired license shall only be permitted to use the titles "retired optometrist" or "optometrist, retired."
- (e) The holder of a retired license issued for less than three years may reactivate the license to active status if he or she meets the requirements of Section 3147. (f) The holder of a retired license issued for more than three years may reactivate the license to active status if he or she satisfies the requirements in Section 3147.6.

Section 11 Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

ATTACHMENT A



State of California
Business, Consumer Services, and Housing Agency
Department of Consumer Affairs



Board Member Handbook



California State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
www.optometry.ca.gov

2019 Edition

Table of Contents

1. INTRODUCTION.....	3
OVERVIEW.....	3
MISSION STATEMENT.....	5
VISION STATEMENT.....	5
VALUES STATEMENT.....	5
BOARD RESPONSIBILITIES.....	5
DEFINITIONS.....	6
LICENSES AND CERTIFICATION ISSUED BY THE BOARD.....	8
GENERAL RULES OF CONDUCT.....	9
2. BOARD MEETING PROCEDURES.....	10
OPEN MEETINGS.....	10
CLOSED SESSION.....	10
SPECIAL MEETINGS.....	11
EMERGENCY MEETINGS.....	11
COMMITTEE MEETING REQUIREMENTS.....	11
MAKING A MOTION AT MEETINGS.....	12
MEETING FREQUENCY.....	13
BOARD MEMBER ATTENDANCE AT BOARD MEETINGS.....	13
QUORUM.....	13
AGENDA ITEMS.....	14
NOTICE OF MEETING.....	14
NOTICE OF MEETINGS TO BE POSTED ON THE INTERNET.....	15
RECORD OF MEETINGS.....	15
TAPE RECORDING.....	15
MEETING BY TELECONFERENCE.....	15
USE OF ELECTRONIC DEVICES DURING MEETINGS.....	16
3. TRAVEL & SALARY POLICIES & PROCEDURES.....	17
TRAVEL APPROVAL.....	17
TRAVEL ARRANGEMENTS.....	17
OUT-OF-STATE TRAVEL.....	17
TRAVEL CLAIMS.....	17
SALARY PER DIEM.....	17
4. SELECTION OF OFFICERS AND COMMITTEES.....	20
OFFICERS OF THE BOARD.....	20
ROLES AND RESPONSIBILITIES OF BOARD OFFICERS.....	20
PRESIDENT.....	20
VICE PRESIDENT.....	21
SECRETARY.....	21
ELECTION OF OFFICERS.....	21
OFFICER VACANCIES.....	21
COMMITTEE APPOINTMENTS.....	22
ATTENDANCE OF COMMITTEE MEETINGS.....	22
5. BOARD ADMINISTRATION AND STAFF.....	24
BOARD ADMINISTRATION.....	24
BOARD STAFF.....	24
APPOINTMENT OF EXECUTIVE OFFICER.....	25
EXECUTIVE OFFICER EVALUATION.....	25
LEGAL COUNSEL.....	25
STRATEGIC PLANNING.....	25

BOARD BUDGET	25
PRESS RELEASES.....	26
LEGISLATION	26
6. OTHER POLICIES AND PROCEDURES	27
BOARD MEMBER ORIENTATION AND TRAINING.....	27
BOARD MEMBER DISCIPLINARY ACTIONS	27
REMOVAL OF BOARD MEMBERS.....	28
RESIGNATION OF BOARD MEMBERS	28
CONFLICT OF INTEREST	28
CONTACT WITH CANDIDATES, APPLICANTS AND LICENSEES	28
COMMUNICATION WITH OTHER ORGANIZATIONS AND INDIVIDUALS	28
GIFTS FROM CANDIDATES	28
REQUEST FOR RECORDS ACCESS	29
EX PARTE COMMUNICATIONS	29
7. COMPLAINT AND DISCIPLINARY PROCESS.....	30
DECIDING TO ADOPT OR REJECT A PROPOSED DECISION	31
REVIEWING THE RECORD AND PREPARING TO DISCUSS AND RENDER A DECISION AFTER REJECTION	32
8. CALIFORNIA’S LEGISLATIVE PROCESS.....	34
POSITIONS ON LEGISLATION.....	35
9. REGULATIONS.....	37

1. Introduction

Overview

The [California State Board of Optometry](#) (hereafter Board) was created by the California Legislature in 1913 under the Department of Professional and Vocational Standards to safeguard the public's health, safety, and welfare. In 1923, the Board promulgated the first rules for the practice of optometry and the State Legislature first required all applicants for licensure to be graduates of an accredited school or colleges of optometry. The Board is responsible for accrediting these schools. To assure competent and ethical practitioners and protect the public from harm, no person may engage in the practice of optometry in California unless he or she possesses a valid and unrevoked license from the Board.

The Board is one of the boards, bureaus, commissions, and committees within the [Department of Consumer Affairs](#) (DCA), part of the [Business, Consumer Services and Housing Agency](#) under the aegis of the [Governor](#). DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While the DCA provides administrative oversight and support services, the Board has policy autonomy and sets its own policies, procedures, and initiates its own regulations.

Protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) § [3010.1](#)).

The Board consists of [11 members](#), five of whom shall be public members and one of the nonpublic members shall be an individual registered as a dispensing optician. The registered dispensing optician member shall be registered pursuant to Chapter 5.5. (commencing with Section 2550) and in good standing with the Board. The remaining five members are California licensed optometrists actually engaged in the practice of optometry at the time of appointment or faculty members of a school or college of optometry. No more than two faculty members may be on the Board at any one time and they may not serve as public members. No person except the registered dispensing optician member, including the public members, shall be eligible to membership in the board who is a stockholder in or owner of or a member of the board of trustees of any school of optometry or who shall be financially interested, directly or indirectly, in any concern manufacturing or dealing in optical supplies at wholesale. The public members shall not be licensees or registrants of the Board or of any other Healing Arts Board (BPC § 3011).

The Governor appoints three public members and the six professional members. The [Senate Rules Committee](#) and the [Speaker of the Assembly](#) each appoint one public member. Board Members may serve up to two, four-year terms (BPC § 3013). Board Members are paid \$100 for each day actually spent in the discharge of official duties and are reimbursed travel expenses.

In January 2016, the legislature established a dispensing optician committee under the Board to advise and make recommendations to the Board regarding the regulation of dispensing opticians pursuant to Chapter 5.5 (commencing with Section 2550). The committee shall consist of five members, two of whom shall be registered dispensing opticians, two of whom shall be

public members, and one of whom shall be a member of the board. Initial appointments to the committee shall be made by the board. The board shall stagger the terms of the initial members appointed. The filling of vacancies on the committee shall be made by the board upon recommendations by the committee.

After the initial appointments by the board pursuant to subdivision (a), the Governor shall appoint the registered dispensing optician members and the public members. The committee shall submit a recommendation to the board regarding which board member should be appointed to serve on the committee, and the board shall appoint the member to serve. Committee members shall serve a term of four years except for the initial staggered terms. A member may be reappointed, but no person shall serve as a member of the committee for more than two consecutive terms.

The purpose of this handbook is to provide guidance to Board and Committee Members regarding general processes and procedures involved with their position on the Board and/or Committee. It also serves as a useful source of information for new Board Members as part of the induction process. Board Members are typically asked to create and review policy and administrative changes, make disciplinary decisions, and attend regular and special meetings. This handbook is additive to the Bagley-Keene Open Meeting Act and the Administrative Procedure Act which provide public meeting laws.

Mission Statement

To protect the health and safety of California consumers through licensing, education and regulation of the practice of Optometry and Opticianry.

Vision Statement

To ensure excellent optometric care for every Californian.

Values Statement

Consumer protection – We make effective and informed decisions in the best interest and for the safety of Californians.

Integrity – We are committed to honesty, ethical conduct, and responsibility.

Transparency – We hold ourselves accountable to the people of California. We operate openly so that stakeholders can trust that we are fair and honest.

Professionalism – We ensure qualified, proficient, and skilled staff provide excellent service to the State of California.

Excellence – We have a passion for quality and strive for continuous improvement of our programs, services, and processes through employee empowerment and professional development.

Board Responsibilities

With approximately 8,800 licensed optometrists, the largest population of optometrists in the United States, 3,000 branch office licenses, statements of licensure, and fictitious name permits, 24,000 practice certifications, and 4,200 registered dispensing opticians, contact lens dispensers, spectacle lens dispensers, and non-resident contact lens sellers, the Board is charged with the following duties and responsibilities:

- Accrediting the schools and colleges providing optometric education.
- Establishing educational requirements for admission to the examination for a license to practice optometry in California.
- Establishing examination requirements to ensure the competence of individuals licensed to practice optometry in California and administering the examination.
- Setting and enforcing standards for continued competency of existing licensees.
- Establishing educational and examination requirements for licensed optometrists seeking certification to use and prescribe authorized pharmaceutical agents.
- Issuing certifications to diagnose and treat glaucoma for patients over the age of 18.
- Licensing practice locations and issuing fictitious name permits.

- Effective January 1, 2007, the Board no longer registers Optometric Corporations. However, the Board has maintained the authority to regulate those in existence.
- Promulgating regulations governing:
 - Procedures of the Board
 - Admission of applicants for examination for licensure as optometrists
 - Minimum standards governing the optometric services offered or performed, the equipment, or the sanitary conditions
- Registering dispensing opticians, contact lens and spectacle lens dispensers, and nonresident contact lens sellers
- Investigating allegations of substance and patient abuse, unprofessional conduct, incompetence, fraudulent action, or unlawful activity.
- Instituting disciplinary action for violations of laws and regulations governing the practice of optometry and dispensing optician when warranted.

This procedures manual is provided to Board Members as a ready reference of important laws, regulations, DCA policies, and Board policies in order to guide the actions of the Board Members and ensure Board effectiveness and efficiency.

Definitions

Term	Acronym	Definition
Administrative Law Judge	ALJ	A judge from the Office of Administrative Hearings (OAH) who presides over license denial and discipline cases (the trier of fact) and makes a Proposed Decision to the Board that includes findings of fact, conclusions of law, and a recommended level of discipline.
Administrative Procedure Act	APA	The law that sets out the procedure for license denial and license discipline, to meet constitutional requirements for due process of law.
Bagley-Keene Open Meeting Act	-	Provisions of the public meetings law governing state agencies
Business and Professions Code	BPC	California Law related to business and professions. The majority of DCA entities fall under this code.
Department of Consumer Affairs	DCA	The DCA protects and serves California consumers while ensuring a competent and fair marketplace. The DCA issues licenses in more than 100 business and 200 professional categories, including doctors, dentists, contractors, cosmetologists and automotive repair facilities. The DCA includes 41 regulatory entities (25 boards, nine bureaus, four committees, two programs,

and one commission). These entities establish minimum qualifications and levels of competency for licensure. They also license, register, or certify practitioners, investigate complaints and discipline violators. The committees, commission and boards are semiautonomous bodies whose members are appointed by the Governor and the Legislature. DCA provides them administrative support. DCA's operations are funded exclusively by license fees.

Executive Officer	EO	An individual who serves at the pleasure of, and receives direction from the Board in the areas of program administration, strategic planning, and coordination of meetings. He or she is responsible for the day to day operations of the Board
Office of Administrative Hearings	OAH	The state agency that provides neutral (unaffiliated with either party) judges to preside over administrative cases.
Office of Administrative Law	OAL	The state agency that reviews regulation changes for compliance with the process and standards set out in law and either approves or disapproves those regulation changes.
Regulation	-	A standard that implements, interprets, or makes specific a statute enacted by the legislature. It is enforceable the same way as a statute.
State Administrative Manual	SAM	A reference source for statewide policies, procedures, requirements and information developed and issued by authoring agencies. In order to provide a uniform approach to statewide management policy, the contents have the approval of and are published by the authority of the Department of Finance Director and the Department of General Services Director.
Statute	-	A law passed by the legislature.
Stipulation	STIP	The matter in which a disciplinary or licensing case is settled by negotiated agreement prior to a hearing. The Board's Uniform Standards Related to Substance Abuse and Disciplinary Guidelines are used to guide these negotiated settlements.

Licenses and Certification Issued by the Board

The following chart provides an overview of the various licenses, certifications, and registrations issued by the Board.

TYPE	DESCRIPTION	Authority
Optometric License (OPT)	Required to practice optometry in California.	BPC § 3040 , BPC § 3041
Statement of Licensure (SOL)	Required for each practice location other than the licensee's principal place of practice.	BPC § 3070 CCR § 1506(d) .
Immunization Certification	Certified to administer immunizations for influenza, herpes zoster virus, and pneumococcus in compliance with CDC recommendations for persons 18 years of age or older.	BPC § 3041
Fictitious Name Permit (FNP)	Required if a fictitious name is used in conjunction with the practice of optometry.	BPC § 3078 , CCR § 1518
Diagnostic Pharmaceutical Agents (DPA)	Certified to use diagnostic pharmaceutical agents for examination purposes only. Not certified to treat diseases of the eye or its appendages.	BPC § 3041.2 , CCR § 1561
Therapeutic Pharmaceutical Agents (TPA) Certification	Certified to use therapeutic pharmaceutical agents to treat certain conditions of the human eye or any of its appendages. May also perform certain procedures on the eye as listed in California Business and Professions Code Section 3041. TPA is the minimum certification required in order to obtain licensure in California.	BPC § 3041.3 , CCR § 1568
Lacrimal Irrigation and Dilation Certification	TPA certified with additional certification to perform lacrimal irrigation and dilation procedures for patients over the age of 12 years.	BPC § 3041(e)(6) , BPC § 3041.3
Glaucoma Certification	TPA certified with additional certification to diagnose and treat primary open angle glaucoma in patients over the age of 18 years.	BPC § 3041(f)(5) , CCR § 1571
Registered Dispensing Optician (RDO)	Registered Dispensing Opticians can fill prescriptions for glasses or contacts.	BPC § 2550-2559
Contact Lens Dispenser (CLD)	A person registered as a contact lens dispenser took and passed the Nation Contact Lens Examiners - Contact Lens Exam.	BPC § 2560-2564.6
Spectacle Lens Dispenser (SLD)	A person registered as a contact lens dispenser took and passed the American Board of Opticianry - Spectacle Exam exams.	BPC § 2559.1-2559.6

TYPE	DESCRIPTION	Authority
Non-Resident Contact Lens Seller (NCLS)	The NCLS certificate authorizes a business located outside of California to ship, mail, or deliver in any manner, replacement contact lenses at retail, pursuant to a valid prescription, to a patient at a California address	BPC § 2546-2546.10

General Rules of Conduct

The following rules of conduct detail expectations of Board Members. The Board is comprised of both public and professional members with the intention that, together, the Board can collectively protect the public and regulate the Optometry profession.

- Board Members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.
- Board Members shall recognize the equal role and responsibilities of all Board Members.
- Board Members shall adequately prepare for Board responsibilities.
- Board Members shall not speak or act for the Board without proper authorization.
- Board Members shall maintain the confidentiality of non-public documents and information.
- Board Members shall act fairly, be nonpartisan, impartial and unbiased in their role of protecting the public.
- Board Members shall treat all applicants and licensees in a fair and impartial manner.
- Board Members shall not use their positions on the Board for personal, familial or financial gain.

Additional Resources:

1. California State Board of Optometry: <http://www.optometry.ca.gov/>
2. Department of Consumer Affairs: <http://www.dca.ca.gov/>
3. Business, Consumer Services and Housing Agency: <http://www.bcsb.ca.gov/>
4. Office of Governor Gavin Newsome: <http://gov.ca.gov>
5. California State Assembly: <http://assembly.ca.gov/>
6. Legislation and Statutes (Business and Professions, Government, Health and Safety, etc.): http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml
7. Senate Rules Committee: <http://srul.senate.ca.gov/>
8. Assembly Rules Committee: <http://arul.assembly.ca.gov/>
9. Speaker of the Assembly: <http://asmdc.org/speaker/>
10. California State Board Members: <http://www.optometry.ca.gov/about-us/board-memb.shtml>
11. Administrative Law Judge: <http://www.dgs.ca.gov/oah/GeneralJurisdiction/ALJbio.aspx>
12. Office of Administrative Hearings: <http://www.dgs.ca.gov/oah/Home.aspx>
13. Administrative Procedure Act: http://www.oal.ca.gov/Administrative_Procedure_Act.htm
14. Department of General Services: <http://www.dgs.ca.gov/dgs/Home.aspx>

2. Board Meeting Procedures

All Boards, Bureaus and Programs under the Department of Consumer Affairs, including the Board must meet in accordance with the provisions set forth by the [Bagley-Keene Open Meeting Act](#). The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

Open Meetings

The Bagley-Keene Act of 1967, officially known as the Bagley-Keene Open Meeting Act, implements a provision of the [California Constitution](#) which declares that "the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny", and explicitly mandates open meetings for [California](#) State agencies, Boards, and commissions. The act facilitates accountability and transparency of government activities and protects the rights of citizens to participate in State government deliberations. This is similar to California's Brown Act of 1963, which provides open meeting provisions for county and local government agencies. The Bagley-Keene Act requires that the Board is to provide adequate notice of meetings to be held to the public as well as provide an opportunity for public comment. The meeting is to be conducted in an open session, except where closed session is specifically noted.

Closed Session

([GC § 11126 et seq.](#))

The Bagley-Keene Act of 1967 also contains specific exceptions from the open meeting requirements where government has a demonstrated need for confidentiality.

Should a Closed Session be authorized by law, the Board must disclose in the open meeting a general statement about the closed session items (i.e. by mentioning it on the agenda). Additionally, all closed sessions must take place at a regularly scheduled or special meeting.

All matters discussed in Closed Sessions must remain confidential.

All Closed Sessions must be held during a regular or Special Meeting (§ 11128). A staff person shall be designated to attend the closed session and record the votes taken and matters discussed.

Closed Sessions may take place in the following instances:

- Personnel matters (i.e. appointments, employment, performance evaluations, etc.) of the Executive Officer.
- Administrative disciplinary and licensing proceedings.
- Examination matters, such as when the Board administers or approves an exam.
- Pending litigation.
- Confidential audit reports.

- Protection of privacy when matters discussed would be an invasion of privacy if conducted in open session.
- Response to a threat of criminal or terrorist activity against personnel, property, buildings, facilities, or equipment.

All information discussed in the closed session is confidential and must not be disclosed to outside parties.

Special Meetings ([GC § 11125 et seq.](#))

A Special Meeting may be held where compliance with a 10-day meeting notice would impose a hardship or when an immediate action would be required to protect the public interest.

Notice for a Special Meeting must be posted on the Internet at least 48 hours prior to the meeting. Upon commencement, the Board must state the specific facts that necessitate special meeting as a finding. This finding must be adopted by a two-thirds vote; failure to adopt the finding terminates the meeting.

The purpose and instructions for Special Meetings are detailed in [GC § 11125.4](#). The notice needs to specify the time, place and purpose of the Special Meeting.

Emergency Meetings ([GC § 11125.5](#))

An Emergency Meeting may be held for an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities. An emergency situation is where work stoppage, crippling disaster, or other activity severely impairs the public health or safety. A determination of an emergency situation must be made by a majority of the board members.

Media outlets on the board's interested parties list must be given at least one hour's notice of the emergency meeting by telephone, if telephone services are functioning. The minutes of a meeting called pursuant to this section, a list of persons who the president or designee notified or attempted to notify, a copy of the roll call vote, and any action taken at the meeting shall be posted for a minimum of 10 days in a public place, and also made available on the Internet for a minimum of 10 days, as soon after the meeting as possible.

Committee Meeting Requirements

Committee Meetings consist of less than a quorum of the members of the full Board. Subcommittee and Task Force Meetings are variations of Committee Meetings.

Board Meetings have historically been required to be noticed and open to the public, except where a Closed Session is authorized. Committee and Subcommittee Meetings, where less than a quorum of the Board is present, are also required to be noticed and open to the public. The only exception is for a committee that consists of fewer than three persons and does not

exercise any authority of a state body delegated to it by that state body. (Note: It is the number of persons on the committee [not the number of Board Members] that is determinative.)

Where a committee of fewer than three persons is to meet, and the meeting is not noticed, other members of the Board should not attend the meeting, as such attendance would clearly be perceived as a Bagley-Keene Open Meeting Act violation. Board staff is not precluded from attending such a meeting.

The law allows attendance by a majority of members at an open and noticed meeting of a standing committee of the Board provided the members of the Board who are not members of the committee attend only as observers. ([GC §11122.5\(c\)\(6\)](#)) The Office of the Attorney General has addressed in a formal opinion a provision in the Brown Act relating to the attendance of "observers" at a Committee Meeting. The Attorney General concluded that "[m]embers of the legislative body of a local public agency may not ask questions or make statements while attending a meeting of a standing committee of the legislative body as observers." The opinion further concluded that such members of the legislative body may not sit in special chairs on the dais with the committee. (81 Ops.Cal.Atty.Gen. 156)

Thus, under the provisions of [GC §11122.5\(c\)\(6\)](#), and the opinion of the California Attorney General, if a majority of members of the full Board are present at a Committee Meeting, members who are not members of the committee that is meeting may attend that meeting only as observers. The Board Members who are not Committee Members may not sit on the dais with the committee, and may not participate in the meeting by making statements or asking questions.

If a Board schedules its Committee Meetings seriatim, and other Board Members are typically present to ultimately be available for their own Committee Meeting, the notice of the Committee Meeting should contain a statement to the effect that "Members of the board who are not members of this committee may be attending the meeting only as observers."

Subcommittees may be appointed to study and report back to a committee or the board on a particular issue or issues. If the subcommittee consists of three or more persons, the same provisions apply to its meetings as apply to meetings of committees.

Board chairpersons may occasionally appoint a task force to study and report on a particular issue. One or two board members typically serve as task force members, along with a number of other non-board members. When this is the case, the same Open Meeting Act rules that apply to committee meetings apply to task force meetings. Such a formally appointed task force falls under the definition of "state body" in [Section 11121\(c\)](#).

Making a Motion at Meetings

When a decision or action is to be considered, a Board Member should make a motion to propose a decision or course of action.

Upon making a motion, Board Members must speak slowly and clearly as the motion is being voice and/or video recorded. Members who opt to second a motion must remember to repeat the motion in question. Additionally, it is important to remember that once a motion has been made and seconded, it is inappropriate to make a second motion until the initial one has been resolved.

The basic process of a motion is as follows:

- An agenda item has been thoroughly discussed and reviewed.
- The Board President opens a forum for a Member to make a motion to adopt or reject the discussed item.
- A Member makes a motion before the Board.
- Another Member seconds this motion.
- The Board President solicits additional comment from the Board and then the public.
- The Board President puts forth the motion to a vote.
- The vote of each Board Member shall be recorded via roll call vote.
- Upon completion of the voting, the President will announce the result of the vote (e.g. “the ayes have it and the motion is adopted” or “the no’s have it and the motion fails”).

Meeting Frequency

([BPC § 3017](#))

The Board shall hold regular meetings every calendar quarter. Notice of each meeting and the time and place thereof shall be given to each member in the manner provided by the [Bagley-Keene Open Meeting Act](#).

Board Member Attendance at Board Meetings

(Board Policy)

Board Members shall attend each Board Meeting. If a member is unable to attend a meeting, it is the responsibility of the Board Member to contact the President and the Executive Officer prior to the Board Meeting.

Quorum

([BPC § 3010.1](#))

Six Board Members constitute a quorum of the Board for the transaction of business. Either having members in attendance or by teleconference, with proper notice, can meet the requirement for a quorum. The concurrence of a majority of those members of the Board present and voting at a meeting duly held at which a quorum is present shall be necessary to constitute an act or decision of the Board.

Agenda Items

(Board Policy and [GC § 11125 et seq.](#))

Agenda items are to align with the Board's mandate to protect the health and safety of California consumers. Any Board Member may submit items for a Board Meeting agenda to the Board President with a copy to the Executive Officer 30 days prior to the meeting, where possible. Members may also recommend agenda items during the meeting under Suggestions for Future Agenda Items. A motion and vote may be taken but is not necessary. The Board President will confer with the Executive Officer and Legal Counsel regarding the future agenda items. It will be a standing item to review the status of future agenda items that have been recommended by Board Members that may not have made the current Board Meeting agenda. An item may be placed on the Board's agenda by the President, the Executive Officer, or by a vote of a majority of the members of the Board

Staff maintains a list of items to research and bring back to a future Board Meeting. Staff may recommend the issue be referred to a Committee first to be vetted. Prior to items being placed on the agenda, staff conducts research to determine if an item is appropriate for Board discussion. This research starts with identifying how the item meets our mandate to protect the health and safety of California consumers. In addition, staff researches potential benefits to the State, identifies the current professional trends and what other states are doing. For items requiring legislative and/or regulatory changes, staff identifies potential concerns by anticipating who would be in support of or in opposition to the bill/rulemaking.

No item shall be added to the agenda subsequent to the provision of the meeting notice. However, an agenda item may be amended and then posted on the Internet at least 10 calendar days prior to the meeting.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Items not included on the agenda may not be discussed.

Notice of Meeting

([GC § 11120 et seq.](#))

Regularly scheduled quarterly meeting generally occur throughout the year and address the usual business of the Board. There are no restrictions on the purposes for which a regularly scheduled meeting may be held.

Per the Bagley-Keene Open Meeting Act, the Board is required to give at least ten (10) calendar days for written notice of each Board Meeting to be held.

The meeting notice must include the agenda with a brief description of the item. No changes can be made to the agenda unless the notice is amended accordingly. If this occurs, it must be posted for ten (10) calendar days prior to the meeting.

Notice of Meetings to be posted on the Internet

([GC § 11125 et seq.](#))

Notice shall be given and also made available on the Internet at least ten (10) calendar days in advance of the meeting and shall include the name, address, and telephone number of any person who can provide information prior to the meeting. However, it need not include a list of witnesses expected to appear at the meeting.

Written notices shall include the address of the Internet site where notices required by this article are available.

Record of Meetings

(Board Policy)

Board action, public comment, and any presenters are recorded by Action Minutes unless the meeting is not audio recorded or webcast. If no recording is available, detailed summary minutes will be recorded. The minutes shall be prepared by Board staff and submitted for review by Board Members before the next Board Meeting. Board Minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting.

Tape Recording

(Board Policy)

The meetings may be tape-recorded if determined necessary for staff purposes. Tape recordings will be maintained with the meeting minutes and kept according to the Board's retention schedule.

Meeting by Teleconference

([GC § 11123 et seq.](#))

Board Meetings held by a teleconference must comply with requirements applicable to all meetings.

The portion of the meeting that is open session must be made audible to the public present at the location specified in the meeting notice. Each teleconference meeting location must be identified in the meeting agenda. The authorized location must be open to the public and ADA accessible. Additionally, each Board Member participating via teleconference must post appropriate signage for the public and ensure public materials are available to the public, either printed or electronic.

Board Policy does not allow Board Members to participate in petition hearings via teleconference. Thus, Board Members would not be able to participate in the petition deliberations and voting during closed session. However, after petition proceedings are final, the Board Member should be contacted to participate in all other closed session deliberations.

Unless it is during a petition hearing, if a Board Member is participating via teleconference, and the call is disconnected, an effort should be made to reconnect the call.

All votes taken during a teleconference meeting shall be by roll call.

Use of Electronic Devices During Meetings

Use of electronic devices, including laptops, during the meetings is solely limited to Board Meeting purposes.

Additional Resources:

1. Bagley-Keene Open Meeting Act: http://ag.ca.gov/publications/bagleykeene2004_ada.pdf
2. Office of Administrative Law: <http://www.oal.ca.gov/>
3. State Board of Optometry Regulations (Title 16, Division 15)
Registered Dispensing Opticians Regulations (Title 16, Division 13.5)
[https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=(sc.Default))

3. Travel & Salary Policies & Procedures

Travel Approval

(DCA Memorandum 96-01)

Board Members shall have Board President approval for travel except for regularly scheduled Board and Committee Meetings to which the Board Member is assigned.

Travel Arrangements

(Board Policy)

Board staff will make travel arrangements for each Board Member as required.

Out-of-State Travel

(State Administrative Manual § 700 et seq.)

For out-of-state travel, Board Members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the State of California is controlled and must be approved by the Governor's Office.

Travel Claims

(State Administrative Manual § 700 et seq. and DCA Travel Guidelines)

Rules governing reimbursement of travel expenses for Board Members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. Board Members will be provided with completed travel claim forms submitted on their behalf. The Executive Officer's Assistant maintains these forms and completes them as needed. It is advisable for Board Members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board Members shall follow the procedures contained in DCA Departmental Memoranda which are periodically disseminated by the DCA Director and are provided to Board Members.

Salary Per Diem

([BPC § 103](#))

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board and Committee Members is regulated by BPC § 103.

In relevant part, this section provides for the payment of salary per diem for Board and Committee Members "for each day actually spent in the discharge of official duties," and provides that the Board and/or Committee Member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

The following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. Board Meetings:

Board Members shall be paid \$100 for each Board meeting attended. In addition, Board Members shall be paid \$100 for all preparation for each Board meeting; provided however, that no meeting preparation salary shall be paid unless the Board Member attends the meeting.

2. Committee Meetings:

Board Policy is to hold all committee meetings quarterly on the same day. Committee Members shall be paid \$100 total for meeting attendance, regardless of the number of meetings attended on the same day. In addition, Committee Members shall be paid \$100 for all preparation for the meeting(s), regardless of the number of meetings attended on the same day. If committee meetings are held outside of the quarterly committee schedule, or if committee meeting preparation and/or attendance is extensive, additional per diems may be approved at the discretion of the Board President.

3. No salary per diem or reimbursement for travel-related expenses shall be paid to Board Members, except for attendance and meeting preparation at official Board or Committee Meetings and unless a substantial official service is performed by the Board Member. Attendance at gatherings, events, hearings, conferences or meetings, other than official Board or Committee Meetings, in which a substantial official service is performed, shall be approved in advance by the Board President. The Executive Officer shall be notified of the event and approval shall be obtained from the Board President prior to the Board Member's attendance.
4. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board Meeting or Committee Meeting to the conclusion of that meeting. Where it is necessary for a Board Member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of salary per diem and reimbursement for travel-related expenses.
5. Board Members will be provided with a copy of the salary per diem form submitted on their behalf.

In addition to the above per diems, for Board specified work, Board Members will be compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, and committee work. Board Members cannot claim salary per diem for time spent traveling to and from a Board or Committee Meeting.

Per Diem Expenses: Meals, lodging, and all appropriate incidental expenses incurred may be claimed when conducting State business while on travel status.

Additional Resources

1. State Administrative Manual: <http://sam.dgs.ca.gov/TOC.aspx>
2. Department of Finance: <http://www.dof.ca.gov/>

3. Selection of Officers and Committees

Officers of the Board

([BPC § 3014](#))

The Board shall elect from its members a President, Vice-President, and a Secretary to hold office for one year or until their successors are duly elected and qualified.

Roles and Responsibilities of Board Officers

(Board Policy)

President

- **Board Business:** Conducts the Board's business in a professional manner and with appropriate transparency, adhering to the highest ethical standards. Shall use Roberts Rules of Order as a guide and shall use the provisions of the Open Meeting Act during all Board Meetings.
- **Board Vote:** Conducts roll call vote.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning and orientation of new Board Members.
- **Governance:** Ensures the prevalence of Board governance policies and practices, acting as a representative of the Board as a whole.
- **Board Meeting Agendas:** Develops agendas for meetings with the Executive Officer and Legal Counsel. Presides at Board Meetings.
- **Executive Officer:** Establishes search and selection committee for hiring an Executive Officer. The committee will work with the DCA on the search. Convenes Board discussions for evaluating Executive Officer each fiscal year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board Member assignments. Makes sure each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains debrief from each Board Committee chairperson and reports committee progress and actions to Board at the Board Meeting.
- **Yearly Elections:** Solicits nominees not less than 45 days prior to open elections at Board Meeting.
- **Community and Professional Representation:** Represents the Board in the community on behalf of the organization (as does the Executive Officer and Public Outreach Committee).

Vice President

- **Board Business:** Performs the duties and responsibilities of the President when the President is absent.
- **Board Budget:** Serves as the Board's budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. Review budget change orders with staff.
- **Strategic Plan:** Serves as the Board's strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board.
- **Board Member On-Boarding:** Welcomes new members to the Board, is available to answer questions, and assist new Board Members with understanding their role and responsibilities. May participate in on-Boarding meeting with staff and new members.

Secretary

- **Attendance:** Calls roll to establish quorum
- **Board Motions:** Restates the motion prior to discussion.
- **Board Business:** Reviews draft minutes for accuracy.
- **Board Minutes:** Ensures accuracy and availability, including but not limited to date, time and location of meeting; list of those present and absent; list of items discussed; list of reports presented; and text of motions presented and description of their disposition. Reviews and provides edits to draft minutes which have been transcribed by staff following recorded webcasts, note taking and other methods to record public meetings.
- **Yearly Elections:** Reviews template for nominee statements and oversees the compilation of statements for inclusion in Board Meeting Materials.
- **Board Documents:** Maintains copies of administrative documents, e.g., Board Member Handbook, Administrative Law Book, Bagley-Keene Open Meeting Act for reference during Board Meeting.

Election of Officers

(Board Policy)

The Board elects the officers at the last meeting of the fiscal year. Officers serve a term of one-year, beginning July 1 of the next fiscal year. All officers may be elected on one motion or ballot as a slate of officers unless more than one Board Member is running per office. An officer may be re-elected and serve for more than one term.

Officer Vacancies

(Board Policy)

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the President becomes vacant, the Vice President shall assume the office of the President until the election for President is held. Elected officers shall then serve the remainder of the term.

Committee Appointments

(Board Policy)

Notwithstanding the Dispensing Optician Committee, the President shall establish committees, whether standing or special, as necessary. The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President, Secretary and the Executive Officer. In determining the composition of each committee, the president shall solicit interest from the Board Members during a public meeting. The President shall strive to give each Board Member an opportunity to serve on at least one committee. Appointment of non-Board Members to a committee is subject to the approval of the Board.

Attendance of Committee Meetings

([GC § 11122.5](#) (c)(6))

(a) As used in this article, "meeting" includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains.

(b) Except as authorized pursuant to Government Code [§ 11123](#), any use of direct communication, personal intermediaries, or technological devices that is employed by a majority of the members of the state body to develop a collective concurrence as to action to be taken on an item by the members of the state body is prohibited.

(c) The prohibitions of this article do not apply to any of the following:

(1) Individual contacts or conversations between a member of a state body and any other person.

(2) The attendance of a majority of the members of a state body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the state body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the state body. This paragraph is not intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a state body at an open and publicized meeting organized to address a topic of state concern by a person or organization other than the state body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the state body.

(4) The attendance of a majority of the members of a state body at an open and noticed meeting of another state body or of a legislative body of a local agency as defined by § 54951, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the other state body.

(5) The attendance of a majority of the members of a state body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the state body.

(6) The attendance of a majority of the members of a state body at an open and noticed meeting of a standing committee of that body, provided that the members of the state body who are not members of the standing committee attend only as observers.

4. Board Administration and Staff

Board Administration

(DCA Reference Manual)

Board Members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board Members to become involved in the details of program delivery. Strategies for the day-to-day management of programs, operations and staff shall be the responsibility of the Executive Officer. Board Members shall not interfere with day-to-day operations of the Board, which is the responsibility of the Executive Officer.

Board Staff

The Board's essential functions are comprised of ensuring Optometrists, opticians, and dispensers licensed or registered in the State of California meet professional examination requirements and follow legal, legislative and regulatory mandates. The Board is also responsible for enforcement of State of California requirements and regulations as they pertain to the Optometry and Opticianry profession.

- **Licensing:** Staff is responsible for evaluating applications for initial licensure, license renewals, providing certifications, issuing Fictitious Name Permits, monitoring continuing education, and providing license verifications to consumers and customer service to licensees accordingly.
- **Examinations:** Staff assists in the development of the law exam, which is necessary to ensure optometrists understand the California laws and regulations governing their practice. Staff also develops examination procedures.
- **Legislative and Regulatory:** Administrative staff is responsible for monitoring pending legislation impacting the practice of optometry, proposing legislative and regulatory amendments/additions for Board consideration, and assisting in implementing legislative/regulatory changes.
- **Enforcement:** Staff is responsible for ensuring consumer protection predominantly by processing consumer complaints, monitoring probationers, and providing customer service to licensees and consumers by providing information related to Board law.

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Board Members shall not intervene or become involved in specific day-to-day personnel transactions or matters.

Appointment of Executive Officer

([BPC § 3027](#))

The Board shall employ an Executive Officer and other necessary assistance in the carrying out of the provisions of the [BPC, Chapter 7](#).

The Executive Officer serves at the pleasure of the Board Members who provide policy direction to the Executive Officer in the areas of program administration, legislative and regulatory development, strategic planning, and coordination of meetings. The Executive Officer shall not be a member of the Board. With the approval of the Director of Finance, the Board shall determine the salary of the Executive Officer. The Executive Officer shall be entitled to traveling and other necessary expenses in the performance of his/her duties as approved by the Board.

Executive Officer Evaluation

(Board Policy)

Board Members shall evaluate the performance of the Executive Officer on an annual basis.

Legal Counsel

Generally, the Office of the Attorney General represents the Board for litigation and represents complainant (the Executive Officer) for licensing and discipline cases. The DCA legal counsel assigned to the Board provides “in-house” counsel, assistance on closed session discipline and licensing matters. It is the Board’s policy to have DCA counsel present in closed sessions held pursuant to government code section 11126(c)(3), including deliberations on petition hearings.

Strategic Planning

(Board Policy)

The Executive Committee shall have overall responsibility for the Board’s strategic planning process. The Vice President shall serve as the Board’s strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board. The Board will update the strategic plan every three years, with the option to use a facilitator to conduct the plan update. At the end of the fiscal year, an annual review conducted by the Board will evaluate the progress toward goal achievement as stated in the strategic plan and identify any areas that may require amending.

Board Budget

(Board Policy)

The Vice President shall serve as the Board’s budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. Staff will conduct an annual budget briefing with the Board with the assistance of the Vice President.

The Executive Officer or the Executive Officer’s designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislation.

Press Releases

(Board Policy)

The Executive Officer, in coordination with the DCA's Public Information Office, may issue press releases with the approval of the Board President.

Legislation

(Board Policy)

In the event time constraints preclude Board action, the Board may delegate to the Executive Officer and the Board President and Vice President the authority to take action on legislation that would affect the practice of optometry, opticianry, or responsibilities of the Board. The Board shall be notified of such action as soon as possible.

6. Other Policies and Procedures

Board Member Orientation and Training

([BPC § 453](#))

Newly appointed members shall complete a training and orientation program provided by DCA within one year of assuming office. This one-day class will discuss Board Member obligations and responsibilities.

([GC § 11121.9](#), [GC § 12950.1](#))

All Board Members shall complete all required training and submit compliance documentation, including but not limited to, the documents specified below:

- [Board Member Orientation Training](#) provided by the DCA (complete within one (1) year of assuming office).
- [Ethics Orientation Training](#) (complete within first six (6) months of assuming office) and every two (2) years thereafter.
- [Conflict of Interest, Form 700](#) (submit annually), within 30 days of assuming office, and upon leaving the Board.
- [Sexual Harassment Prevention Training](#) (complete within first six (6) months of assuming office) and every two (2) years thereafter.
- [Defensive Drive Training](#) (if driving state vehicles, vehicles rented by the state or drive personal vehicles for state business) required once every four years

Upon assuming office, members will also receive a copy of the Bagley-Keene Open Meeting Act, which lists public meeting laws that provide the guidelines for Board Meetings. The current version of this Act can also be found at the following:

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf

Additional Board Member resources can be found at <http://www.dcaboardmembers.ca.gov/>. Business cards will be provided to each Board Member with the Board's name, address, telephone and fax number, and website address. A Board Member's business address, telephone and fax number, and email address may be listed on the card at the member's request.

Board Member Disciplinary Actions

(Board Policy)

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner. The President of the Board shall sit as chair of the hearing unless the censure involves the President's own actions, in which case the Vice President of the Board shall sit as chair. In accordance with the Open Meeting Act, the censure hearing shall be conducted in open session.

Removal of Board Members

(BPC §§ [106](#) and [106.5](#))

The Governor has the power to remove from office at any time any member of any Board appointed by him or her for continued neglect of duties required by law or for incompetence or unprofessional or dishonorable conduct. The Governor may also remove from office a Board Member who directly or indirectly discloses examination questions to an applicant for examination for licensure.

Resignation of Board Members

([GC § 1750](#))

In the event that it becomes necessary for a Board Member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the Director of DCA, the Board President, and the Executive Officer.

Conflict of Interest

([GC § 87100](#))

No Board Member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board Member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board Member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Contact with Candidates, Applicants and Licensees

(Board Policy)

Board Members shall not intervene on behalf of a candidate or an applicant for licensure for any reason. Nor shall they intervene on behalf of a licensee. All inquiries regarding licenses, applications and enforcement matters should be referred to the Executive Officer.

Communication with Other Organizations and Individuals

(Board Policy)

Any and all representations made on behalf of the Board or Board Policy must be made by the Executive Officer or Board President, unless approved otherwise. All correspondence shall be issued on the Board's standard letterhead and will be created and disseminated by the Executive Officer.

Gifts from Candidates

(Board Policy)

Gifts of any kind to Board Members or the staff from candidates for licensure with the Board shall not be permitted.

Request for Records Access

(Board Policy)

No Board Member may access the file of a licensee or candidate without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the Office of the Board.

Ex Parte Communications

([GC § 11430.10 et seq.](#))

The Government Code contains provisions prohibiting *ex parte* communications. An *ex parte* communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of § 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication."

Board Members are prohibited from an *ex parte* communication with Board enforcement staff while a proceeding is pending. Occasionally an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board Members or attend a meeting.

If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Officer.

If a Board Member receives a telephone call from an applicant or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, he or she should be told that the Board Member will be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board Member believes that he or she has received an unlawful *ex parte* communication, he or she should contact the Executive Officer promptly.

Additional Resources:

1. Board Member Orientation Training:
<http://www.dcaboardmembers.ca.gov/training/orientation.shtml>
2. Ethics Orientation Training:
http://www.dcaboardmembers.ca.gov/training/ethics_orientation.shtml
3. Conflict of Interest, Form 700:
http://www.dcaboardmembers.ca.gov/member_info/form_700.shtml
4. Sexual Harassment Prevention Training:
http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml
5. Defensive Driver Training: <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>
6. DCA Board Member Resource Center: <http://www.dcaboardmembers.ca.gov/>

7. Complaint and Disciplinary Process

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, [GC § 11500](#), and those sections that follow. The Board conducts investigations and hearings pursuant to [Government Code §§ 11180 through 11191](#). The Board also uses its [Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, in regulation](#), as a guide when determining appropriate levels of discipline.

Typically, the disciplinary process begins with a complaint. Complaints can come to the Board via consumers, optometrists, and other agencies. Under Business and Professions Code 800 et seq., civil judgments or settlement against a licensee that exceeds three thousand dollars (\$3,000) must be reported to the Board by an insurer or licensee. These will result in an enforcement investigation.

To begin an investigation, the Board's enforcement staff determines jurisdiction over a complaint case. If jurisdiction has been established, enforcement staff begins its investigation by requesting permission to review the patient's medical file (if pertinent to the complaint) and notifies the optometrist that a complaint has been made.

Enforcement staff determines if a violation of the [Optometry Practice Act](#) or other applicable statutes and regulations has occurred by verifying facts to validate a complaint allegation. This is generally accomplished by gathering statements, patient records, billings, and insurance claims, etc. The Board may also submit the case to the Division of Investigation (DOI) for further investigation as DOI investigators are given authority of peace officers by the Business and Professions Code while engaged in their duties. Therefore, these investigators are authorized more investigative privileges than Board staff.

The Board may also seek the aid of an expert witness when the enforcement team needs an expert opinion to determine if the licensee in question breached the standard of care.

If it is determined that the subject's acts constitute a violation of law, the completed investigative report is submitted to the California Office of the Attorney General. The assigned Deputy Attorney General will review the case to determine if the evidence supports filing of an accusation against the subject for a violation of the law. If it is determined appropriate, an accusation is prepared and served upon the subject and he or she is given the opportunity to request a hearing to contest the charges.

The following is a list of allegations for which the Board may take action:

- Unprofessional conduct;
- Gross negligence;
- Sexual misconduct;
- Conviction of a substantially related crime;
- Substance abuse; and
- Insurance fraud.

After the Board files an accusation, the case may be resolved by a stipulated settlement: which is a written agreement between parties to which the person is charged admits to certain violations and agrees that a particular disciplinary order may be imposed.

Stipulations are subject to adoption by the Board. If a stipulated settlement cannot be negotiated, or if a settlement is rejected, the case proceeds to a hearing before an Administrative Law Judge (ALJ) of the Office of Administrative Hearings. The hearing may last anywhere from one day to several months, depending on the complexity of the case and the defense. During the hearing, both sides may call expert witnesses to support their views. After both sides have argued their case, the judge issues a proposed decision, which is then submitted to the Board for consideration.

If the Board rejects the proposed decision, Board Members obtain a transcript of the hearing, review the decision and decide the matter based upon the administrative record. If dissatisfied with the Board's decision, the respondent may petition for reconsideration or he or she may contest it by filing a writ of mandate in the appropriate superior court.

Deciding to Adopt or Reject a Proposed Decision

Upon being presented with a proposed disciplinary or licensing decision from an ALJ, each Board Member is asked to either adopt or Reject the action. Accordingly, the following should be considered when making a decision:

- Factors for consideration when deciding to adopt an ALJ's proposed decision
 - The summary of the evidence supports the findings of fact, and the findings support the conclusions of law.
 - The law and standards of practice are interpreted correctly.
 - In those cases in which witness credibility is crucial to the decision, the findings of fact include a determination based substantially on a witness' credibility, and the determination identifies specific evidence of the observed demeanor, manner, or attitude of the witness that supports the credibility determination.
 - The penalty fits within the disciplinary guidelines or any deviation from those guidelines has been adequately explained.
 - If probation is granted, the terms and conditions of probation provide the necessary public protection.
- Factors for consideration when deciding to Reject an ALJ's proposed decision
 - The proposed decision reflects the ALJ clearly abused his/her discretion.
 - The ALJ made an error in applying the relevant standard of practice or burden of proof for the issues in controversy at the hearing.
 - The witness's credibility is crucial to the decision and the findings of fact include a determination based substantially on a witness' credibility; but the determination does not identify specific evidence of the observed demeanor, manner, or attitude, of the witness that supports the credibility determination.
 - The ALJ made an error in interpreting the licensing law and/or regulations.

- The ALJ made correct conclusions of law and properly applied the standards of practice but the level of discipline proposed is substantially less than is appropriate to protect the public.

Note: The Board may not increase a cost recovery reward.

Reviewing the Record and Preparing to Discuss and Render a Decision after Rejection

Should the Board reject a proposed decision by the ALJ must review the factual and legal findings to render a determination. The following guidance is provided to Board Members when reviewing the case record:

- Reviewing the Administrative Record
 - The Accusation
 - Make note of the code §§ charged and brief description of the §§ (e.g. B&P 3110(b) – gross negligence; B&P 3110 (d) – incompetence).
 - Read the facts that are alleged as they stand to prove or disprove the code violations. The burden to prove the violations by “clear and convincing evidence to a reasonable certainty” rests on the Board.
 - The Proposed Decision
 - Factual Findings. Review the factual findings and determine if they and/or testimony prove violations. Note that expert testimony may be necessary to prove the violations.
 - Legal conclusions (determination of issues). Determine if any proven facts constitute a violation of the code §.
 - Order. Review the order and determine if the penalty is appropriate per the violations found and if it is consistent with the Disciplinary Guidelines. If not, determine if there is a basis for which the record deviated from the guidelines.
 - The Transcript
 - Sufficiency of the Evidence. Determine if the evidence introduced is clear and convincing to a reasonable certainty to prove *each* factual allegation.
 - Lay Witnesses. Determine if the testimony provided by witnesses prove factual allegations. Refer back to the ALJ’s credibility findings.
 - Expert Witnesses. Which expert’s testimony was given the most weight by the ALJ? If a Board Member does not agree with the ALJ’s findings, the Board Member must determine which evidence in the record supports their conclusion.
 - Written Arguments received from parties after rejection of a proposed decision.
 - Is the written argument from each party persuasive?

- Do the parties cite to the administrative record/transcript? This is not required, but may bear on the persuasiveness of a party's argument.

Additional Resources

1. Uniform Standards Related to Substance Abuse and Disciplinary Guidelines:
http://www.optometry.ca.gov/formspubs/uniform_standards.pdf

8. California's Legislative Process

The California State Legislature consists of two houses: the Senate and the Assembly. The Senate has 40 members and the Assembly has 80 members.

All legislation begins as an idea or concept. Should the Board take an idea to legislation, it will act as its sponsor.

In order to move an idea or concept toward legislation the Board must attain a Senator or Assembly Member to author it as a bill. Once a legislator has been identified as an author, the legislation will proceed to the Legislative Counsel where a bill is drafted. The legislator will introduce the bill in a house (if a Senator authors a bill, it will be introduced to the Senate; if an Assembly Member authors a bill, it will be introduced to the Assembly). This house is called the House of Origin.

Once a bill is introduced on the floor of its house, it is sent to the Office of State Printing. At this time, it may not be acted upon until 30 days after the date that it was introduced. After the allotted time has lapsed, the bill moves to the Rules Committee of its house to be assigned to a corresponding Policy Committee for hearing.

During committee hearing, the author presents the bill to the committee and witnesses provide testimony in support or opposition of the bill. At this time, amendments may be proposed and/or taken. Bills can be amended multiple times. Additionally, during these hearings, a Board representative (Board Chair, Executive Officer, and/or staffer) may be called upon to testify in favor of (or in opposition to) the bill.

Following these proceedings, the committee votes to pass the bill, pass it as amended, or defeat it. The bill may also be held in the committee without a vote, if it appears likely that it will not pass. In the case of the Appropriations (or "Fiscal") Committee, the bill may be held in the "Suspense File" if the committee members determine that the bill's fiscal impact is too great, as weighed against the priorities of other bills that also impact the state's finances. A bill is passed in committee by a majority vote.

If the bill is passed by committee, it returns to the floor of its House of Origin and is read a second time. Next, the bill is placed on third reading and is eligible for consideration by the full house in a floor vote. Bill analyses are prepared prior to this reading. During the third reading, the author explains the bill and members discuss and cast their vote. Bills that raise taxes, take effect immediately or place a proposition on the ballot require a 2/3 vote, which would require 27 votes in the Senate and 54 votes (two-thirds vote) in the Assembly to be passed. Other bills require majority vote. If a bill is defeated, its author may seek reconsiderations and another vote.

Once a bill has been approved by the House of Origin, it is submitted to the second house where the aforementioned process is repeated. Here, if an agreement is not reached, the bill dies or is sent to a two-house committee where members can come to a compromise. However, if an agreement is made, the bill is returned to both houses as a conference report to be voted upon.

Should both houses approve a bill, it proceeds to the Governor who can either sign the bill to law, allow it to become law without signature, or veto it. If the legislation is passed during the course of the regular session, the Governor must act within 12 days. However, the Governor has 30 days to sign bills that are passed during the final days of the legislative year, usually in August or early September. A two-thirds vote from both houses can override the Governor's decision to veto a bill.

Bills that are passed by the legislature and approved by the Governor are assigned a chapter number by the Secretary of State. Chaptered bills typically become part of the California Codes and the Board may enforce it as statute once it becomes effective. Most bills are effective on the first day of January the following year; however, matters of urgency take effect immediately.

For a graphic overview of California's legislative process, see the attached diagram at the end of this section.

Positions on Legislation

As a regulatory body, the Board can propose its own legislative proposals or take a position on a current piece of legislation.

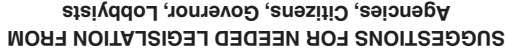
At Board Meetings, staff may present current legislation that is of potential interest to the Board and/or which may directly impact the Board and the practice of optometry. When the Board attains research on legislation, it can take a position on the matter.

Possible positions include:

- **No Position:** The Board may decide that the bill is outside the Board's jurisdiction or that it has other reasons to not have any position on the bill. The Board would not generally testify on such a bill.
- **Neutral:** If a bill poses no problems or concerns to the Board, the Board may choose to adopt a neutral position.
- **Neutral if Amended:** The Board may take this position if there are minor problems with the bill but, providing they are amended, the intent of the legislation does not impede with Board processes.
- **Support:** This position may be taken if the Board supports the legislation and has no recommended changes.
- **Support if Amended:** This position may be taken if the Board has amendments and if accepted, the Board will support the legislation.
- **Oppose:** The Board may opt to oppose a bill if it negatively impacts consumers or is against the Board's own objectives.
- **Oppose Unless Amended:** The Board may take this position unless the objectionable language is removed. This is a more common and substantive stance than Neutral if Amended.

Board Members can access bill language, analyses, and vote history at <http://leginfo.legislature.ca.gov/> and watch all legislative hearings online at www.calchannel.com.

From Idea into Law



9. Regulations

Regulations and statutes govern the Board. Regulations interpret or make specific laws that are enforced or administered by the Board.

In order to prepare a rulemaking action, the Board is required to: (1) express terms of proposed regulation (the proposed text), (2) determine fiscal impact, (3) create a statement of reasons for that regulation, and (4) post notice of proposed rulemaking.

The issuance of a notice of proposed regulation initiates a rule making action. To do this, the Board creates a notice to be published in the California Regulatory Notice Register and mailed to interested parties. It must also post the notice, proposed text, and statement of reasons for the rulemaking action on its website.

Once the notice has been posted, the Administrative Procedure Act (APA) requires a 45-day comment period from interested parties before the Board may proceed further with the proposed regulation. During this time the Board can also decide if it wants to hold a public hearing to discuss the proposed rulemaking action. However, if it opts against this, but an interested person requests a hearing at least 15 days prior to the end of the written comment period, the Board must offer notice of and hold a public hearing to satisfy public request.

Following the initial comment period, the Board will often decide to revise its proposal. If it chooses to do so, APA procedures require that the agency assess each change and categorize them as (a) non-substantial, (b) substantial and sufficiently related, or (c) substantial and not sufficiently related. Any change that has been categorized as substantial and sufficiently related must be available for public comment for at least 15 days before the change is adopted in the proposal. All comments must then be considered by the Board.

Additionally, if the Board cites new material that has not been available to the public while revising the proposal, these new references must be presented to the public for 15 days.

The Board is also responsible for summarizing and responding on record to public comments submitted during each allotted period. These are to be included as part of the final statement of reasons. By doing so, the agency demonstrates that it has understood and considered all relevant material presented to it before adopting, amending, or repealing a regulation.

After the Board has fulfilled this process, it must adopt a final version of the proposed rulemaking decision. Once this has been accomplished, the rulemaking action must be submitted to the Office of Administrative Law (OAL) for review within a year from the date the notice was published. OAL has 30 days to review the action.

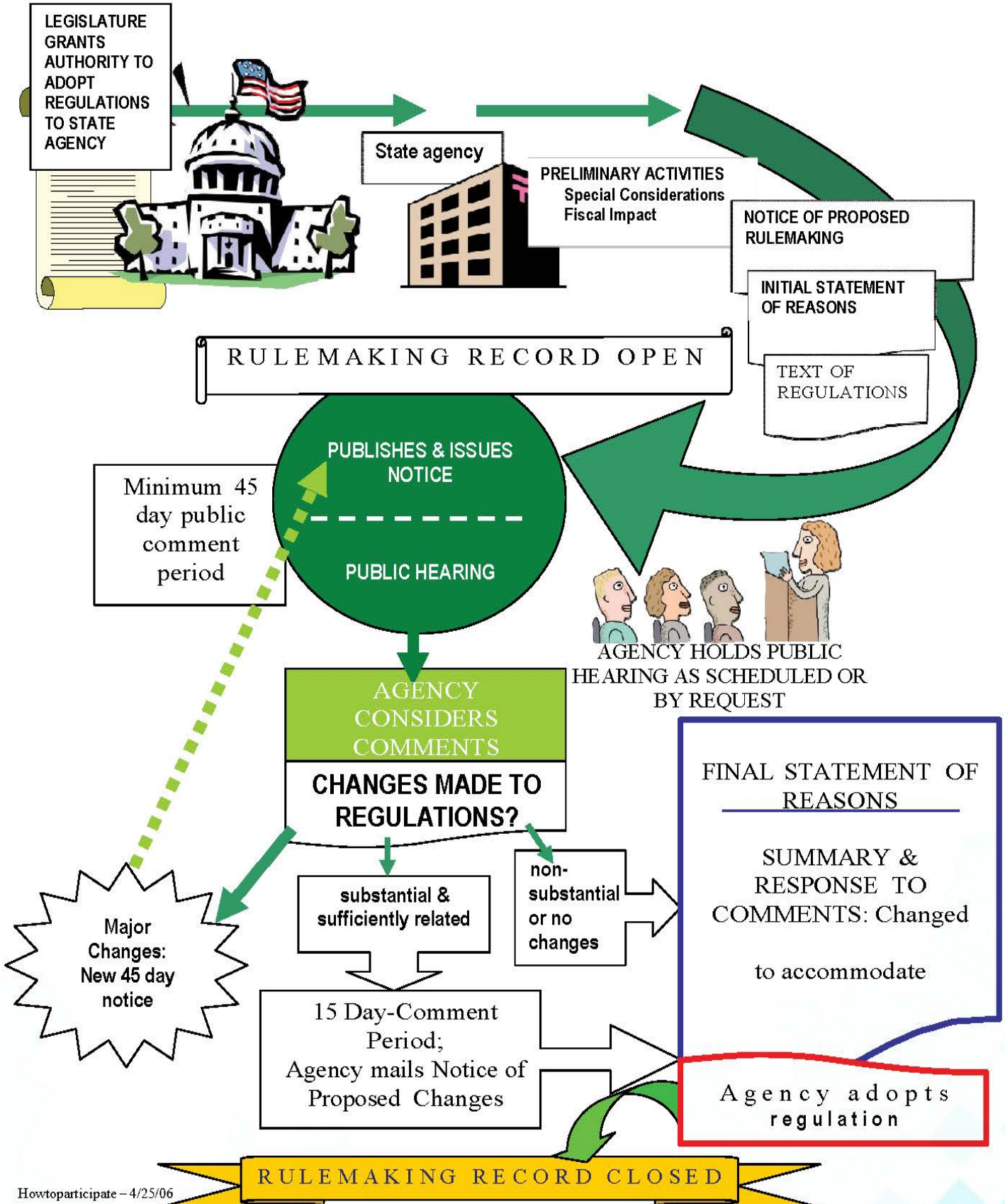
During its review, OAL must determine if the rulemaking action satisfies the standards set forth by APA. These standards are: necessity, authority, consistency, clarity, non-duplication, and reference. It must also have satisfied all procedural requirements governed by the APA.

If OAL deems that the rulemaking action satisfies the aforementioned standards, it files the regulation with the Secretary of State and it is generally effective within 30 days. The regulation is also printed in the California Code of Regulations.

If OAL, however, determines that the action does not satisfy these standards, it returns the regulation to the Board which can revise the text, post notice of change for another comment period, and, finally, resubmit the proposed regulation to OAL for review; or, the Board may appeal to the governor.

Diagrams on the next two pages provide a graphical overview of the rulemaking process.

The Rulemaking Process



ATTACHMENT B



Fiscal Year 2023-24 Committee and Workgroup Members

Children's Vision Workgroup

Paul Hsu – Chair

Consumer Protection, Public Relations, and Outreach Committee

Alex Clemens – Chair

Stacy Bragg, O.D.

Joe Pruitt, O.D.

Robert Klepa, J.D.

Legislation and Regulation Committee

Lillian Wang O.D. – Chair

Martin Dawson, C.L.D./S.L.D.

Paul Hsu

Eunie Linden, J.D.

Jeffrey Garcia, O.D.

NBEO/ARBO Workgroup

Lillian Wang, O.D. – Chair

Robert Klepa, J.D.

Optometry and Optician Practice Act Workgroup

Martin Dawson, C.L.D./S.L.D. – Chair

Joe Pruitt, O.D.

Practice and Education Committee

Lillian Wang, O.D. – Chair

Stacy Bragg, O.D.

Joe Pruitt, O.D.

Telehealth and Emerging Technologies Workgroup

Stacy Bragg, O.D. – Chair

Alex Clemens

Sunset Review Workgroup

Eunie Linden, J.D. – Chair

Jeffrey Garcia, O.D.

ATTACHMENT C





OCCUPATIONAL ANALYSIS OF THE
OPTOMETRIC ASSISTANT OCCUPATION
AND
OPTICIANRY SCOPE OF PRACTICE STUDY



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CALIFORNIA STATE BOARD OF OPTOMETRY

OCCUPATIONAL ANALYSIS OF THE
OPTOMETRIC ASSISTANT OCCUPATION
AND
OPTICIANRY SCOPE OF PRACTICE STUDY



April 2023



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This occupational analysis report is mandated by California Business and Professions BPC § 139 and by DCA Licensure Examination Validation Policy OPES 22-01.

EXECUTIVE SUMMARY

As part of its 2021–2025 Strategic Plan, the California State Board of Optometry (Board) is evaluating the role of unlicensed individuals working as optometric assistants. The purpose of the evaluation is to identify overlap in the scope of practice of three opticianry occupations: optometric assistant, spectacle lens dispenser (SLD), and contact lens dispenser (CLD), and to determine whether any health and safety concerns necessitate a new licensing system.

The Board requested that the California Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an independent review and evaluation of the scope of practice of the optometric assistant, SLD, and CLD occupations. The first step of the review was separate occupational analyses (OAs) of the three occupations. The purpose of an OA is to define an occupation in terms of the critical tasks that workers must be able to perform safely and competently.

OPES completed OAs of the SLD and CLD occupations in 2019. The OA of the optometric assistant was completed in 2022, and the results are provided in this report. The results of the optometric assistant OA provide a description of practice for the optometric assistant occupation.

For the optometric assistant OA, OPES test specialists began by researching the occupation and conducting telephone interviews with optometric assistants working in California. The purpose of these interviews was to identify the tasks performed by optometric assistants and to specify the knowledge required to perform these tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by optometric assistants, along with statements of the knowledge needed to perform those tasks.

In February 2022, OPES test specialists facilitated a workshop with optometric assistants, or subject matter experts (SMEs), with diverse backgrounds in the occupation (e.g., location of work, years working). The SMEs reviewed, refined, and finalized the preliminary lists of tasks and knowledge statements. The SMEs also linked each task with the knowledge statements required to perform that task and reviewed the demographic questions to be used in a two-part OA questionnaire.

After the workshop, OPES test specialists developed the OA questionnaire to be completed by a sample of optometric assistants statewide. In the first part of the OA questionnaire, optometric assistants were asked to provide demographic information related to their work settings and job. In the second part, optometric assistants were asked to rate specific tasks by frequency (i.e., how often the optometric assistant

performs the task in their current work) and importance (i.e., how important the task is to effective performance in the optometric assistant's current work).

In September 2022, on behalf of the Board, OPES sent an email to 7,535 optometrists for whom the Board had an email address on file, asking them to forward the online OA questionnaire to optometric assistants working in their office. It is unknown how many optometric assistants were forwarded the questionnaire.

A total of 86 optometric assistants responded to the OA questionnaire. Because the total number of optometric assistants in the State of California is unknown, OPES could not determine what percentage of the total number of optometric assistants responded to the survey. OPES evaluated the demographic data from all 86 respondents. However, only 33 of 86 respondents indicated that they did not possess CLD or SLD certifications. To provide a more accurate picture of the optometric assistant duties, OPES used data from these 33 respondents in the data analysis, including data from questionnaires that contained incomplete responses.

OPES test specialists performed data analyses of the task ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task.

Once the data were analyzed, OPES test specialists conducted a second workshop with SMEs in October 2022. The SMEs evaluated the criticality indices and determined whether any tasks and knowledge statements should be excluded from the optometric assistant description of practice. Due to a lack of consensus among the SMEs, the small number of SMEs who attended the workshops, and the low number of survey respondents, tasks and knowledge statements with low criticality indices were also presented to a group of optometrists in December 2022. OPES asked the optometrists which opticianry professional performed these tasks in their work setting. The optometrists indicated if each task was performed by an optometric assistant, an SLD, a CLD, or an optometrist. Based on the responses from the optometrists and on previously gathered information, no tasks and no knowledge statements were excluded from the description of practice.

The SMEs in the October 2022 workshop also established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and defined those content areas. The SMEs then determined the content area weights for the optometric assistant description of practice.

The optometric assistant description of practice is structured into four major content areas weighted relative to the other content areas. Two of the major content areas have subareas. The description of practice identifies the tasks and knowledge critical to safe and competent practice of the optometric assistant occupation in California.

OVERVIEW OF THE DESCRIPTION OF PRACTICE

CONTENT AREA	PERCENT WEIGHT
01 PATIENT ASSESSMENT – This area describes the optometric assistant's knowledge of performing tests to determine the patient's current eye health and vision needs; and of determining the patient's insurance coverage.	40
02 SPECTACLE FITTING – This area describes the optometric assistant's knowledge of determining, adjusting, and providing education regarding the types of spectacle lenses best suited for the patient based on the optometrist's recommendation and the patient's needs.	15
03 CONTACT LENS EVALUATION – This area describes the optometric assistant's knowledge of determining, fitting, and providing training regarding the types of contact lenses best suited for the patient based on the optometrist's recommendation and the patient's needs.	15
04 OFFICE MANAGEMENT – This area describes the optometric assistant's knowledge of managing office supplies and patient documentation, including keeping and transmitting patient records while maintaining privacy requirements.	30

In February 2023, OPES test specialists facilitated a workshop with SMEs consisting of two optometrists, two SLDs, and four SLDs/CLDs. The purpose of the workshop was to conduct an opticianry scope of practice study to evaluate the optometric assistant description of practice against the CLD and SLD descriptions of practice. For each task in the optometric assistant description of practice, the SMEs discussed if that task is and should continue to be performed by optometric assistants, if the task is performed by CLDs or SLDs, or if the task is performed by optometric assistants and CLDs or SLDs but should only be performed by CLDs or SLDs.

When determining whether a specific task should be performed by optometric assistants, CLDs or SLDs, the SMEs considered specific knowledge and training, and whether performing the task posed a safety concern to patients. Based on the discussion, 25 tasks on the optometric assistant description of practice were identified as tasks that are safety concerns and should only be performed by CLDs or SLDs. Also, four additional tasks were identified as missing from the optometric assistant description of practice. The SMEs recommended adding them.

After the review of the optometric description of practice was completed, the SMEs engaged in a discussion regarding what changes to the optometric assistant, CLD and

SLD professions, if any, would increase public safety. The SME consensus was that a clear definition of the role of optometric assistants should be established, and optometric assistants should be registered with the Board to ensure the role is adhered to. The definition of the role should detail the tasks optometric assistants can perform and the intent of the tasks. No changes to the SLD and CLD professions were recommended by the SMEs.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iii
CHAPTER 1 INTRODUCTION.....	1
PURPOSE OF THE STUDY	1
PARTICIPATION OF SUBJECT MATTER EXPERTS.....	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES.....	1
DESCRIPTION OF OCCUPATION.....	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE.....	3
SUBJECT MATTER EXPERT INTERVIEWS	3
TASKS AND KNOWLEDGE STATEMENTS	3
QUESTIONNAIRE DEVELOPMENT	4
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS.....	5
SAMPLING STRATEGY AND RESPONSE RATE	5
DEMOGRAPHIC SUMMARY.....	5
CHAPTER 4 DATA ANALYSIS AND RESULTS	17
RELIABILITY OF RATINGS.....	17
TASK CRITICALITY INDICES	17
KNOWLEDGE IMPORTANCE RATINGS.....	18
CHAPTER 5 DESCRIPTION OF PRACTICE.....	23
TASK-KNOWLEDGE LINKAGE.....	23
CONTENT AREAS AND WEIGHTS	23
CHAPTER 6 OPTICIANRY SCOPE OF PRACTICE STUDY.....	43
CHAPTER 7 CONCLUSIONS AND RECOMMENDATIONS	45

LIST OF TABLES

TABLE 1 – YEARS WORKING AS AN OPTOMETRIC ASSISTANT	7
TABLE 2 – EDUCATION ACHIEVED.....	8
TABLE 3 – CERTIFICATIONS HELD.....	9
TABLE 4 – PRIMARY WORK SETTING	10
TABLE 5 – OTHER OPTOMETRIC ASSISTANTS IN WORK SETTING	11
TABLE 6 – SLDs IN PRIMARY WORK SETTING.....	12
TABLE 7 – CLDs IN PRIMARY WORK SETTING	13
TABLE 8 – HOURS WORKED EACH WEEK AS AN OPTOMETRIC ASSISTANT	14
TABLE 9 – PRIMARY WORK SETTING LOCATION.....	15
TABLE 10 – RESPONDENTS BY REGION.....	16
TABLE 11 – TASK SCALE RELIABILITY.....	17
TABLE 12 TASKS AND KNOWLEDGE STATEMENTS LACKING SME CONSENSUS	20
TABLE 13 – CONTENT AREA WEIGHTS	23
TABLE 14 CALIFORNIA OPTOMETRIC ASSISTANT DESCRIPTION OF PRACTICE.....	25

LIST OF FIGURES

FIGURE 1 – YEARS WORKING AS AN OPTOMETRIC ASSISTANT	7
FIGURE 2 – EDUCATION ACHIEVED	8
FIGURE 3 – CERTIFICATIONS HELD	9
FIGURE 4 – PRIMARY WORK SETTING.....	10
FIGURE 5 – OTHER OPTOMETRIC ASSISTANTS IN WORK SETTING.....	11
FIGURE 6 – SLDs IN PRIMARY WORK SETTING	12
FIGURE 7 – CLDs IN PRIMARY WORK SETTING	13
FIGURE 8 – HOURS WORKED EACH WEEK AS AN OPTOMETRIC ASSISTANT	14
FIGURE 9 – PRIMARY WORK SETTING LOCATION.....	15

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION	47
APPENDIX B CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA.....	51
APPENDIX C IMPORTANCE RATINGS FOR ALL KNOWLEDGE STATEMENTS BY CONTENT AREA.....	59
APPENDIX D OPTICIANRY SCOPE OF PRACTICE STUDY	71
APPENDIX E QUESTIONNAIRE	79

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE STUDY

As part of its 2021-2025 Strategic Plan, the California State Board of Optometry (Board) is evaluating the role of unlicensed individuals working as optometric assistants. The purpose of the evaluation is to identify overlap in the scope of practice of three opticianry occupations: optometric assistant, spectacle lens dispenser (SLD), and contact lens dispenser (CLD) and to determine whether any health and safety concerns necessitate a new licensing system.

The Board requested that the California Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an independent review and evaluation of the scope of practice of the optometric assistant, SLD, and CLD occupations. The first step of the review was separate occupational analyses (OAs) of the three occupations. OPES completed OAs of the SLD and CLD occupations in 2019. The results of this optometric assistant OA provide a description of practice for the optometric assistant occupation. The purpose of this OA is to define the optometric assistant occupation in terms of the critical tasks that workers must be able to perform safely and competently.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California optometric assistants participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current optometric assistant work in California. These SMEs represented the occupation in terms of geographic location of work and years of experience. The SMEs provided technical expertise and information during interviews and workshops. During interviews, the SMEs provided information about their work tasks and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing the optometric assistant occupation, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the optometric assistant description of practice. Recruiting enough SMEs to participate was difficult because optometric assistants are unlicensed and unregistered.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

OAs conducted in the State of California must follow professional guidelines and technical standards to be valid. The following laws and guidelines are authoritative:

- California BPC § 139.

- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- Principles for the Validation and Use of Personnel Selection Procedures (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For an OA to meet these standards, it must identify the occupational activities required for safe and effective entry level practice.

DESCRIPTION OF OCCUPATION

The optometric assistant occupation is unlicensed and unregistered. BPC § 2550(g) defines “unregistered” individuals who work with contact lenses and spectacle lenses as follows:

(g) “Unregistered individual” means an individual who is not registered with the board pursuant to this chapter. The unregistered individual may perform any of the following:

(1) Fitting and adjusting of spectacle lenses under the direct responsibility and supervision of a duly registered spectacle lens dispenser pursuant to Section 2559.1.

(2) Fitting and adjusting of contact lenses under the direct responsibility and supervision of a duly registered contact lens dispenser pursuant to Section 2560.

Existing law authorizes an optometric assistant, under the direct responsibility and supervision of an optometrist or ophthalmologist, to perform preliminary subjective refraction procedures in connection with finalizing subjective refraction procedures performed by an ophthalmologist or optometrist, subject to prescribed conditions. Those conditions include a requirement that the optometric assistant have at least 45 hours of documented training in subjective refraction procedures acceptable to the supervising ophthalmologist or optometrist. Assembly Bill 2574 was passed in 2023 and it authorizes the training to include performing preliminary subjective refraction procedures consistent with existing law to accomplish that training.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

OPES conducted telephone interviews with three optometric assistants working in California. During the semi-structured interviews, these optometric assistants were asked to identify major content areas of work and the tasks performed in each area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

To develop preliminary lists of tasks and knowledge statements, OPES test specialists integrated information gathered from the SLD and CLD OA reports, laws and regulations, national-level OA program information, and the SME interviews. The statements were organized into major content areas of work.

In February 2022, OPES test specialists facilitated a workshop to review, refine, and finalize the preliminary lists of tasks and knowledge statements. Six SMEs from diverse backgrounds (e.g., years working and geographic location) participated in the workshop. During the workshop, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of work. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During the workshop, the SMEs also performed a preliminary linkage of the tasks to the associated knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and effective performance as an optometric assistant. Additionally, the linkage ensured that all tasks were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task. Finally, the SMEs reviewed and revised the proposed demographic questions for an online OA questionnaire and evaluated the scales that would be used for rating tasks and knowledge statements.

OPES test specialists used the final list of tasks, demographic questions, and rating scales to develop the questionnaire to be completed by a sample of optometric assistants statewide.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the questionnaire to solicit optometric assistants' ratings of the tasks and knowledge statements. The surveyed optometric assistants were instructed to rate how often they perform each task in their current work (Frequency) and how important each task is to effective performance of their current work (Importance). The OA questionnaire also included a demographic section designed to obtain relevant occupational background information. The OA questionnaire can be found in Appendix E.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In September 2022, on behalf of the Board, OPES sent an email to 7,535 optometrists for whom the Board had an email address on file. The email asked the optometrists to forward the online OA questionnaire to optometric assistants working in their office. It is unknown how many optometric assistants were forwarded the questionnaire. The email invitation is provided in Appendix D.

A total of 86 optometric assistants responded to the OA questionnaire. Because the total number of optometric assistants in the State of California is unknown, it is unknown what percentage of the total number of optometric assistants responded to the survey. Data from all 86 respondents are presented in the demographics section below. However, only 33 of 86 respondents indicated that they did not possess CLD or SLD certifications. Data from these 33 respondents were used in the data analysis, including data from questionnaires that contained incomplete responses. The percentages in the data for each demographic question below are based on the number of respondents to that question. The number of respondents is shown in the table for each set of data.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding optometric assistants reported a range of years of experience. The largest portion of respondents (60.8%) reported working as an optometric assistant for 5 years or fewer, while 19.6% reported working for 6–10 years.

In terms of education achieved, Table 2 and Figure 2 show that 51.4% of the respondents reported receiving on-the-job-training, while 22.9% reported holding a Bachelor's degree, and 17.1% reported holding an Associate degree.

Table 3 and Figure 3 show that a large proportion of optometric assistants (33–42%) reported holding a contact lens dispenser (CLD) certification, a spectacle lens dispenser (SLD) certification, or a dispensing optician certification.

Of the respondents, 74.5% reported private practice as their primary work setting, while 11.8% reported retail as their primary work setting, as seen in Table 4 and Figure 4.

Table 5 and Figure 5 show that the majority of respondents (64.7%) reported 1–3 other optometric assistants in their primary work setting, and 21.6% reported 4–6 other optometric assistants in their primary work setting. Table 6 and Figure 6 show that 40.4% of the respondents reported 1–3 spectacle lens dispensers in their primary work

setting. Table 7 and Figure 7 show that 42.6% of the respondents reported 1–3 contact lens dispensers in their primary work setting.

Table 8 and Figure 8 show that 51% of respondents reported working 30–39 hours per week as an optometric assistant, while 25.5% of respondents reported working 40 or more hours per week, and 11.8% reported working 20–29 hours. Table 9 and Figure 9 show that 73.1% of the respondents reported working in an urban setting and 26.9% reported working in a rural setting.

A breakdown of the respondents by region can be found in Table 10.

TABLE 1 – YEARS WORKING AS AN OPTOMETRIC ASSISTANT

YEARS	NUMBER (N)	PERCENT
0–5 years	31	60.8
6–10 years	10	19.6
11–20 years	6	11.8
More than 20 years	4	7.8
Total	51	100.0

FIGURE 1 – YEARS WORKING AS AN OPTOMETRIC ASSISTANT

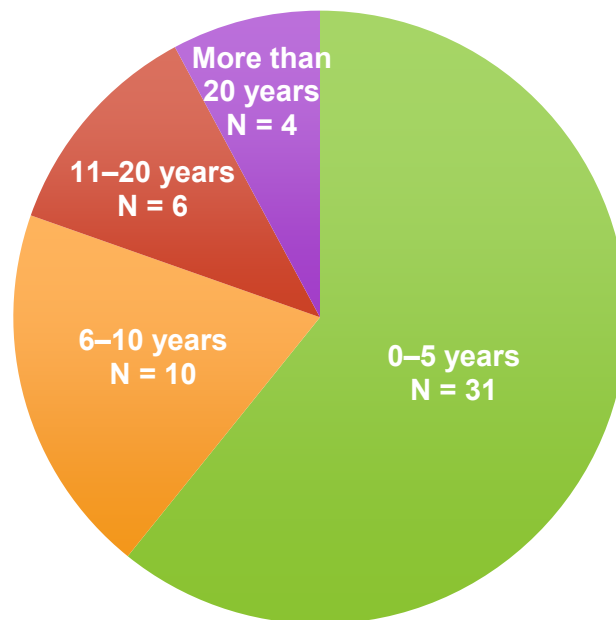


TABLE 2 – EDUCATION ACHIEVED

EDUCATION	NUMBER (N)	PERCENT*
On-the-job training	36	51.4
Vocational program	6	8.6
Associate degree	12	17.1
Bachelor's degree	16	22.9
Master's degree	1	1.4
Doctorate	2	2.9
Other	3	4.3

*NOTE: Respondents were asked to select all that apply.

FIGURE 2 – EDUCATION ACHIEVED

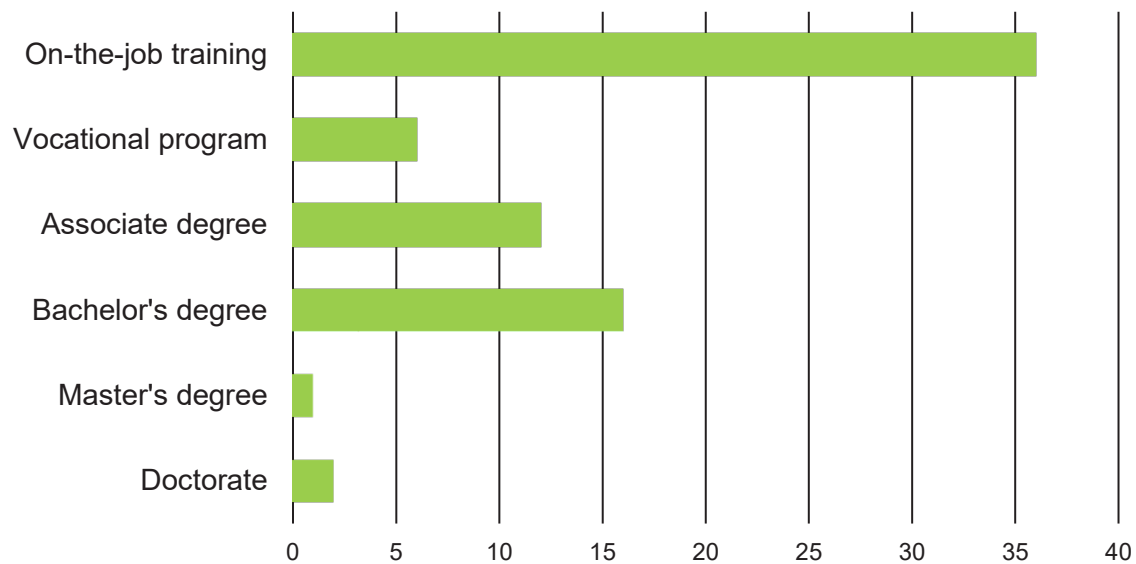


TABLE 3 – CERTIFICATIONS HELD

CERTIFICATIONS	NUMBER (N)	PERCENT*
Contact Lens Dispenser (CLD)	8	33.0
Spectacle Lens Dispenser (SLD)	10	42.0
Dispensing Optician	10	42.0
Certified Paraoptometric (CPO)	4	17.0
Certified Ophthalmic Assistant (COA)	3	13.0
Certified Ophthalmic Medical Technician (COMT)	1	4.0
Ophthalmic Scribe Certification (OSC)	1	4.0
Other	9	38.0

*NOTE: Respondents were asked to select all that apply.

FIGURE 3 – CERTIFICATIONS HELD

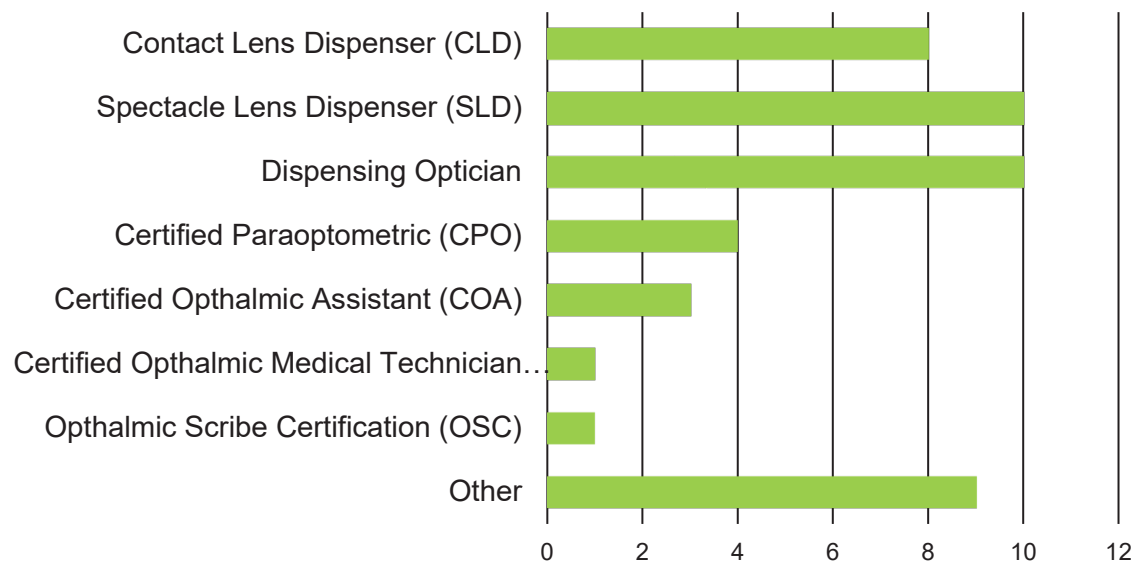


TABLE 4 – PRIMARY WORK SETTING

WORK SETTING	NUMBER (N)	PERCENT
Private practice	38	74.5
Retail	6	11.8
Partnership	1	2.0
Group practice	1	2.0
Corporation	1	2.0
HMO facility	1	2.0
Military/veterans' hospital or clinic	1	2.0
Other	2	3.9
Total	51	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY WORK SETTING

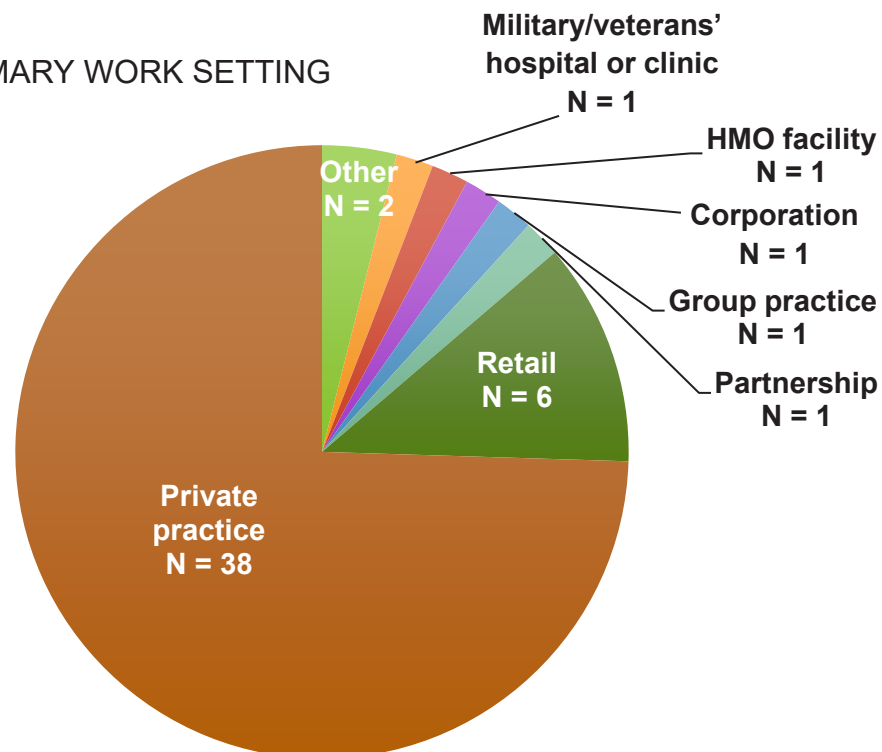


TABLE 5 – OTHER OPTOMETRIC ASSISTANTS IN WORK SETTING

NO. OF OPTOMETRIC ASSISTANTS	NUMBER (N)	PERCENT
0	4	7.8
1–3	33	64.7
4–6	11	21.6
7 or more	3	5.9
Total	51	100.0

FIGURE 5 – OTHER OPTOMETRIC ASSISTANTS IN WORK SETTING

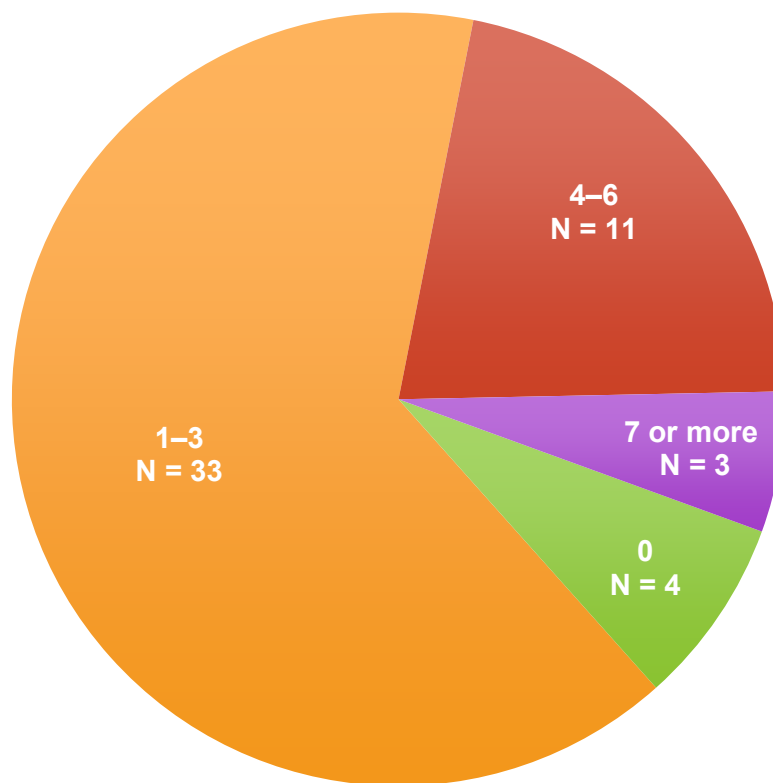


TABLE 6 – SLDs IN PRIMARY WORK SETTING

NUMBER OF SLDs	NUMBER (N)	PERCENT
0	25	53.2
1–3	19	40.4
4–6	3	6.4
Total	47	100.0

FIGURE 6 – SLDs IN PRIMARY WORK SETTING

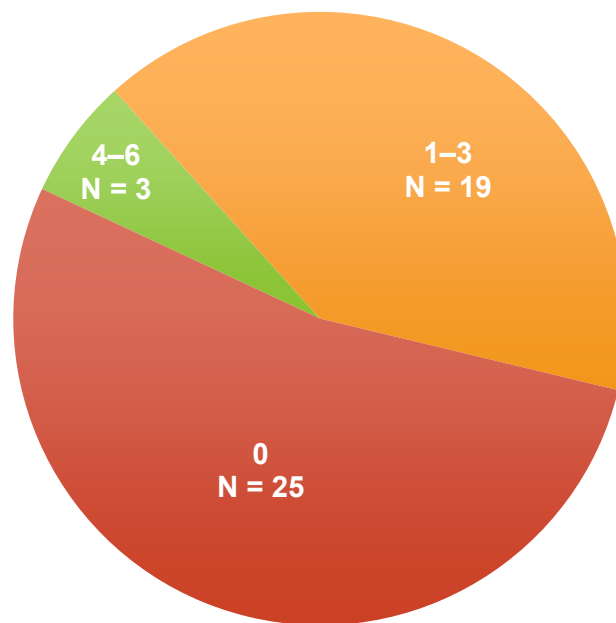


TABLE 7 – CLDs IN PRIMARY WORK SETTING

NUMBER OF CLDs	NUMBER (N)	PERCENT
0	26	55.3
1–3	20	42.6
4–6	1	2.1
Total	47	100.0

FIGURE 7 – CLDs IN PRIMARY WORK SETTING

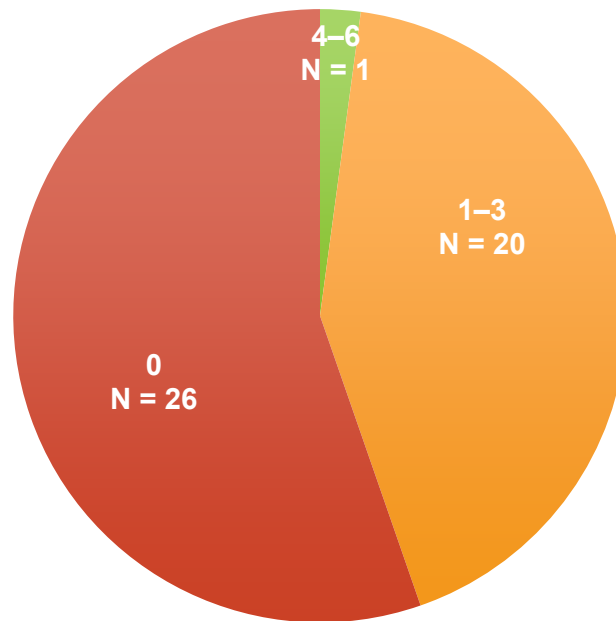


TABLE 8 – HOURS WORKED EACH WEEK AS AN OPTOMETRIC ASSISTANT

HOURS WORKED	NUMBER (N)	PERCENT
9 hours or fewer	2	3.9
10–19 hours	4	7.8
20–29 hours	6	11.8
30–39 hours	26	51.0
40–49 hours	12	23.5
50 or more hours	1	2.0
Total	51	100.0

FIGURE 8 – HOURS WORKED EACH WEEK AS AN OPTOMETRIC ASSISTANT

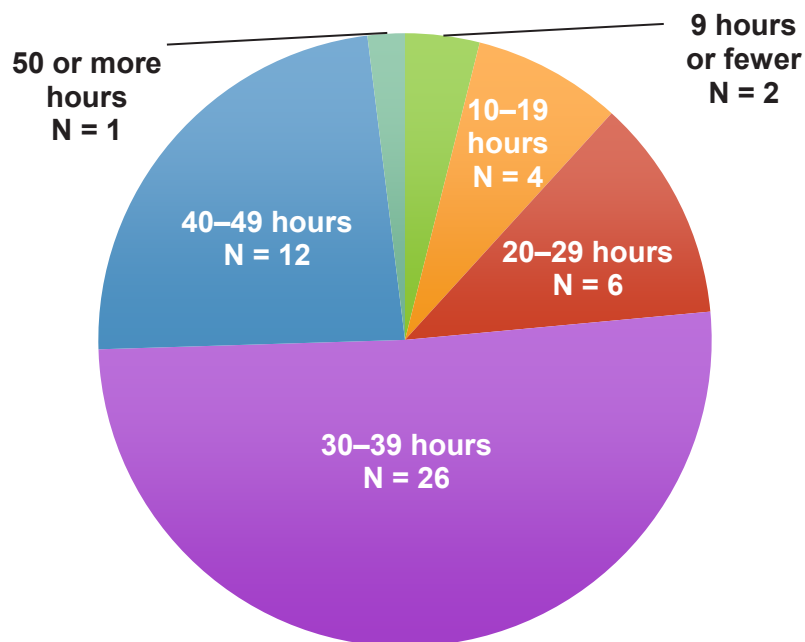


TABLE 9 – PRIMARY WORK SETTING LOCATION

SETTING	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	38	73.1
Rural (fewer than 50,000 people)	14	26.9
Total	52	100.0

FIGURE 9 – PRIMARY WORK SETTING LOCATION

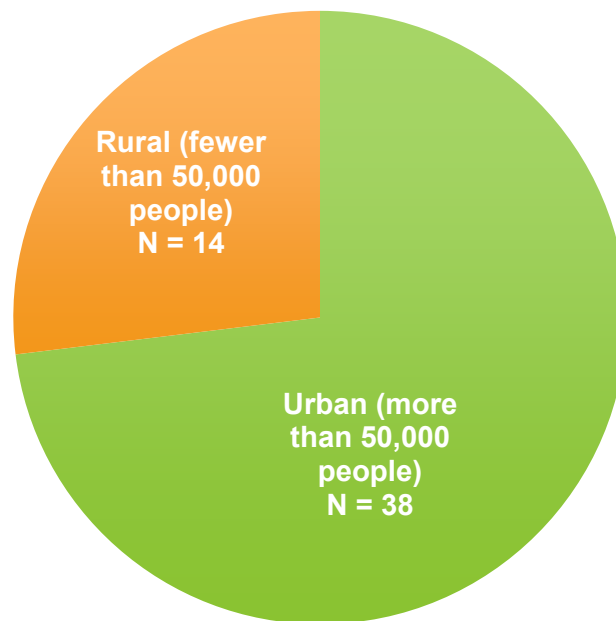


TABLE 10 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	18	36
San Francisco Bay Area	15	30
San Joaquin Valley	2	4
Sacramento Valley	2	4
San Diego County and Vicinity	7	14
Shasta-Cascade	2	4
Riverside and Vicinity	2	4
Sierra Mountain Valley	2	4
Total	50	100

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 11 displays the reliability coefficients for the task rating scale in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency $\alpha = .972$; Importance $\alpha = .972$). These results indicate that the responding optometric assistants rated the task statements consistently throughout the questionnaire.

TABLE 11 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
01 PATIENT ASSESSMENT	16	.914	.919
02 SPECTACLE FITTING	24	.979	.978
03 CONTACT LENS EVALUATION	16	.856	.838
04 OFFICE MANAGEMENT	14	.862	.846
Overall	70	.972	.972

TASK CRITICALITY INDICES

To calculate the criticality indices of the tasks, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (F_i) and the importance rating (I_i) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(F_i) \times (I_i)]$$

The tasks were sorted in descending order by their criticality index and by content area. The tasks, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

OPES test specialists facilitated a workshop with four SMEs in October 2022. The purpose of this workshop was to finalize the essential tasks and knowledge required for safe and competent practice of the optometric assistant occupation. The SMEs reviewed the mean frequency and importance ratings for each task as well as the criticality index for each. The SMEs identified several tasks with low criticality indices (09, 11, 13, 14, 41, 45, 52, 54, and 55) as not being performed by them. These 9 tasks are presented in Table 12. Although these tasks were not reported as performed by the SMEs who attended the October 2022 workshop, one SME in the February 2022 workshop indicated they performed all the tasks. In addition, some SMEs who completed the survey reported performing the tasks.

Due to the lack of consensus among the SMEs, the small number of SMEs who attended the workshops, and the low number of survey respondents, the 9 previously mentioned tasks were also presented to a group of 7 optometrists in December 2022. The optometrists were asked which opticianry professional performed these tasks in their work setting. The optometrists indicated if each task was performed by an optometric assistant, an SLD, a CLD, or an optometrist. The majority of the optometrists indicated that tasks 09, 13, 45, and 52 are performed by an optometric assistant, and that tasks 11, 14, 41, 54, and 55 are performed by an optometrist. Based on the responses from the optometrists and on previously gathered information, no cutoff value was established, and no tasks were excluded from the description of practice.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the October 2022 workshop and evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. The SMEs indicated that several knowledge statements with low criticality indices (17, 24, 25, 32, 49, 54, 69, 74, 75, 89, 91, 92, 93, and 104) were not required to perform their job duties. These 14 knowledge statements are presented in Table 12. Although these knowledge statements were not reported as required by the SMEs who attended the October 2022 workshop, one SME in the February 2022 workshop indicated that all of the knowledge statements are required to perform their job duties. Due to the lack of consensus among the SMEs, the small number of SMEs who attended the workshops, and the low number of survey respondents, the 14 previously mentioned knowledge statements were also presented to the group of 7 optometrists in December 2022.

The optometrists were asked about the knowledge required to perform job duties in their work setting. The optometrists indicated if each knowledge statement was required for an optometric assistant, an SLD, a CLD, or an optometrist. The optometrists indicated that all knowledge statements were required for an optometrist. Several optometrists indicated that knowledge statements 17, 54, 89, and 104 were required for an optometric assistant, while only two optometrists indicated that knowledge statements 24, 32, 75, and 91 were required. According to the group of optometrists, knowledge statements 25, 49, 69, 74, 92, and 93 were not required for an optometric assistant. In addition, the majority said that knowledge statements 32 and 49 were required for an SLD. Based on the responses from the optometrists and on previously gathered information, no cutoff value was established, and no knowledge statements were excluded from the description of practice.

TABLE 12 TASKS AND KNOWLEDGE STATEMENTS LACKING SME CONSENSUS*

01 PATIENT ASSESSMENT

This area describes the optometric assistant's knowledge of performing tests to determine the patient's current eye health and vision needs; and of determining the patient's insurance coverage.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T09	Perform depth perception tests.	K017	Knowledge of methods and procedures for evaluating depth perception.
T11	Perform Ishihara test to screen patient for color vision deficiencies.	K024	Knowledge of types of eyedrops used for cycloplegic refraction.
T13	Apply mydriatics to dilate patient pupils.	K025	Knowledge of methods for determining prescriptions for pediatric patients.
T14	Perform cycloplegic refraction to determine patientK032 prescription.		Knowledge of ANSI standards for safety eyewear.
		K049	Knowledge of methods for identifying and calculating induced prism.
		K054	Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card) during the fitting process.

NOTE: Task statements shaded in blue were identified by optometrists in the December 2022 workshop as the only tasks performed by optometric assistants and the knowledge statements shaded in blue were identified as the only knowledge required by optometric assistants.

03 CONTACT LENS EVALUATION

This area describes the optometric assistant's knowledge of determining, fitting, and providing training regarding the types of contact lenses best suited for the patient based on the optometrist's recommendation and the patient's needs.

0301 Initial Evaluation

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T41	Convert spectacle lens prescription to contact lens prescription.	K069	Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.
T45	Test patient visual acuity while wearing trial contact lenses.	K074	Knowledge of methods to adjust base curve measurements.
		K075	Knowledge of methods for evaluating visual acuity during the trial period.

0302 Follow-up Evaluation

T52	Test patient visual acuity after trial period to determine need for adjustments to prescription.	K089	Knowledge of methods for evaluating visual acuity after the trial period.
T54	Perform over-refraction to evaluate need for adjustments to prescription after trial period.	K091	Knowledge of methods for performing over-refraction after the trial period.
T55	Verify contact lens fit and eye health using slit-lamp.	K092	Knowledge of procedures for using a slit-lamp to assess fit of contact lenses.
		K093	Knowledge of methods for verifying contact lens fit.

NOTE: Task statements shaded in blue were identified by optometrists in the December 2022 workshop as the only tasks performed by optometric assistants and the knowledge statements shaded in blue were identified as the only knowledge required by optometric assistants.

04 OFFICE MANAGEMENT

This area describes the optometric assistant's knowledge of managing office supplies and patient documentation, including keeping and transmitting patient records while maintaining privacy requirements.

0401 Inventory

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
		K104	Knowledge of ANSI standards for contact lenses.

NOTE: Task statements shaded in blue were identified by optometrists in the December 2022 workshop as the only tasks performed by optometric assistants and the knowledge statements shaded in blue were identified as the only knowledge required by optometric assistants.

CHAPTER 5 | DESCRIPTION OF PRACTICE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the October workshop confirmed the final linkage of tasks with associated knowledge statements. The SMEs worked collaboratively to verify that the knowledge statements that were linked to each task were critical to effective performance of that task.

CONTENT AREAS AND WEIGHTS

The SMEs in the October 2022 workshop were asked to finalize the weights for content areas that would complete the description of practice. OPES test specialists presented the SMEs with preliminary weights of the content areas. The preliminary weights had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level practice of the optometric assistant occupation in California. Through discussion, the SMEs determined that adjustments to content area weights were necessary to more accurately reflect the relative importance of each area. A summary of the preliminary and final content area weights for the description of practice is presented in Table 13.

TABLE 13 – CONTENT AREA WEIGHTS

CONTENT AREA	PRELIMINARY PERCENT WEIGHTS	FINAL PERCENT WEIGHTS
01 PATIENT ASSESSMENT	20	40
02 SPECTACLE FITTING	31	15
03 CONTACT LENS EVALUATION	22	15
04 OFFICE MANAGEMENT	27	30
Total	100	100

During the October 2022 workshop, the content areas, subareas, and associated weights were finalized by the SMEs and form the basis of the California optometric assistant description of practice that is presented in Table 14.

TABLE 14 CALIFORNIA OPTOMETRIC ASSISTANT DESCRIPTION OF PRACTICE*

01 PATIENT ASSESSMENT

This area describes the optometric assistant's knowledge of performing tests to determine the patient's current eye health and vision needs; and of determining the patient's insurance coverage.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T01	Verify patient insurance to determine coverage for services.	K001	Knowledge of patient insurance types to determine coverage for services.
		K002	Knowledge of different insurance plans (for example, HMO, PPO).
T02	Obtain patient medical and vision history to determine reason for current visit.	K003	Knowledge of methods for eliciting patient medical and vision history.
		K004	Knowledge of available resources for obtaining a translator to assist in obtaining patient medical and vision history.
		K005	Knowledge of medical terminology related to optometry.
		K006	Knowledge of anatomy and physiology of the eye.
T03	Determine prescription of current eyewear using a lensometer.	K007	Knowledge of methods for using a lensometer to determine prescription.
T04	Perform visual field tests.	K008	Knowledge of methods for performing visual field tests.
		K009	Knowledge of different tests used to evaluate visual field.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T05	Perform autorefraction to determine patient refractive error.	K010	Knowledge of methods and procedures for performing autorefraction.
		K011	Knowledge of tools used to perform autorefraction.
T06	Perform tonometry to determine patient intraocular pressure.	K012	Knowledge of methods and procedures for determining intraocular pressure.
		K013	Knowledge of tools used for determining intraocular pressure (for example, pressure gun, Tono-Pen®, auto tonometer).
T07	Perform optical coherence tomography (OCT) to screen for abnormalities in layers of retina.	K014	Knowledge of methods and procedures for performing optical coherence tomography.
		K015	Knowledge of signs of retinal disease.
T08	Perform fundus test to screen for retinal disease.	K016	Knowledge of methods and procedures for performing fundus test.
		K015	Knowledge of signs of retinal disease.
T09	Perform depth perception tests.	K017	Knowledge of methods and procedures for evaluating depth perception.
T10	Perform visual acuity test.	K018	Knowledge of methods and procedures for evaluating visual acuity.
T11	Perform Ishihara test to screen patient for color vision deficiencies.	K019	Knowledge of methods and procedures for evaluating color vision.
T12	Determine pupillary distance using pupillometer.	K020	Knowledge of methods and procedures for determining pupillary distance.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T13	Apply mydriatics to dilate patient pupils.	K021	Knowledge of methods for administering eyedrops.
		K022	Knowledge of types of eyedrops used for dilating pupils.
		K023	Knowledge of procedures for dilating pupils.
T14	Perform cycloplegic refraction to determine patient prescription.	K021	Knowledge of methods for administering eyedrops.
		K024	Knowledge of types of eyedrops used for cycloplegic refraction.
		K025	Knowledge of methods for determining prescriptions for pediatric patients.
T15	Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	K026	Knowledge of manufacturer recommended contact lens wear schedules.
		K027	Knowledge of methods for encouraging patient compliance.
T16	Provide information regarding different types of contact lenses (for example, soft vs. RGP, spherical vs. toric) and wear schedules.	K026	Knowledge of manufacturer recommended contact lens wear schedules.
		K028	Knowledge of available contact lens types and materials.

02 SPECTACLE FITTING

This area describes the optometric assistant's knowledge of determining, adjusting, and providing education regarding the types of spectacle lenses best suited for the patient based on the optometrist's recommendation and the patient's needs.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T17	Determine spectacle frame design by evaluating patient prescription and needs.	K029	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K030	Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.
		K031	Knowledge of methods for educating patients about eyewear designs and features.
		K032	Knowledge of ANSI standards for safety eyewear.
T18	Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.	K029	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K033	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).
		K034	Knowledge of the advantages and disadvantages of different lens materials.
		K032	Knowledge of ANSI standards for safety eyewear.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T19	Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	K029	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K033	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).
		K035	Knowledge of methods for educating patients about eyewear designs and features.
		K036	Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).
		K032	Knowledge of ANSI standards for safety eyewear.
T20	Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	K029	Knowledge of lifestyle factors and hobbies that affect eyewear selection.
		K033	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).
		K035	Knowledge of methods for educating patients about eyewear designs and features.
		K037	Knowledge of the need for secondary lenses and sun protection.
T21	Convert spectacle lens prescriptions to intermediate or reading lenses.	K038	Knowledge of methods for modifying spectacle lens prescriptions for intermediate or reading powers.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T22	Determine out-of-pocket costs to assist patients with spectacle selection.	K039	Knowledge of methods for calculating out-of-pocket eyewear costs.
T23	Pre-adjust spectacle frame on patients to ensure optimal fit.	K040	Knowledge of tools used to adjust spectacle frames during pre-fitting.
		K041	Knowledge of methods for pre-adjusting spectacle frames.
T24	Fit and adjust frame on patient to ensure accurate measurement.	K041	Knowledge of methods for pre-adjusting spectacle frames.
		K042	Knowledge of the effect of frame tilt on fit.
		K043	Knowledge of tools used to adjust spectacle frames to fit patients.
T25	Measure horizontal pupillary distance to determine optical center.	K044	Knowledge of methods for using a pupillary distance ruler.
		K045	Knowledge of methods for using a pupillometer.
T26	Interpret spectacle lens prescriptions to understand vision corrections.	K046	Knowledge of how to interpret spectacle lens prescriptions.
		K047	Knowledge of methods for converting plus cylinder to minus cylinder.
T27	Identify optical center of spectacle lens using a lensometer.	K048	Knowledge of methods for interpreting lensometer findings to identify optical center of spectacle lens.
		K049	Knowledge of methods for identifying and calculating induced prism.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T28	Verify that spectacles received from laboratory match doctors' prescriptions.	K046	Knowledge of how to interpret spectacle lens prescriptions.
		K050	Knowledge of procedures for comparing spectacles received to doctors' prescriptions.
		K051	Knowledge of methods for interpreting lensometer findings to verify that lenses received from the laboratory match current prescription.
T29	Verify that spectacles received from laboratory match order specifications (frame, lens materials).	K052	Knowledge of procedures for comparing spectacles received to order specifications.
T30	Adjust spectacle frame on patient to ensure optimal fit.	K042	Knowledge of the effect of frame tilt on fit.
		K043	Knowledge of tools used to adjust spectacle frames to fit patients.
		K053	Knowledge of facial features and anatomy that affect spectacle fit.
T31	Assess patient comfort and vision clarity with new spectacles.	K054	Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card) during the fitting process.
T32	Address patient concerns with spectacles.	K055	Knowledge of methods for troubleshooting common patient concerns.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T33	Identify defects (for example, crazing, distortion) in spectacle lenses.	K056	Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.
		K057	Knowledge of procedures for identifying lens defects.
T34	Provide patients with eyewear warranty information.	K058	Knowledge of after-sale services available to patients.
		K059	Knowledge of eyewear manufacturer warranty policies.
T35	Educate patients on the adaptation period for spectacle lenses.	K060	Knowledge of side effects during adaptation period.
T36	Educate patients on use of multifocal lenses.	K061	Knowledge of side effects of multifocal lenses during adaptation period.
T37	Train patients on methods for cleaning and maintaining spectacle lenses.	K062	Knowledge of methods and materials for cleaning and maintaining spectacle lenses.
T38	Perform common eyewear repairs to extend life of spectacles.	K063	Knowledge of parts used in eyewear repairs.
		K064	Knowledge of methods for repairing eyewear.
T39	Refer patients to prescribing doctor to address prescription problems.	K065	Knowledge of patient prescription problems that require referral to a medical professional.
T40	Refer patients to physician or ophthalmologist to address ocular health issues.	K066	Knowledge of patient issues that require referral to a physician or ophthalmologist.

03 CONTACT LENS EVALUATION

This area describes the optometric assistant's knowledge of determining, fitting, and providing training regarding the types of contact lenses best suited for the patient based on the optometrist's recommendation and the patient's needs.

0301 Initial Evaluation

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T41	Convert spectacle lens prescription to contact lens prescription.	K067	Knowledge of how to interpret contact lens prescriptions.
		K068	Knowledge of base curves, diameters, and thicknesses of contact lenses.
		K069	Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.
T42	Wash hands before handling contact lenses.	K070	Knowledge of methods for maintaining hygiene when handling contact lenses.
T43	Handle different contact lens types based on manufacturer's recommendations.	K071	Knowledge of methods for handling soft contact lenses.
		K072	Knowledge of methods for handling hard contact lenses.
		K073	Knowledge of methods for handling rigid gas permeable contact lenses.
T44	Dispense trial lenses for patients based on base curve and vision correction requirements.	K074	Knowledge of methods to adjust base curve measurements.
		K068	Knowledge of base curves, diameters, and thicknesses of contact lenses.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T45	Test patient visual acuity while wearing trial contact lenses.	K075	Knowledge of methods for evaluating visual acuity during the trial period.
T46	Train patients on techniques for inserting and removing contact lenses.	K076	Knowledge of methods for training patients to insert and remove contact lenses.
		K077	Knowledge of techniques for inserting and removing soft contact lenses.
		K078	Knowledge of techniques for inserting and removing hard contact lenses.
		K079	Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.
T47	Train patients on methods for cleaning contact lenses.	K080	Knowledge of contact lens solutions for cleaning and lubrication.
		K081	Knowledge of methods for cleaning contact lenses.
T48	Educate patients about contact lens wear schedules.	K082	Knowledge of contact lens wear schedules based on lens type.
		K083	Knowledge of wear schedules for extended-wear contact lenses.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T49	Educate patients about the possible adverse effects of contact lenses.	K084	Knowledge of adverse effects (e.g., eye infections) of contact lens wear.
		K085	Knowledge of adverse effects of wearing contact lenses for more hours than recommended.
		K086	Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.
T50	Educate patients about the need for secondary lens options and sun protection.	K087	Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.

0302 Follow-up Evaluation

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T51	Perform follow-up assessment to evaluate comfort and fit of contact lenses.	K088	Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.
T52	Test patient visual acuity after trial period to determine need for adjustments to prescription.	K089	Knowledge of methods for evaluating visual acuity after the trial period.
T53	Verify patient ability to insert and remove contact lenses.	K090	Knowledge of methods for verifying patient ability to insert and remove contact lenses.
T54	Perform over-refraction to evaluate need for adjustments to prescription after trial period.	K091	Knowledge of methods for performing over-refraction after the trial period.
T55	Verify contact lens fit and eye health using slit-lamp.	K092	Knowledge of procedures for using a slit-lamp to assess fit of contact lenses.
		K093	Knowledge of methods for verifying contact lens fit.
		K094	Knowledge of indicators of proper contact lens fit.
T56	Provide copies of contact lens prescriptions to patients.	K095	Knowledge of laws and regulations related to providing contact lens prescriptions to patients.

04 OFFICE MANAGEMENT

This area describes the optometric assistant's knowledge of managing office supplies and patient documentation, including keeping and transmitting patient records while maintaining privacy requirements.

0401 Inventory

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T57	Manage inventory of office supplies.	K096	Knowledge of methods for tracking office supply use.
T58	Manage inventory of optometric products (for example, tools, eyedrops, lens solution).	K097	Knowledge of methods for determining rate of optometric product use.
		K098	Knowledge of available optometric supply vendors.
		K099	Knowledge of available optometric supplies.
T59	Place order for lenses including trial lenses and custom orders based on prescription.	K100	Knowledge of methods for determining when to reorder trial lenses.
		K101	Knowledge of contact lens brands most commonly used by patients.
		K102	Knowledge of methods for tracking contact lens inventory expiration dates.
		K103	Knowledge of methods for tracking contact lens product availability.
T60	Verify that patient prescriptions match the packaged contact lenses.	K104	Knowledge of ANSI standards for contact lenses.
		K105	Knowledge of methods for interpreting contact lens prescription labels.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T61	Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	K106	Knowledge of methods for identifying defects in contact lenses.
		K107	Knowledge of contact lens manufacturer return policies.

0402 Record Keeping

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T62	Manage schedule of patient appointments.	K108	Knowledge of electronic health records (EHR) scheduling software.
		K109	Knowledge of tools used to track and schedule patient appointments.
T63	Contact insurance companies to determine patient coverage.	K110	Knowledge of insurance eligibility criteria.
		K111	Knowledge of methods for identifying patient copay.
		K112	Knowledge of methods for determining patient coverage.
		K113	Knowledge of insurance coverage categories.
		K114	Knowledge of insurance billing codes.
T64	Keep patient records in accordance with laws and regulations.	K115	Knowledge of methods for maintaining electronic health records (EHR).
		K116	Knowledge of laws and regulations related to electronic health records (EHR).
		K117	Knowledge of laws and regulations related to maintaining patient records.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T65	Obtain patient authorization to release records in accordance with laws and regulations.	K116	Knowledge of laws and regulations related to electronic health records (EHR).
		K117	Knowledge of laws and regulations related to maintaining patient records.
		K118	Knowledge of HIPAA requirements for patient consent for release of medical records.
T66	Transmit patient records in accordance with laws and regulations.	K116	Knowledge of laws and regulations related to electronic health records (EHR).
		K119	Knowledge of laws and regulations related to transmitting patient records.
		K118	Knowledge of HIPAA requirements for patient consent for release of medical records.
T67	Document prescription, assessment, and fitting information in patient records.	K120	Knowledge of medical terminology used when transcribing patient information.
		K121	Knowledge of abbreviations used when transcribing patient information.
T68	Provide billing information to patients and insurers.	K122	Knowledge of diagnosis and procedure codes used by insurance companies.
		K123	Knowledge of billing software.
T69	Provide referral information to other medical professionals.	K124	Knowledge of laws and regulations related to patient referrals.
		K125	Knowledge of methods for interpreting doctors' notes when providing referral information.

TASK NO.	TASK STATEMENTS	K NO.	KNOWLEDGE STATEMENTS
T70	Provide patient prescription information to pharmacies.	K126	Knowledge of electronic prescribing software.
		K127	Knowledge of laws and regulations related to providing prescription information.

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CHAPTER 6 | OPTICIANRY SCOPE OF PRACTICE STUDY

In February 2023, OPES test specialists facilitated a workshop with SMEs consisting of two optometrists, two SLDs, and four SLDs/CLDs. The purpose of the workshop was to evaluate the optometric assistant description of practice against the CLD and SLD descriptions of practice. For each task in the optometric assistant description of practice, the SMEs discussed if that task is and should continue to be performed by optometric assistants, if the task is performed by CLDs or SLDs, or if the task is performed by optometric assistants and CLDs or SLDs but should only be performed by CLDs or SLDs.

When determining if a specific task should be performed by optometric assistants, CLDs or SLDs, the SMEs considered specific knowledge and training, and whether performing the task posed a safety concern to patients. Based on the discussion, 25 tasks (13, 14, 17, 18, 19, 20, 21, 23, 24, 25, 28, 29, 30, 31, 32, 33, 35, 36, 38, 41, 43, 51, 52, 55, and 61) on the optometric assistant description of practice were identified as tasks that are safety concerns and should only be performed by CLDs or SLDs. The SMEs believed that optometric assistants do not possess the necessary level of knowledge and training to safely perform them. These 25 tasks are highlighted in Appendix D. In addition, four additional tasks were identified as missing from the optometric assistant description of practice (72, 73, 74, and 75). The SMEs recommended adding these tasks to the description of practice. The tasks were subsequently added. They are also highlighted in Appendix D.

After the review of the optometric description of practice was completed, the SMEs engaged in a discussion regarding what changes to the optometric assistant, CLD and SLD professions, if any, would increase public safety. The SME consensus was that a clear definition of the role of optometric assistants should be established, and optometric assistants should be registered with the Board to ensure the role is adhered to. The definition of the role should detail the tasks optometric assistants can perform and the intent of the tasks. Additional suggestions included:

- Developing an examination which candidates would have to pass to obtain state certification/licensure
- Using an existing national paraoptometric examination which candidates would have to pass to obtain state certification/licensure
- Creating an optometric assistant apprenticeship program as pathway to optometric assistant certification/licensure

No changes to the SLD and CLD professions were recommended by the SMEs.

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CHAPTER 7 | CONCLUSIONS AND RECOMMENDATIONS

The procedures employed to perform the OA of the optometric assistant occupation were based on a content validation strategy to establish a preliminary description of practice for the optometric assistant occupation. The description of practice identifies the tasks and knowledge critical to safe and competent practice of the optometric assistant occupation in California. Results of this OA provide information regarding current work that can be used by the Board to make regulatory decisions. However, the Board should take into consideration the relatively low number of SMEs who participated in the study.

This report provides all documentation necessary to verify that the occupational analysis has been completed in accordance with legal, occupational, and technical standards.

The conclusions and recommendations resulting from the opticianry scope of practice study were based on the expert opinions of optometrists, contact lens dispensers, and spectacle lens dispensers. The SMEs identified tasks that they believe do not belong on the optometric assistant description of practice because optometric assistants do not possess the necessary level of knowledge and training to safely perform them. The SMEs made recommendations regarding the optometric assistant profession based on regulations and training implemented by other states. The SMEs recommended that a clear definition of the role of optometric assistants should be established, and optometric assistants should be registered with the Board to ensure the role is adhered to. The definition of the role should detail the tasks optometric assistants can perform and the intent of the tasks.

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APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	11
Orange	7
Total	18

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	2
Total	2

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	1
Yolo	1
Total	2

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
San Diego	7
Total	7

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	2
Contra Costa	6
Napa	2
Santa Clara	4
Solano	1
Total	15

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Merced	1
Total	2

SHASTA-CASCADE

County of Practice	Frequency
Shasta	2
Total	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
El Dorado	2
Total	2

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APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

01 PATIENT ASSESSMENT				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T01	Verify patient insurance to determine coverage for services.	4.03	4.61	18.56
T05	Perform autorefracton to determine patient refractive error.	3.91	4.30	16.82
T03	Determine prescription of current eyewear using a lensometer.	3.97	4.18	16.60
T02	Obtain patient medical and vision history to determine reason for current visit.	4.00	4.06	16.24
T04	Perform visual field tests.	3.33	3.67	12.22
T06	Perform tonometry to determine patient intraocular pressure.	3.30	3.67	12.11
T16	Provide information regarding different types of contact lenses (for example, soft vs. RGP, spherical vs. toric) and wear schedules.	3.12	3.67	11.44
T15	Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	3.09	3.27	10.12
T08	Perform fundus test to screen for retinal disease.	2.82	3.39	9.56
T07	Perform optical coherence tomography (OCT) to screen for abnormalities in layers of retina.	2.76	3.28	9.05
T10	Perform visual acuity test.	2.70	3.00	8.09

01 PATIENT ASSESSMENT

	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T12	Determine pupillary distance using pupillometer.	2.55	2.94	7.48
T13	Apply mydriatics to dilate patient pupils.	2.27	3.12	7.09
T11	Perform Ishihara test to screen patient for color vision deficiencies.	1.97	2.27	4.48
T09	Perform depth perception tests.	1.79	1.91	3.41
T14	Perform cycloplegic refraction to determine patient prescription.	1.33	1.91	2.55

02 SPECTACLE FITTING				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T35	Educate patients on the adaptation period for spectacle lenses.	2.89	3.89	11.26
T32	Address patient concerns with spectacles.	2.97	3.79	11.25
T36	Educate patients on use of multifocal lenses.	2.89	3.71	10.74
T28	Verify that spectacles received from laboratory match doctors' prescriptions.	2.71	3.89	10.56
T27	Identify optical center of spectacle lens using a lensometer.	2.69	3.66	9.83
T19	Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	2.50	3.72	9.31
T39	Refer patients to prescribing doctor to address prescription problems.	2.57	3.61	9.28
T37	Train patients on methods for cleaning and maintaining spectacle lenses.	2.54	3.59	9.11
T40	Refer patients to physician or ophthalmologist to address ocular health issues.	2.57	3.54	9.09
T26	Interpret spectacle lens prescriptions to understand vision corrections.	2.53	3.39	8.60
T31	Assess patient comfort and vision clarity with new spectacles.	2.38	3.61	8.58
T29	Verify that spectacles received from laboratory match order specifications (frame, lens materials).	2.41	3.54	8.53
T33	Identify defects (for example, crazing, distortion) in spectacle lenses.	2.28	3.62	8.24
T17	Determine spectacle frame design by evaluating patient prescription and needs.	2.37	3.45	8.16

02 SPECTACLE FITTING				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T30	Adjust spectacle frame on patient to ensure optimal fit.	2.24	3.63	8.14
T24	Fit and adjust frame on patient to ensure accurate measurement.	2.17	3.74	8.10
T18	Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.	2.30	3.41	7.85
T34	Provide patients with eyewear warranty information.	2.37	3.28	7.77
T38	Perform common eyewear repairs to extend life of spectacles.	2.25	3.19	7.18
T22	Determine out-of-pocket costs to assist patients with spectacle selection.	2.20	3.25	7.15
T23	Pre-adjust spectacle frame on patients to ensure optimal fit.	2.13	3.33	7.11
T20	Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	2.00	3.25	6.50
T25	Measure horizontal pupillary distance to determine optical center.	1.83	3.07	5.63
T21	Convert spectacle lens prescriptions to intermediate or reading lenses.	1.73	3.00	5.20

03 CONTACT LENS EVALUATION				
0301 Initial Evaluation				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T42	Wash hands before handling contact lenses.	4.43	4.89	21.67
T48	Educate patients about contact lens wear schedules.	3.68	4.46	16.42
T46	Train patients on techniques for inserting and removing contact lenses.	3.50	4.54	15.88
T47	Train patients on methods for cleaning contact lenses.	3.50	4.46	15.63
T43	Handle different contact lens types based on manufacturer's recommendations.	3.57	4.11	14.67
T49	Educate patients about the possible adverse effects of contact lenses.	3.21	4.39	14.12
T44	Dispense trial lenses for patients based on base curve and vision correction requirements.	3.46	4.04	13.98
T50	Educate patients about the need for secondary lens options and sun protection.	2.57	3.68	9.46
T45	Test patient visual acuity while wearing trial contact lenses.	1.89	2.70	5.12
T41	Convert spectacle lens prescription to contact lens prescription.	1.43	2.37	3.39

0302 Follow-up Evaluation				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T56	Provide copies of contact lens prescriptions to patients.	3.85	4.07	15.69
T53	Verify patient ability to insert and remove contact lenses.	3.07	3.74	11.50
T51	Perform follow-up assessment to evaluate comfort and fit of contact lenses.	2.22	2.93	6.50
T52	Test patient visual acuity after trial period to determine need for adjustments to prescription.	1.44	2.35	3.39
T55	Verify contact lens fit and eye health using slit-lamp.	0.85	1.92	1.64
T54	Perform over-refraction to evaluate need for adjustments to prescription after trial period.	0.93	1.65	1.53

04 OFFICE MANAGEMENT				
0401 Inventory				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T60	Verify that patient prescriptions match the packaged contact lenses.	4.11	4.52	18.58
T59	Place order for lenses including trial lenses and custom orders based on prescription.	3.59	4.19	15.04
T57	Manage inventory of office supplies.	3.52	3.85	13.55
T58	Manage inventory of optometric products (for example, tools, eyedrops, lens solution).	3.15	3.70	11.66
T61	Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	2.37	3.48	8.25
0402 Record Keeping				
	TASK	MEAN IMPORTANCE	MEAN FREQUENCY	CRITICALITY INDEX
T64	Keep patient records in accordance with laws and regulations.	4.78	4.70	22.47
T67	Document prescription, assessment, and fitting information in patient records.	4.41	4.56	20.08
T62	Manage schedule of patient appointments.	4.41	4.52	19.91
T65	Obtain patient authorization to release records in accordance with laws and regulations.	4.15	4.48	18.59
T66	Transmit patient records in accordance with laws and regulations.	4.19	4.41	18.45
T68	Provide billing information to patients and insurers.	3.96	4.26	16.88
T63	Contact insurance companies to determine patient coverage.	3.78	4.37	16.51
T69	Provide referral information to other medical professionals.	3.33	3.96	13.21
T70	Provide patient prescription information to pharmacies.	2.67	3.48	9.28

APPENDIX C | IMPORTANCE RATINGS FOR ALL KNOWLEDGE STATEMENTS BY CONTENT AREA

01 PATIENT ASSESSMENT

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K028	Knowledge of available contact lens types and materials.	4.19
K007	Knowledge of methods for using a lensometer to determine prescription.	4.15
K026	Knowledge of manufacturer recommended contact lens wear schedules.	4.08
K002	Knowledge of different insurance plans (for example, HMO, PPO).	4.04
K027	Knowledge of methods for encouraging patient compliance.	4.00
K005	Knowledge of medical terminology related to optometry.	3.88
K011	Knowledge of tools used to perform autorefraction.	3.88
K010	Knowledge of methods and procedures for performing autorefraction.	3.85
K001	Knowledge of insurance agreements between medical insurers and vision insurers.	3.81
K003	Knowledge of methods for eliciting patient medical and vision history.	3.77
K013	Knowledge of tools used for determining intraocular pressure (for example, pressure gun, Tono-Pen®, auto tonometer).	3.77
K021	Knowledge of methods for administering eyedrops.	3.65
K012	Knowledge of methods and procedures for determining intraocular pressure.	3.54
K006	Knowledge of anatomy and physiology of the eye.	3.50
K023	Knowledge of procedures for dilating pupils.	3.50
K008	Knowledge of methods for performing visual field tests.	3.46
K022	Knowledge of types of eyedrops used for dilating pupils.	3.46

01 PATIENT ASSESSMENT		
	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K009	Knowledge of different tests used to evaluate visual field.	3.35
K020	Knowledge of methods and procedures for determining pupillary distance.	3.35
K016	Knowledge of methods and procedures for performing fundus test.	3.23
K004	Knowledge of available resources for obtaining a translator to assist in obtaining patient medical and vision history.	3.12
K015	Knowledge of signs of retinal disease.	3.08
K018	Knowledge of methods and procedures for evaluating visual acuity.	2.96
K019	Knowledge of methods and procedures for evaluating color vision.	2.72
K014	Knowledge of methods and procedures for performing optical coherence tomography.	2.65
K025	Knowledge of methods for determining prescriptions for pediatric patients.	2.46
K024	Knowledge of types of eyedrops used for cycloplegic refraction.	2.38
K017	Knowledge of methods and procedures for evaluating depth perception.	2.31

02 SPECTACLE FITTING

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K036	Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).	4.08
K029	Knowledge of lifestyle factors and hobbies that affect eyewear selection.	3.67
K046	Knowledge of how to interpret spectacle lens prescriptions.	3.54
K055	Knowledge of methods for troubleshooting common patient concerns.	3.52
K037	Knowledge of the need for secondary lenses and sun protection.	3.50
K030	Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.	3.46
K061	Knowledge of side effects of multifocal lenses during adaptation period.	3.43
K051	Knowledge of methods for interpreting lensometer findings to verify that lenses received from the laboratory match current prescription.	3.42
K050	Knowledge of procedures for comparing spectacles received to doctors' prescriptions.	3.38
K060	Knowledge of side effects during adaptation period.	3.38
K033	Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).	3.33
K052	Knowledge of procedures for comparing spectacles received to order specifications.	3.29
K039	Knowledge of methods for calculating out-of-pocket eyewear costs.	3.17
K062	Knowledge of methods and materials for cleaning and maintaining spectacle lenses.	3.17
K034	Knowledge of the advantages and disadvantages of different lens materials.	3.00
K045	Knowledge of methods for using a pupillometer.	2.96

02 SPECTACLE FITTING

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K048	Knowledge of methods for interpreting lensometer findings to identify optical center of spectacle lens.	2.96
K056	Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.	2.96
K031	Knowledge of methods for educating patients about eyewear designs and features.	2.88
K035	Knowledge of methods for educating patients about eyewear designs and features.	2.88
K059	Knowledge of eyewear manufacturer warranty policies.	2.83
K043	Knowledge of tools used to adjust spectacle frames to fit patients.	2.79
K040	Knowledge of tools used to adjust spectacle frames during pre-fitting.	2.75
K041	Knowledge of methods for pre-adjusting spectacle frames.	2.75
K063	Knowledge of parts used in eyewear repairs.	2.75
K066	Knowledge of patient issues that require referral to a physician or ophthalmologist.	2.71
K064	Knowledge of methods for repairing eyewear.	2.71
K053	Knowledge of facial features and anatomy that affect spectacle fit.	2.71
K058	Knowledge of after-sale services available to patients.	2.71
K057	Knowledge of procedures for identifying lens defects.	2.71
K038	Knowledge of methods for modifying spectacle lens prescriptions for intermediate or reading powers.	2.67
K044	Knowledge of methods for using a pupillary distance ruler.	2.63

02 SPECTACLE FITTING

KNOWLEDGE STATEMENT		MEAN IMPORTANCE
K042	Knowledge of the effect of frame tilt on fit.	2.50
K065	Knowledge of patient prescription problems that require referral to a medical professional.	2.38
K054	Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card) during the fitting process.	2.33
K047	Knowledge of methods for converting plus cylinder to minus cylinder.	2.21
K032	Knowledge of ANSI standards for safety eyewear.	1.92
K049	Knowledge of methods for identifying and calculating induced prism.	1.83

03 CONTACT LENS EVALUATION

0301 Initial Evaluation

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K070	Knowledge of methods for maintaining hygiene when handling contact lenses.	4.39
K076	Knowledge of methods for training patients to insert and remove contact lenses.	4.30
K077	Knowledge of techniques for inserting and removing soft contact lenses.	4.30
K085	Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	4.26
K086	Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	4.22
K080	Knowledge of contact lens solutions for cleaning and lubrication.	4.22
K081	Knowledge of methods for cleaning contact lenses.	4.22
K082	Knowledge of contact lens wear schedules based on lens type.	4.17
K071	Knowledge of methods for handling soft contact lenses.	4.13
K067	Knowledge of how to interpret contact lens prescriptions.	3.96
K083	Knowledge of wear schedules for extended-wear contact lenses.	3.91
K084	Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	3.91
K068	Knowledge of base curves, diameters, and thicknesses of contact lenses.	3.87
K078	Knowledge of techniques for inserting and removing hard contact lenses.	3.70
K072	Knowledge of methods for handling hard contact lenses.	3.65

0301 Initial Evaluation

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K073	Knowledge of methods for handling rigid gas permeable contact lenses.	3.65
K087	Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	3.52
K079	Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	3.52
K069	Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	2.13
K075	Knowledge of methods for evaluating visual acuity during the trial period.	2.04
K074	Knowledge of methods to adjust base curve measurements.	1.83

0302 Follow-up Evaluation

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K095	Knowledge of laws and regulations related to providing contact lens prescriptions to patients.	4.13
K090	Knowledge of methods for verifying patient ability to insert and remove contact lenses.	3.70
K088	Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.	2.61
K089	Knowledge of methods for evaluating visual acuity after the trial period.	2.35
K094	Knowledge of indicators of proper contact lens fit.	2.26
K093	Knowledge of methods for verifying contact lens fit.	2.04
K091	Knowledge of methods for performing over-refraction after the trial period.	1.87
K092	Knowledge of procedures for using a slit-lamp to assess fit of contact lenses.	1.74

04 OFFICE MANAGEMENT

0401 Inventory

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K101	Knowledge of contact lens brands most commonly used by patients.	4.13
K103	Knowledge of methods for tracking contact lens product availability.	3.87
K102	Knowledge of methods for tracking contact lens inventory expiration dates.	3.83
K100	Knowledge of methods for determining when to reorder trial lenses.	3.78
K105	Knowledge of methods for interpreting contact lens prescription labels.	3.78
K096	Knowledge of methods for tracking office supply use.	3.39
K107	Knowledge of contact lens manufacturer return policies.	3.30
K099	Knowledge of available optometric supplies.	3.30
K097	Knowledge of methods for determining rate of optometric product use.	3.22
K098	Knowledge of available optometric supply vendors.	3.09
K106	Knowledge of methods for identifying defects in contact lenses.	3.09
K104	Knowledge of ANSI standards for contact lenses.	2.74

0402 Record Keeping

	KNOWLEDGE STATEMENT	MEAN IMPORTANCE
K110	Knowledge of insurance eligibility criteria.	4.65
K118	Knowledge of HIPAA requirements for patient consent for release of medical records.	4.61
K112	Knowledge of methods for determining patient coverage.	4.57
K113	Knowledge of insurance coverage categories.	4.57
K119	Knowledge of laws and regulations related to transmitting patient records.	4.52
K109	Knowledge of tools used to track and schedule patient appointments.	4.48
K111	Knowledge of methods for identifying patient copay.	4.48
K127	Knowledge of laws and regulations related to providing prescription information.	4.48
K117	Knowledge of laws and regulations related to maintaining patient records.	4.48
K108	Knowledge of electronic health records (EHR) scheduling software.	4.22
K124	Knowledge of laws and regulations related to patient referrals.	4.13
K120	Knowledge of medical terminology used when transcribing patient information.	4.09
K115	Knowledge of methods for maintaining electronic health records (EHR).	4.04
K116	Knowledge of laws and regulations related to electronic health records (EHR).	4.00
K121	Knowledge of abbreviations used when transcribing patient information.	3.91
K125	Knowledge of methods for interpreting doctors' notes when providing referral information.	3.91
K114	Knowledge of insurance billing codes.	3.83
K122	Knowledge of diagnosis and procedure codes used by insurance companies.	3.83
K126	Knowledge of electronic prescribing software.	3.65
K123	Knowledge of billing software.	3.52

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APPENDIX D | OPTICIANRY SCOPE OF PRACTICE STUDY*

01 PATIENT ASSESSMENT	
TASK	
T01	Verify patient insurance to determine coverage for services.
T02	Obtain patient medical and vision history to determine reason for current visit.
T03	Determine prescription of current eyewear using a lensometer.
T04	Perform visual field tests.
T05	Perform autorefraction to determine patient refractive error.
T06	Perform tonometry to determine patient intraocular pressure.
T07	Perform optical coherence tomography (OCT) to screen for abnormalities in layers of retina.
T08	Perform fundus test to screen for retinal disease.
T09	Perform depth perception tests.
T10	Perform visual acuity test.
T11	Perform Ishihara test to screen patient for color vision deficiencies.
T12	Determine pupillary distance using pupillometer.
T13	Apply mydriatics to dilate patient pupils.
T14	Perform cycloplegic refraction to determine patient prescription.
T15	Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.
T16	Provide information regarding different types of contact lenses (for example, soft vs. RGP, spherical vs. toric) and wear schedules.
T71	Perform simple, noninvasive testing of pupils and ocular motility.
T72	Perform preliminary subjective refraction procedures in connection with finalizing subjective refraction procedures performed by an ophthalmologist or optometrist subject to set conditions.
T73	Administer non-controlled substances for ophthalmic purposes (i.e., topical anesthetics).

T74 Clean each instrument after each patient uses them.

NOTE: Tasks shaded in green were identified by SMEs in the February 2023 workshop as safety concerns that should not be performed by optometric assistants. Tasks shaded in orange were identified by SMEs in the February 2023 workshop as missing from the optometric assistant description of practice and were subsequently added.

02 SPECTACLE FITTING

TASK

T17	Determine spectacle frame design by evaluating patient prescription and needs.
T18	Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, trivex, high-index) by evaluating patient prescription and needs.
T19	Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.
T20	Determine secondary lens options (for example, occupational, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.
T21	Convert spectacle lens prescriptions to intermediate or reading lenses.
T22	Determine out-of-pocket costs to assist patients with spectacle selection.
T23	Pre-adjust spectacle frame on patients to ensure optimal fit.
T24	Fit and adjust frame on patient to ensure accurate measurement.
T25	Measure horizontal pupillary distance to determine optical center.
T26	Interpret spectacle lens prescriptions to understand vision corrections.
T27	Identify optical center of spectacle lens using a lensometer.
T28	Verify that spectacles received from laboratory match doctors' prescriptions.
T29	Verify that spectacles received from laboratory match order specifications (frame, lens materials).
T30	Adjust spectacle frame on patient to ensure optimal fit.
T31	Assess patient comfort and vision clarity with new spectacles.
T32	Address patient concerns with spectacles.
T33	Identify defects (for example, crazing, distortion) in spectacle lenses.
T34	Provide patients with eyewear warranty information.

NOTE: Tasks shaded in green were identified by SMEs in the February 2023 workshop as safety concerns that should not be performed by optometric assistants.

02 SPECTACLE FITTING	
TASK	
T36	Educate patients on use of multifocal lenses.
T37	Train patients on methods for cleaning and maintaining spectacle lenses.
T38	Perform common eyewear repairs to extend life of spectacles.
T39	Refer patients to prescribing doctor to address prescription problems.
T40	Refer patients to physician or ophthalmologist to address ocular health issues.
03 CONTACT LENS EVALUATION	
0301 Initial Evaluation	
TASK	
T41	Convert spectacle lens prescription to contact lens prescription.
T42	Wash hands before handling contact lenses.
T43	Handle different contact lens types based on manufacturer's recommendations.
T44	Dispense trial lenses for patients based on base curve and vision correction requirements.
T45	Test patient visual acuity while wearing trial contact lenses.
T46	Train patients on techniques for inserting and removing contact lenses.
T47	Train patients on methods for cleaning contact lenses.
T48	Educate patients about contact lens wear schedules.
T49	Educate patients about the possible adverse effects of contact lenses.
T50	Educate patients about the need for secondary lens options and sun protection.

NOTE: Tasks shaded in green were identified by SMEs in the February 2023 workshop as safety concerns that should not be performed by optometric assistants.

0302 Follow-up Evaluation	
TASK	
T51	Perform follow-up assessment to evaluate comfort and fit of contact lenses.
T52	Test patient visual acuity after trial period to determine need for adjustments to prescription.
T53	Verify patient ability to insert and remove contact lenses.
T54	Perform over-refraction to evaluate need for adjustments to prescription after trial period.
T55	Verify contact lens fit and eye health using slit-lamp.
T56	Provide copies of contact lens prescriptions to patients.
04 OFFICE MANAGEMENT	
0401 Inventory	
TASK	
T57	Manage inventory of office supplies.
T58	Manage inventory of optometric products (for example, tools, eyedrops, lens solution).
T59	Place order for lenses including trial lenses and custom orders based on prescription.
T60	Verify that patient prescriptions match the packaged contact lenses.
T61	Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.
0402 Record Keeping	
TASK	
T62	Manage schedule of patient appointments.
T63	Contact insurance companies to determine patient coverage.

NOTE: Tasks shaded in green were identified by SMEs in the February 2023 workshop as safety concerns that should not be performed by optometric assistants.

0402 Record Keeping

TASK	
T64	Keep patient records in accordance with laws and regulations.
T65	Obtain patient authorization to release records in accordance with laws and regulations.
T66	Transmit patient records in accordance with laws and regulations.
T67	Document prescription, assessment, and fitting information in patient records.
T68	Provide billing information to patients and insurers.
T69	Provide referral information to other medical professionals.
T70	Provide patient prescription information to pharmacies.

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APPENDIX E | QUESTIONNAIRE

Optometric Assistant Occupational Analysis Questionnaire

Cover Letter

Dear Optometric Assistants,

The California State Board of Optometry (Board) is conducting an occupational analysis (OA) of the Optometric Assistant profession. The purpose of the OA is to identify the important tasks performed by currently working Optometric Assistants and the knowledge required to perform those tasks. We urgently need your input to ensure an accurate evaluation of the Optometric Assistant profession.

As part of the OA, we have developed a questionnaire to identify the important tasks that Optometric Assistants perform in the profession. The questionnaire will be available online until **October 19, 2022**, 24 hours a day, 7 days a week.

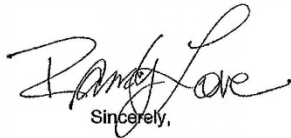
In addition to the questionnaire, the Board would like to invite you to participate in a 1-day workshop. The workshop will be held remotely (through Microsoft Teams) and is tentatively scheduled for October 28th. You will be compensated \$300 for your participation. If you are interested in attending the workshop, please provide your contact information at the end of the questionnaire. Providing your contact information does not obligate you to attend. We will send you additional information about the workshop.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to any of your personal information. Individual responses will be combined with the responses of other Optometric Assistants and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week. The bottom of each page has a progress bar showing you what percentage of the questionnaire you have completed.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. If you have any questions about the survey, please contact Ruxandra Nunn at Ruxandra.Nunn@dca.ca.gov

The Board welcomes your feedback and appreciates your time!



Sincerely,

Randy Love

Assistant Executive Officer California State Board of Optometry

Optometric Assistant Occupational Analysis Questionnaire

Part I - Personal Data

Complete this questionnaire only if you are currently working as an Optometric Assistant in California.

This questionnaire contains a broad range of tasks performed by individuals who work in optical settings. Every Optometric Assistant may not perform all of the tasks or use all of the knowledge contained in this questionnaire. However, your participation is essential, and your contribution will help establish standards for safe and effective optometric assistant practice in the State of California.

Optometric Assistant Occupational Analysis Questionnaire

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of aiding in interpreting the task and knowledge ratings that are requested in Parts II and III. Please choose only one answer unless more than one is requested.

* 1. Do you currently work as an Optometric Assistant in California?

☐ Yes

☐ No

Optometric Assistant Occupational Analysis Questionnaire

Part I - Personal Data

2. How many years have you worked as an Optometric Assistant in California?

☐ 0-5 years

☐ 6-10 years

☐ 11-20 years

☐ More than 20 years

3. How many hours per week do you work as an Optometric Assistant?

- ☐ 9 hours or fewer
- ☐ 10-19 hours
- ☐ 20-29 hours
- ☐ 30-39 hours
- ☐ 40-49 hours
- ☐ 50 or more hours

4. Which title below most nearly matches your job title?

- ☐ Manager / Supervisor
- ☐ Optometric Assistant
- ☐ Technician
- ☐ Para-optometric
- ☐ Other (please specify)

5. Which of the following levels of education have you achieved? (check all that apply)

- ☐ On-the-job training
- ☐ Vocational program
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Other (please specify)

6. Which of the following certifications do you hold related to your work as an Optometric Assistant? (Select all that apply)

- ☐ CPO
- ☐ CPOA
- ☐ CPOT
- ☐ COA
- ☐ COT
- ☐ COMT
- ☐ Ophthalmic Scribe Certification (OSC)
- ☐ Contact Lens Dispenser
- ☐ Spectacle Lens Dispenser
- ☐ Dispensing Optician
- ☐ Other (please specify)

7. Which choice below better describes the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)

Optometric Assistant Occupational Analysis Questionnaire

Part I - Personal Data

8. How would you describe your primary work setting?

- ☐ Retail
- ☐ Private practice
- ☐ Partnership
- ☐ Group practice
- ☐ Corporation
- ☐ Private hospital
- ☐ HMO facility
- ☐ Military/veterans' hospital or clinic
- ☐ Federal facility (nonmilitary)
- ☐ State facility
- ☐ Other (please specify)

9. How many other **Optometric Assistants** work within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more

10. How many SLDs work within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more

11. How many CLDs work within your primary work setting?

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7 or more

Optometric Assistant Occupational Analysis Questionnaire

Part I - Personal Data

12. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 71 task statements. Please rate each task as it relates to effective performance of your current work as an Optometric Assistant using the Frequency and Importance scales displayed below.

FREQUENCY RATING SCALE

HOW FREQUENTLY do you perform this task in your current work?

0 - DOES NOT APPLY. I do not perform this task in my current work.

1 - RARELY. I perform this task the least often in my current work relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current work.

3 - SOMETIMES. I perform this task as often as other tasks I perform in my current

work.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current work.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my current work relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current work?

0 - DOES NOT APPLY. This task is not required for effective performance in my current work.

1 - NOT IMPORTANT. This task is not important for effective performance in my current work.

2 - FAIRLY IMPORTANT. This task is somewhat important for effective performance in my current work.

3 - IMPORTANT. This task is important for effective performance in my current work.

4 - VERY IMPORTANT. This task is very important for effective performance in my current work.

5 - CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current work.

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current work, rate the task "0" (zero) Frequency and "0" (zero) Importance.

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current work.

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Patient Assessment

	Frequency	Importance
T01 Verify patient insurance to determine coverage for services.	<input type="text"/>	<input type="text"/>
T02 Obtain patient medical and vision history to determine reason for current visit.	<input type="text"/>	<input type="text"/>
T03 Determine prescription of current eyewear using a lensometer.	<input type="text"/>	<input type="text"/>
T04 Perform visual field tests.	<input type="text"/>	<input type="text"/>
T05 Perform autorefractometry to determine patient refractive error.	<input type="text"/>	<input type="text"/>
T06 Perform tonometry to determine patient intraocular pressure.	<input type="text"/>	<input type="text"/>
T07 Perform optical coherence tomography (OCT) to screen for abnormalities in the layers of retina.	<input type="text"/>	<input type="text"/>
T08 Perform fundus test to screen for retinal disease.	<input type="text"/>	<input type="text"/>
T09 Perform depth perception tests.	<input type="text"/>	<input type="text"/>
T10 Perform visual acuity test.	<input type="text"/>	<input type="text"/>
T11 Perform Ishihara test to screen patient for color vision deficiencies.	<input type="text"/>	<input type="text"/>
T12 Determine pupillary distance using pupillometer.	<input type="text"/>	<input type="text"/>
T13 Apply mydriatics to dilate patient pupils.	<input type="text"/>	<input type="text"/>
T14 Perform cycloplegic refraction to determine patient prescription.	<input type="text"/>	<input type="text"/>
T15 Evaluate contact lens wear schedule preferences, needs, and goals when patients are considering or requesting contact lenses.	<input type="text"/>	<input type="text"/>
T16 Provide information regarding different types of contact lenses (for example, soft vs. RGP, spherical vs. toric) and wear schedules.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Spectacle Fitting

	Frequency	Importance
T17 Determine spectacle frame design by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>

T18 Determine types of spectacle lens materials (for example, glass, CR-39, polycarbonate, Trivex, high-index) by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T19 Determine spectacle lens type and design (for example, single vision, multifocal) by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T20 Determine secondary lens options (for example, monovision, low vision, sports vision, blue light protection) and sun protection by evaluating patient prescription and needs.	<input type="text"/>	<input type="text"/>
T21 Convert spectacle lens prescriptions to intermediate or reading lenses.	<input type="text"/>	<input type="text"/>
T22 Determine out-of-pocket costs to assist patients with spectacle selection.	<input type="text"/>	<input type="text"/>
T23 Pre-adjust spectacle frame on patients to ensure optimal fit.	<input type="text"/>	<input type="text"/>
T24 Fit and adjust frame on patient to ensure accurate measurement.	<input type="text"/>	<input type="text"/>
T25 Measure horizontal pupillary distance to determine optical center.	<input type="text"/>	<input type="text"/>
T26 Interpret spectacle lens prescriptions to understand vision corrections.	<input type="text"/>	<input type="text"/>
T27 Identify optical center of spectacle lens using a lensometer.	<input type="text"/>	<input type="text"/>
T28 Verify that spectacles received from laboratory match doctors' prescriptions.	<input type="text"/>	<input type="text"/>
T29 Verify that spectacles received from laboratory match order specifications (frame, lens materials).	<input type="text"/>	<input type="text"/>
T30 Adjust spectacle frame on patient to ensure optimal fit.	<input type="text"/>	<input type="text"/>
T31 Assess patient comfort and vision clarity with new spectacles.	<input type="text"/>	<input type="text"/>
T32 Address patient concerns with spectacles.	<input type="text"/>	<input type="text"/>
T33 Identify defects (for example, crazing, distortion) in spectacle lenses.	<input type="text"/>	<input type="text"/>
T34 Provide patients with eyewear warranty information.	<input type="text"/>	<input type="text"/>
T35 Educate patients on the adaptation period for spectacle lenses.	<input type="text"/>	<input type="text"/>
T36 Educate patients on use of multifocal lenses.	<input type="text"/>	<input type="text"/>
T37 Train patients on methods for cleaning and maintaining spectacle lenses.	<input type="text"/>	<input type="text"/>
T38 Perform common eyewear repairs to extend life of spectacles.	<input type="text"/>	<input type="text"/>
T39 Refer patients to prescribing doctor to address prescription problems.	<input type="text"/>	<input type="text"/>
T40 Refer patients to physician or ophthalmologist to address ocular health issues.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Contact Lens Evaluation

Initial Evaluation

	Frequency	Importance
T41 Convert spectacle lens prescription to contact lens prescription.	<input type="text"/>	<input type="text"/>
T42 Wash hands before handling contact lenses.	<input type="text"/>	<input type="text"/>
T43 Handle different contact lens types based on manufacturer's recommendations.	<input type="text"/>	<input type="text"/>
T44 Dispense trial lenses for patients based on base curve and vision correction requirements.	<input type="text"/>	<input type="text"/>
T45 Test patient visual acuity while wearing trial contact lenses.	<input type="text"/>	<input type="text"/>
T46 Train patients on techniques for inserting and removing contact lenses.	<input type="text"/>	<input type="text"/>
T47 Train patients on methods for cleaning contact lenses.	<input type="text"/>	<input type="text"/>
T48 Educate patients about contact lens wear schedules.	<input type="text"/>	<input type="text"/>
T49 Educate patients about the possible adverse effects of contact lenses.	<input type="text"/>	<input type="text"/>
T50 Educate patients about the need for secondary lens options and sun protection.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Follow-up Evaluation

	Frequency	Importance
T51 Perform follow-up assessment to evaluate comfort and fit of contact lenses.	<input type="text"/>	<input type="text"/>
T52 Test patient visual acuity after trial period to determine need for adjustments to prescription.	<input type="text"/>	<input type="text"/>
T53 Verify patient ability to insert and remove contact lenses.	<input type="text"/>	<input type="text"/>
T54 Perform near-refraction to evaluate need for adjustments to prescription after trial period.	<input type="text"/>	<input type="text"/>
T55 Verify contact lens fit and eye health using slit-lamp.	<input type="text"/>	<input type="text"/>
T56 Provide copies of contact lens prescriptions to patients.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Part II - Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Office Management

Inventory

	Frequency	Importance
T57 Manage inventory of office supplies.	<input type="text"/>	<input type="text"/>
T58 Manage inventory of optometric products (for example, tools, eyedrops, lens solution).	<input type="text"/>	<input type="text"/>
T59 Place order for lenses including trial lenses and custom orders based on prescription.	<input type="text"/>	<input type="text"/>
T60 Verify that patient prescriptions match the packaged contact lenses.	<input type="text"/>	<input type="text"/>
T61 Identify defects (e.g., tears, warping) in contact lenses and notify manufacturer.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Copy of page: Part II - Task Ratings

18. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance in your current work (Importance).

Record Keeping

	Frequency	Importance
T62 Manage schedule of patient appointments.	<input type="text"/>	<input type="text"/>
T63 Contact insurance companies to determine patient coverage.	<input type="text"/>	<input type="text"/>
T65 Keep patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T66 Obtain patient authorization to release records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T67 Transmit patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T68 Document prescription, assessment, and fitting information in patient records.	<input type="text"/>	<input type="text"/>
T69 Provide billing information to patients and insurers.	<input type="text"/>	<input type="text"/>
T70 Provide referral information to other medical professionals.	<input type="text"/>	<input type="text"/>
T71 Provide patient prescription information to pharmacies.	<input type="text"/>	<input type="text"/>

Optometric Assistant Occupational Analysis Questionnaire

Copy of page: Part II - Task Ratings

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 127 knowledge statements. Please rate each knowledge statement based on how important you believe the knowledge is for effective performance of your current work as an Optometric Assistant.

If the knowledge is NOT required for effective performance of your current work, rate the statement as "DOES NOT APPLY."

Please use the following scale to make your ratings:

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current work?

- 0 - DOES NOT APPLY.** This knowledge is not required for effective performance of tasks in my current work.
- 1- NOT IMPORTANT.** This knowledge is not important for effective performance of tasks in my current work.
- 2 - FAIRLY IMPORTANT.** This knowledge is somewhat important for effective performance of tasks in my current work.
- 3 - IMPORTANT.** This knowledge is important for effective performance of tasks in my current work.
- 4 - VERY IMPORTANT.** This knowledge is very important for effective performance of tasks in my current work.
- 5 - CRITICALLY IMPORTANT.** This knowledge is extremely important for effective performance of tasks in my current work.

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current work?

Patient Assessment

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K001 Knowledge of insurance agreements between medical insurers and vision insurers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K002 Knowledge of different insurance plans (for example, HMO, PPO).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K003 Knowledge of methods for eliciting patient medical and vision history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K004 Knowledge of available resources for obtaining a translator to assist in obtaining patient medical and vision history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K005 Knowledge of medical terminology related to optometry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K006 Knowledge of anatomy and physiology of the eye.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K007 Knowledge of methods for using a lensometer to determine prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K008 Knowledge of methods for performing visual field tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K009 Knowledge of different tests used to evaluate visual field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K010 Knowledge of methods and procedures for performing autorefraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K011 Knowledge of tools used to perform autorefraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K012 Knowledge of methods and procedures for determining intraocular pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K013 Knowledge of tools used for determining intraocular pressure (for example, pressure gun, Tono-Pen®, auto tonometer).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K014 Knowledge of methods and procedures for performing optical coherence tomography.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K015 Knowledge of signs of retinal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K016 Knowledge of methods and procedures for performing fundus test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K017 Knowledge of methods and procedures for evaluating depth perception.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K018 Knowledge of methods and procedures for evaluating visual acuity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K019 Knowledge of methods and procedures for evaluating color vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K020 Knowledge of methods and procedures for determining pupillary distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K021 Knowledge of methods for administering eyedrops.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K022 Knowledge of types of eyedrops used for dilating pupils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K023 Knowledge of procedures for dilating pupils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K024 Knowledge of types of eyedrops used for cycloplegic refraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K025 Knowledge of methods for determining prescriptions for pediatric patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K026 Knowledge of manufacturer recommended contact lens wear schedules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K027 Knowledge of methods for encouraging patient compliance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K028 Knowledge of available contact lens types and materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

20. How important is this knowledge for effective performance of tasks in your current work?

Spectacle Fitting

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K029 Knowledge of lifestyle factors and hobbies that affect eyewear selection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K030 Knowledge of advantages and disadvantages of different types of spectacle frame design and materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K031 Knowledge of methods for educating patients about eyewear designs and features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K032 Knowledge of ANSI standards for safety eyewear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K033 Knowledge of different types of lens features and their functions (for example, polarization, photochromic, anti-reflective).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K034 Knowledge of the advantages and disadvantages of different lens materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K035 Knowledge of methods for educating patients about eyewear designs and features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K036 Knowledge of different designs of multifocal lenses (for example, progressive, bifocal, trifocal).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K037 Knowledge of the need for secondary lenses and sun protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K038 Knowledge of methods for modifying spectacle lens prescriptions for intermediate or reading powers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K039 Knowledge of methods for calculating out-of-pocket eyewear costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K040 Knowledge of tools used to adjust spectacle frames during pre-fitting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K041 Knowledge of methods for pre-adjusting spectacle frames.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K042 Knowledge of the effect of frame tilt on fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K043 Knowledge of tools used to adjust spectacle frames to fit patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K044 Knowledge of methods for using a pupillary distance ruler.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K045 Knowledge of methods for using a pupillometer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K046 Knowledge of how to interpret spectacle lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K047 Knowledge of methods for converting plus cylinder to minus cylinder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K048 Knowledge of methods for interpreting lensometer findings to identify optical center of spectacle lens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K049 Knowledge of methods for identifying and calculating induced prism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K050 Knowledge of procedures for comparing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

spectacles received to doctors' prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K051 Knowledge of methods for interpreting lensometer findings to verify that lenses received from the laboratory match current prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K052 Knowledge of procedures for comparing spectacles received to order specifications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K053 Knowledge of facial features and anatomy that affect spectacle fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K054 Knowledge of methods of assessing visual acuity (for example, Snellen chart, Jaeger card) during the fitting process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K055 Knowledge of methods for troubleshooting common patient concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K056 Knowledge of methods for interpreting lensometer findings to identify defects during the manufacturing process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K057 Knowledge of procedures for identifying lens defects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K058 Knowledge of after-sale services available to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K059 Knowledge of eyewear manufacturer warranty policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K060 Knowledge of side effects during adaptation period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K061 Knowledge of side effects of multifocal lenses during adaptation period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K062 Knowledge of methods and materials for cleaning and maintaining spectacle lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K063 Knowledge of parts used in eyewear repairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K064 Knowledge of methods for repairing eyewear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K065 Knowledge of patient prescription problems that require referral to a medical professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K066 Knowledge of patient issues that require referral to a physician or ophthalmologist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current work?

Contact Lens Evaluation

Initial Evaluation

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K067 Knowledge of how to interpret contact lens prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K068 Knowledge of base curves, diameters, and thicknesses of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K069 Knowledge of methods for modifying contact lens prescriptions to accommodate for astigmatism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K070 Knowledge of methods for maintaining hygiene when handling contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K071 Knowledge of methods for handling soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K072 Knowledge of methods for handling hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K073 Knowledge of methods for handling rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K074 Knowledge of methods to adjust base curve measurements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K075 Knowledge of methods for evaluating visual acuity during the trial period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K076 Knowledge of methods for training patients to insert and remove contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K077 Knowledge of techniques for inserting and removing soft contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K078 Knowledge of techniques for inserting and removing hard contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K079 Knowledge of techniques for inserting and removing rigid gas permeable contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K080 Knowledge of contact lens solutions for cleaning and lubrication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K081 Knowledge of methods for cleaning contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K082 Knowledge of contact lens wear schedules based on lens type.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K083 Knowledge of wear schedules for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K084 Knowledge of adverse effects (e.g., eye infections) of contact lens wear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K085 Knowledge of adverse effects of wearing contact lenses for more hours than recommended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K086 Knowledge of adverse effects of not following manufacturer recommendations for extended-wear contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

22. How important is this knowledge for effective performance of tasks in your current work?

Follow-up Evaluation

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K087 Knowledge of the need for secondary lenses and sun protection when wearing contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K088 Knowledge of methods to evaluate fit of contact lens and patient comfort during follow-up consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K089 Knowledge of methods for evaluating visual acuity after the trial period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K090 Knowledge of methods for verifying patient ability to insert and remove contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K091 Knowledge of methods for performing over-refraction after the trial period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K092 Knowledge of procedures for using a slit-lamp to assess fit of contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K093 Knowledge of methods for verifying contact lens fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K094 Knowledge of indicators of proper contact lens fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K095 Knowledge of laws and regulations related to providing contact lens prescriptions to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optometric Assistant Occupational Analysis Questionnaire

Part III - Knowledge Ratings

23. How important is this knowledge for effective performance of tasks in your current work?

Office Management

Inventory

	0 Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K096 Knowledge of methods for tracking office supply use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K097 Knowledge of methods for determining rate of optometric product use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K098 Knowledge of available optometric supply vendors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K099 Knowledge of available optometric supplies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K100 Knowledge of methods for determining when to reorder trial lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K101 Knowledge of contact lens brands most commonly used by patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K102 Knowledge of methods for tracking contact lens inventory expiration dates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K103 Knowledge of methods for tracking contact lens product availability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K104 Knowledge of ANSI standards for contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K105 Knowledge of methods for interpreting contact lens prescription labels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K106 Knowledge of methods for identifying defects in contact lenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K107 Knowledge of contact lens manufacturer return policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optometric Assistant Occupational Analysis Questionnaire

Copy of page: Part III - Knowledge Ratings

24. How important is this knowledge for effective performance of tasks in your current work?

Record Keeping

0

	Does Not Apply	1 Not Important	2 Fairly Important	3 Important	4 Very Important	5 Critically Important
K108 Knowledge of electronic health records (EHR) scheduling software.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K109 Knowledge of tools used to track and schedule patient appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K110 Knowledge of insurance eligibility criteria.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K111 Knowledge of methods for identifying patient copay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K112 Knowledge of methods for determining patient coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K113 Knowledge of insurance coverage categories.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K114 Knowledge of insurance billing codes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K115 Knowledge of methods for maintaining electronic health records (EHR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K116 Knowledge of laws and regulations related to electronic health records (EHR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K117 Knowledge of laws and regulations related to maintaining patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K118 Knowledge of HIPAA requirements for patient consent for release of medical records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K119 Knowledge of laws and regulations related to transmitting patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K120 Knowledge of medical terminology used when transcribing patient information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K121 Knowledge of abbreviations used when transcribing patient information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K122 Knowledge of diagnosis and procedure codes used by insurance companies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K123 Knowledge of billing software.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K124 Knowledge of laws and regulations related to patient referrals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K125 Knowledge of methods for interpreting doctors' notes when providing referral information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K126 Knowledge of electronic prescribing software.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

prescribing optometrists.

K127 Knowledge of laws and regulations related to providing prescription information.

☐☐☐☐☐☐

25. If you are interested in attending the workshop that is tentatively scheduled for October 28th, please provide your name and email address below. In the workshop, we will be reviewing questionnaire results and finalizing the tasks and knowledge statements based on their compiled ratings.

Optometric Assistant Occupational Analysis Questionnaire

Thank you!

Thank you for taking the time to complete this questionnaire. The California State Board of Optometry values your contribution.



California State Board of Optometry

2021-2025 Amended Strategic Plan

Adopted: February 16, 2024

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

Table of Contents

Members of the Board	3
Message from the Board President	4
About the Board	6
Mission, Vision, and Values.....	10
Goal 1: Licensing and Registration	11
Goal 2: Examination	12
Goal 3: Law and Regulation.....	13
Goal 4: Enforcement	14
Goal 5: Outreach.....	15
Goal 6: Organizational Effectiveness.....	16
Strategic Planning Process.....	17

Members of the Board

Lillian Wang, O.D., President

Jeffrey Garcia, O.D., Vice President

Eunie Linden, J.D., Secretary

Joseph Pruitt, O.D.

Stacy Bragg, O.D.

Sandra D. Sims, J.D.

Paul Hsu

Robert Klepa, J.D.

Alex Clemens

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Gregory Pruden, Executive Officer, California State Board of Optometry

Message from the Board President

I am delighted to present the California State Board of Optometry's amended 2021-2025 Strategic Plan—a comprehensive reflection of our unwavering dedication to consumer safety and enhanced access to quality eye care. Crafted collaboratively with Board Members, staff, and the public, this plan stands as a testament to our commitment to Diversity, Equity, Inclusion, and Belonging (DEIB), seamlessly integrated into every facet of our initiatives.

Our strategic vision firmly commits to addressing a spectrum of diverse issues crucial to consumer protection. This transformative period centers on key initiatives, including organizational realignment, correcting structural financial imbalance for a more equitable and sustainable fund, ensuring widespread access to quality eye care, embracing technological advancements, and promoting professional excellence.

The emphasis on organizational realignment signifies our dedication to optimizing internal structures for enhanced effectiveness. By addressing imbalances in the fund, we aim to establish a solid foundation that ensures equitable funding, fostering sustainability and efficiency in our mission to protect consumers. Ensuring access to quality eye care remains a paramount goal, with a particular focus on addressing disparities and expanding services, especially in underserved areas. A significant initiative is the regulation of mobile optometric clinics, enhancing access to eye care where it is needed most. Simultaneously, we are actively streamlining licensing processes, reducing barriers, and increasing opportunities for Californians to access efficient eye care services. Promoting professional excellence remains a cornerstone of our strategic vision, recognizing the importance of maintaining high standards within the field of optometry. This commitment extends to supporting ongoing education, training, and the adoption of best practices to ensure the highest level of care for consumers.

Our overarching commitment remains unwavering—to advocate for public protection through unified and effective public policy. We appreciate your interest in our Strategic Plan and anticipate continued collaboration and progress in safeguarding the health and safety of California consumers.

Lillian Wang, O.D.

President, California State Board of Optometry

A handwritten signature in black ink, appearing to be 'Lillian Wang', with a stylized, flowing script.

Message from the Former Board President

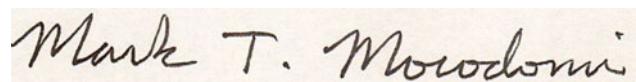
As I write this, it is 2020. Uncertainty and anxiety abound. The nation and the world are in the middle of the greatest pandemic of our lifetimes. Under stay-at-home orders, Californians have forgone primary medical care and procedures. Optometrist and optician offices have shut down for months and are slowly reopening. Some of these professionals lost their jobs in the process. Optometry students and optometrists who need continuing education credits are taking all of their classes online. And new graduates are traveling across the country to complete national board examinations, risking their lives to start their careers.

Amid all this, the California State Board of Optometry and its staff are crafting a strategic plan for the next four years when predicting what will happen next month is a challenge. But we can look to our past successes as a guide to the future. Because of the Board's inspiration and efforts, we started the year with a legislative win: the passage and signing into law of AB 458, authored by Assembly Member Adrin Nazarian, which permits optometrists to make house calls to homebound seniors who can only get to optometrists' offices with incredible difficulty.

When the pandemic hit and physical proximity became a concern, we pivoted quickly to recognize interactive, online classes to satisfy optometrists' in-person continuing education requirement. During a time of chaos and uncertainty, the Board has remained calm and stable. From their homes, the Board's staff continues to process licenses and conduct enforcement to protect California consumers.

We will continue to do the work we started before the surge of the COVID-19 virus, for which the pandemic has only accelerated the need: telehealth, children's comprehensive eye examinations (particularly with so many students in front of video monitors for online schooling), and the need to bring optometric services to patients who can't get to doctors' offices. The nationwide discussion about race also requires examining disparities in health care delivery and the diversity—or lack thereof—in the optometric profession.

In this year's ceaseless barrage of challenges, stress, and pessimism, we hope you share the California State Board of Optometry's optimism for a calmer, safer, and brighter future. And we encourage you to read this plan with, in a phrase, your "rose-colored glasses."

A handwritten signature in black ink on a light-colored background. The signature reads "Mark T. Morodoni" in a cursive, slightly slanted script.

About the Board

Since its inception more than 100 years ago, the California State Board of Optometry (Board) has supported and helped consumers by advocating consumer interests before lawmakers, regulating to protect consumers from unlicensed practitioners and guarding our licensees against unfair competition, enforcing laws to protect the consumer, and resolving disputes between business and a customer or a consumer and a licensee.

Our authority to protect the health and safety of California patients receiving optometric care through licensing, education, and regulation of the practice of optometry was expanded on January 1, 2016, when Governor Jerry Brown signed Assembly Bill 684, transferring the regulation of opticianry from the Medical Board of California (MBC) to the Board. Overnight, the Board's regulatory population grew by 50% - expanding its regulatory oversight from 8,000 licensees to roughly 12,000 licensees and registrants.

Today, the Board regulates the largest population of optometrists and dispensers in the United States with over 17,400 licenses, registrations, and permits. The Board is also responsible for issuing opticianry certifications for nonresident contact lens sellers and businesses that employ dispensing opticians.

With this significant change in population comes new, emerging responsibilities. Our Board stands ready and has the capabilities and resources to maintain the same level of accountability, efficiency, effectiveness, integrity, and customer service it has delivered since the last Strategic Plan. Further, it is in the best interest of California consumers to continue protecting their eye care health and safety through the Board in its current constituted state: as an independent Board that relies on the Department of Consumer Affairs (DCA) for administrative support.

As we continue our evolution—from a Board with severe challenges in 2002 to a well-functioning Board today—we are poised to meet the regulatory changes, adjust through internal improvements to our organizational structure, and set a new path forward through a revised Strategic Plan that better aligns with our evolving consumer protection mandate.

Achieving Our Mission and Positioned to Move Forward

The Board's mission is to protect the health and safety of California consumers through licensing, education, and regulation of optometry and opticianry. The Board accomplishes its mission through the following responsibilities:

- Promulgating regulations governing Board procedures, examination for an optometric licensure, minimum standards of optometric and dispensing services offered and performed, statements of licensure and fictitious name permits, and the equipment in all registered locations.
- Investigating consumer complaints and criminal convictions including but not limited to substance abuse, unprofessional conduct, incompetence, fraudulent action, and unlawful activity.
- Taking disciplinary action for violations of laws and regulations governing optometry and opticianry when warranted.
- Accrediting schools and colleges of optometry¹.
- Establishing educational and examination requirements to ensure the competence of candidates for licensure/registration.
- Setting and enforcing standards for continued competency of existing licensees.
- Communicating with licensees, registrants, and Californians to aid in the understanding of laws and regulations related to delivery of high-quality vision care in the state.

California became the third state to regulate the optometry profession² in 1903, and a new Optometry Practice Act³, enacted in 1913, created the Board, defined its duties and powers, and prescribed a penalty for violations of the Act. The Act was later incorporated in the Business and Professions Code (BPC)⁴. Empowered with rulemaking authority (BPC Sections 3025 and 3025.5), the Board promulgated the first rule for the practice of optometry in 1923. In the same year, the Legislature passed a law⁵ requiring all applicants for licensure to meet specific educational requirements (i.e., graduate from an accredited school or college of optometry) and charged the Board with the responsibility of accrediting these schools. Prior to this time, individuals desiring to practice were not required to have any specific formal education.

¹ The Board accepts schools and colleges of optometry that have received accreditation through the Accreditation Council on Optometric Education (ACOE).

² Optometry Act of 1903 (California Statutes of 1903, Chapter CCXXXIV) later repealed by Statutes of 1913, Chapter 598.

³ Statutes of 1913, Chapter 598, derived from the 1903 Act as amended by enactments of 1907 and 1908

⁴ Chapter 7, Division 2, Healing Arts 6 Chapter 164, Statutes of 1923.

⁵ Chapter 7, Division 2, Healing Arts.

⁶ Chapter 164, Statutes of 1923.

On January 1, 2016, Assembly Bill 684 moved the Registered Dispensing Optician Program under the Board's jurisdiction and created a Dispensing Optician Committee. Assembly Bill 684 also replaced one of the Board's professional members with a registered optician.

During the creation of this Strategic Plan, seven members comprised the Board: five licensed optometrists and two public members. All are appointees of the Governor's Office.

Per statute, full Board membership constitutes a quorum of 11 members. Two seats remain vacant (one licensed optician appointed by the governor and one licensed optometrist appointed by the governor).

Committees

Dispensing Optician Committee (Statutorily mandated)

Tasked by the Legislature to recommend registration standards and criteria for the registration of opticians, the Dispensing Optician Committee is composed of two public members, two California-licensed opticians, and one Board member. For the first time, the Board actively involved this committee in the strategic planning process.

Policy Committees

Under the Board Member Handbook, the Board president appoints members to each policy committee, utilizing individual strengths and experiences to meet the overarching purpose of each committee. The policy committees assist the Board staff in development of strategic objectives and work products. In the 2021–2025 strategic planning process, each committee thoroughly reviewed the objectives fitting within their areas of responsibility. Currently, the Board has the following committees composed of Board members:

Legislation and Regulation

Responsible for recommending legislative and regulatory priorities to the Board and assisting staff with drafting language for Board-sponsored legislation and recommending official positions on current legislation. The committee also recommends regulatory additions and amendments.

Practice and Education

Advises Board staff on matters relating to optometric practice, including standards of practice and scope of practice issues. Reviews staff responses to proposed regulatory changes that may affect optometric practice. Also reviews requests for approval of continuing education courses and offers guidance to Board staff regarding continuing education issues.

Consumer Protection, Public Relations, and Outreach

Oversees the development and administration of legally defensible licensing examinations and consulting on improvements/enhancements to licensing and enforcement policies and procedures. Assists with the development of outreach and the development of educational materials for the Board's stakeholders.

In addition to committees formed by statute and the sitting Board president, the Board periodically creates workgroups to focus on specific areas requiring targeted attention. Currently, the Board has the following workgroups:

Children's Vision Workgroup

The workgroup was originally created in 2015-2016 to work with stakeholders on the issue of pupil health and vision examinations.

NBEO/ARBO Workgroup

The workgroup was established to improve communications between NBEO/ARBO and the state board. The workgroup has explored with NBEO and ARBO alternative ways to administer national exams.

Optometry/Opticianry Workgroup

The workgroup was established to harmonize the Optometry and Opticianry Practice Acts and discuss emerging issues.

Telehealth Workgroup

To meet the emerging trends of telehealth within the practice of optometry, the Board created a telehealth workgroup that began work in 2019. The Board enjoyed several presentations from experts on telehealth in the fall of 2019, and the staff completed thorough research on the topic. The Board discussed the issue at the May 2020 public meeting, and the staff was given additional areas of research to complete. The workgroup will continue its work in developing a comprehensive telehealth policy that protects California consumers.

Sunset Review Workgroup

The sunset review workgroup is periodically established for purposes of assisting the Board prepare its Sunset Review Report for the Legislature, generally required every four years.

Mission, Vision, and Values

Our Mission

To protect the health and safety of California consumers through licensing, registration, education, and regulation of Optometry and Opticianry.

Our Vision

The highest quality optometric and optical care for the people of California.

Our Values

Consumer Protection

Integrity

Transparency

Professionalism

Excellence

Diversity, Equity, Inclusion, and Belonging⁶

⁶ During the DEI Supplement planning session, the Board added “Diversity, Equity, Inclusion, and Belonging”. Revisions completed during this session are noted in footnotes throughout the plan.

Goal 1: Licensing and Registration

The Board provides applicants and licensees methods⁷ for obtaining and maintaining licensing and registration, business licenses, and certifications for optometry and opticianry in California.

- 1.1 Review licensing processes to improve staff efficiency as well as licensee and registration compliance.
- 1.2 Explore the possibility of requiring continuing education for both spectacle and contact lens dispenser registrations to protect consumers⁸.
- 1.3 Continue exploring opportunities to enhance BreEZe utilization to increase staff productivity and promote licensee compliance with continuing education requirements.
- 1.4 Deliver service excellence that exceeds applicant, licensee, and registrant expectations to improve application turnaround time and safely expedite market entry.
- 1.5 Secure adequate funding to allow for regular occupational analysis and linkage studies of pre- licensure examinations to provide a fair and consistent process for applicants and ensure consumers receive the highest quality of care,
- 1.6 Research options to streamline the licensure by reciprocity process.⁹

⁷ Changed "a method" to "methods".

⁸ Omitted "and high application standards throughout licensure".

⁹ New objective added.

Goal 2: Examination

The Board works to promote a fair, valid, and legally defensible exam process and licensing exam (California Law and Regulation Examination) to ensure that only qualified and competent individuals are licensed or registered to provide optometric or opticianry services in California.

- 2.1 Consider the feasibility of developing a state law exam for opticians to verify their familiarity with California laws.
- 2.2 Reimagine the examination processes to reflect the state's high-quality eye care standards and the evolution of test-taking at eye care, health, and educational institutions.
- 2.3 Continue evaluating the examinations used in the licensure process to prevent barriers to licensure.
- 2.4 Research the possibility of alternative competency verification of applicants during states of emergency.

Goal 3: Law and Regulation

The Board works to establish and maintain fair and just laws and regulations that provide for the protection of consumer health and safety and reflect current and emerging, efficient, and cost-effective practices.

- 3.1 Advocate for the adoption of new opticianry statutes and regulations (using data from occupational analyses) that seek to clarify the principles of the profession and provide better consumer protection for those who are seeking opticianry services.
- 3.2 Promulgate rulemakings to effectively regulate practice within mobile clinics and home settings to provide better consumer protection for those who are seeking optometric services.
- 3.3 Explore current and emerging methods, opportunities, and technology to increase access and equity¹⁰ to care while maintaining a world-class standard of vision care (e.g., scope of practice, delegation of authority, and telemedicine).
- 3.4 Pursue Sunset Review legislation that modernizes language and concepts in light of current and future practice, that synchronizes the expiration dates of fictitious name permits to align with renewals of general licensure and statements of licensure, and that implements a license verification fee to support unfunded staff work.¹¹
- 3.5 Monitor changes in federal law to identify methods that will strengthen existing California legislation regarding the sale of contact lenses and eyeglasses to improve enforcement and enhance consumer protection.

¹⁰ Added "and equity".

¹¹ The license verification fee has been passed and implemented.

Goal 4: Enforcement

The Board protects the health and safety of consumers through the active enforcement of laws and regulations governing the safe practice of optometry and opticianry in California.

- 4.1 Review the communication process and standard practices used in enforcement actions that could result in probation or revocation of a license. Ensure that procedures and processes focus on consumer protection and probationer rehabilitation, not punishment.
- 4.2 Develop a member-driven training resource that will enable new Board members to understand the enforcement process and the important role of the Board in determining discipline.
- 4.3 Review disciplinary guidelines and update as necessary to clarify reasonable expectations during the enforcement process.¹²

¹² New objective added.

Goal 5: Outreach

The Board proactively educates, informs, and engages consumers, licensees, students, and other stakeholders about the practices of optometry and opticianry and the laws and regulations which govern them.

- 5.1 Identify opportunities to expand outreach to diverse¹³ communities.
- 5.2 Improve the utilization and measurement of social media and the Board website to communicate to consumers, licensees, and registrants; provide accurate information on key initiatives (e.g., children's vision, supervision authority, options for delivery of care, and delegation of duties).
- 5.3 Collaborate with continuing education providers and associations to disseminate updates to legislation and regulations regarding the current state of practice (i.e., training modules specific to Law/Regs, Board quarterly updates to precede trainings).
- 5.4 Create and enact an outreach plan with opticianry programs regarding California registration requirements for the use of the title "optician" to enhance compliance with California law and encourage registration.
- 5.5 Publish and disseminate enforcement actions to illustrate the consequences of infractions (DUI, malpractice, and unlicensed activity).
- 5.6 Develop the communication plan regarding the importance of children's vision health and wellness.
- 5.7 Evaluate and create better consumer outcomes such as access to care and addressing patient needs for marginalized populations by implementation of a multi-step action plan educating licensees about concepts of diversity, equity, inclusion, and belonging¹⁴.

¹³ Changed "outside" to "diverse".

¹⁴ Added "and belonging".

Goal 6: Organizational Effectiveness

The Board works to develop and maintain an efficient and effective team of professional and public leaders and staff with sufficient resources to improve the Board's provision of programs and services.

- 6.1 Restructure the licensing unit to increase cross-training and minimize disruptions in service and processing.
- 6.2 Work with DCA Organizational Improvement Office to quantify the Board's staffing shortfall and request spending authority to ensure sufficient personnel resources for the Board to meet its goals and objectives.
- 6.3 Provide resources and training for staff development to support the growth and retention of staff.
- 6.4 Arrange regular, ongoing in-service training by optometrists and opticians on eye conditions, state of practice, education, etc. to increase staff understanding of optometry and opticianry.
- 6.5 Arrange visits to diverse¹⁵ optometric and optical professionals to increase staff understanding of practice and applications of law.

¹⁵ Changed "various" to "diverse".

Strategic Planning Process

To understand the environment in which the Board operates and to identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID Planning unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews were conducted with all Board members, committee members, and Board management from June through July 2020 to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.
- An online survey was sent to staff in June, closing on June 30, 2020. In the survey, employees provided anonymous input regarding the challenges and opportunities the Board is currently facing or will face in the upcoming years. A total of seven staff participated in the survey.
- An online survey was sent to Board stakeholders the first week in June and closed on June 30, 2020. The survey's purpose was to identify the strengths and weaknesses of the Board from an external perspective. A total of 563 stakeholders completed the survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board members and executive team during a strategic planning session facilitated by SOLID Planning on August 13, 2020. This information guided the Board in the review of its mission, vision, and values while directing the strategic goals and objectives outlined in its new Strategic Plan.

DEI Supplement Process

In September of 2022, Governor Gavin Newsom, through Executive Order N-16-22, strengthened the State's commitment to a "California For All" by directing state agencies and departments to take additional actions to embed equity analysis and considerations into its policies and practices, including but not limited to the strategic planning process.

SOLID conducted a new DEI focused scan and analysis during September and October of 2023. Feedback was solicited from external stakeholders, board members, and the Board's leadership and staff. This feedback was used to assist CSBO in considering a diversity, equity, and inclusion perspective to its current strategic plan.

California State Board of Optometry

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Phone: (916) 575-7170

<https://www.optometry.ca.gov/>

Amended plan adopted on February 16, 2024.

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California State Board of Optometry on August 14, 2020, and on December 8th, 2023. Subsequent amendments may have been made after the adoption of this plan.



Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834

ATTACHMENT D



DEPARTMENT OF CONSUMER AFFAIRS
California State Board of Optometry

January 1, 2021

EXECUTIVE OFFICER

Shara Murphy
631-120-8905-001

CURRENT

FY 2020-21
Authorized Positions: 12.40

Staff Services Manager I

Cheree Kimball
631-120-4800-002

ENFORCEMENT UNIT

**Associate Governmental
Program Analyst**

Terri Villareal
631-120-5393-802

**Associate Governmental
Program Analyst**

Matthew McKinney
631-120-5393-803

Staff Services Analyst

Alexander Juarez
631-210-5157-001

Brad Garding
631-120-5157-805

Office Technician (T)

Lisa Crosby (FT)
631-120-1139-004 (.90)

ADMINISTRATION UNIT

**Associate Governmental
Program Analyst**

Marc Johnson
631-120-5393-806

Office Technician (T)

Kristina Eklund
631-120-1139-003

Office Technician (G)

Mushyal Shabbir
631-120-1138-001

LICENSING UNIT

**Associate Governmental
Program Analyst**

Arsha Qasmi
631-120-5393-804

**Management Services
Technician**

Nancy Day
631-120-5278-001 (.50)

Natalia Leeper
631-210-5278-007

Murphy, Shara@DCA

Digitally signed by Murphy, Shara@DCA
Date: 2020.11.30 15:45:56 -08'00'

All positions are CORI designated.
LT = Limited Term

Shara Murphy, Executive Officer

Date

Jessica Llena

Classification and Recruitment Analyst

12/7/2020

Date

DEPARTMENT OF CONSUMER AFFAIRS
California State Board of Optometry
 January 1, 2022

EXECUTIVE OFFICER
 Shara Murphy
 631-120-8905-001

CURRENT

FY 21/22
 Authorized Positions 14.4
 Blanket Positions 2.6

Staff Services Manager I
 Cheree Kimball
 631-120-4800-002

ENFORCEMENT UNIT

**Associate Governmental
 Program Analyst**

Vacant
 631-120-5393-001

Terri Villareal
 631-120-5393-802

Kristen Borges (LT)
 631-120-5393-803

Bradley Garding
 631-120-5393-805

Staff Services Analyst

Vacant
 631-210-5157-001

Office Technician (Typing)

Vacant
 631-120-1139-001

Lisa Crosby
 631-120-1139-004 (0.9)
 631-120-1139-907 (0.1)

ADMINISTRATION UNIT

**Associate Governmental
 Program Analyst**

Marc Johnson
 631-120-5393-806

Jacqueline French (LT)
 631-120-5393-907

Office Technician (Typing)

Kristina Eklund
 631-120-1139-003

Office Technician (General)

Mushyal Shabbir
 631-120-1138-001

LICENSING UNIT

**Associate Governmental
 Program Analyst**

Arsha Qasmi
 631-120-5393-804

Staff Services Analyst

Natalia Leeper
 631-210-5157-002

**Management Services
 Technician**

Nancy Battalico
 631-120-5278-001 (.50)
 631-120-5278-907 (.50)

Monica Petersen (LT)
 631-210-5278-907

Murphy, Shara@DCA
 Digitally signed by Murphy,
 Shara@DCA
 Date: 2021.11.29 09:13:56 -08'00'

Shara Murphy, Executive Officer

Date

11/10/21

Kimberly Garza

Classification and Recruitment Analyst

Date

All positions are CORI designated.
 LT = Limited Term

DEPARTMENT OF CONSUMER AFFAIRS
California State Board of Optometry
January 1, 2023

INTERIM EXECUTIVE OFFICER
Gregory Pruden
631-120-8905-001

FY 2022/23
Total Authorized Positions: 19.9
Filled Temporary Positions: 4.1

Staff Services Manager I
Joely Walker (LT)
631-120-4800-907

Staff Services Manager I
Randy Love
631-120-4800-002

ENFORCEMENT UNIT

Associate Governmental
Program Analyst
Terri Villareal
631-120-5393-802
Kristen Borges (LT)
631-120-5393-803
Brad Garding
631-120-5393-805
Vacant
631-120-5393-001
Vacant
631-120-5393-002
Vacant
631-120-5393-005
Staff Services Analyst
Vacant
631-210-5157-001
Office Technician (T)
Lisa Crosby (FT)
631-120-1139-004 (0.9)*

ADMINISTRATION UNIT

Associate Governmental
Program Analyst
Erica Bautista (LT)
631-120-5393-907
Staff Services Analyst
Jonathan Gasca
631-120-5157-806
Office Technician (T)
Kristina Eklund
631-120-1139-003
Office Technician (G)
Mushyal Shabbir
631-120-1138-001

LICENSING UNIT

Associate Governmental
Program Analyst
Arsha Qasmi
631-120-5393-804
Vacant
631-120-5393-003 (.50)
Vacant
631-120-5393-004
Staff Services Analyst
Vacant
631-120-5157-003
Vacant
631-210-5157-002
Management Services
Technician
Vacant
631-120-5278-001 (.50)
Monica Petersen (LT)
631-210-5278-907
Office Technician (T)
Vacant
631-120-1139-001
Kathleen Gregorio (LT)
631-120-1139-907

Gregory Pruden 12/16/2022

Gregory Pruden, Interim Executive Officer Date

Kimberly Garza 12/16/22
Classification and Recruitment Analyst Date

All positions are CORI designated.
LT = Limited Term

*Reduced Time base of positions effective 7/1/2012,
due to 0.60 salary savings required by BL 12-03.

DEPARTMENT OF CONSUMER AFFAIRS (DCA)
California State Board of Optometry (CSBO)
January 1, 2024

EXECUTIVE OFFICER
Gregory Pruden
631-120-8905-001

LEGEND
Red: VACANT
Green: Blanket
LT: Limited Term
All positions are **CORI** designated.
*Reduced Time base of positions
effective 7/1/2012, due to 0.60 salary
savings required by BL 12-03.

Current CSBO Staffing
FY 2023/2024
Authorized Positions: 19.9
Blanket Positions: 2
TOTAL: 21.9

Enforcement
Staff Services Manager I
Joely Walker
631-120-4800-003

Administration/Licensing
Staff Services Manager I
Randy Love
631-120-4800-002

Enforcement Unit
Associate Governmental
Program Analyst
Vacant (G. Sanati)
631-120-5393-001
Kristen Borges
631-120-5393-002
Vacant (BCP)
631-120-5393-005
Vacant (T. Villareal)
631-120-5393-802
Vacant (K. Borges)
631-120-5393-803
Brad Garding
631-120-5393-805
Staff Services Analyst
Scott Kerswell
631-210-5157-001
Office Technician (T)
Vacant (L. Crosby)
631-120-1139-004 (0.9)*

Administration Unit
Associate Governmental
Program Analyst
Erica Bautista (LT)
631-120-5393-907
Staff Services Analyst
Jonathan Gasca
631-120-5157-806
Office Technician (T)
Kristina Eklund
631-120-1139-003
Office Technician (G)
Vacant (M. Shabbir)
631-120-1138-001

Licensing Unit
Associate Governmental
Program Analyst
Vacant (BCP)
631-120-5393-003 (.50)
Vacant (BCP)
631-120-5393-004
Arsha Qasmi
631-120-5393-804
Staff Services Analyst
Monica Petersen
631-210-5157-002
Vacant (BCP)
631-120-5157-003
**Management Services
Technician**
Vacant (N. Leeper)
631-120-5278-001 (.50)
Office Technician (T)
Vacant (E. Phomthevy)
631-120-1139-001
Kathleen Gregorio (LT)
631-120-1139-907

Gregory Pruden
Gregory Pruden, Executive Officer
Date

Theresa Mancina
Classification and Recruitment Analyst
Date

12/12/2023

12-13-2023



California State Board of Optometry

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