

The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry.

MEMBERS OF THE BOARD

- Mark Morodomi, JD, President
- Glenn Kawaguchi, OD, Vice President
- Debra McIntyre, OD, Secretary
- Cyd Brandvein
- Madhu Chawla, OD
- Martha Garcia, CLD, SLD
- Rachel Michelin
- Maria Salazar Sperber, JD
- David Turetsky, OD
- Lillian Wang, OD
- Vacant, Public Member



APPROVED BOARD MEETING MINUTES
Friday, May 15, 2020
10:00 a.m. to 4:00 p.m.

VIA WEBEX TELECONFERENCE

Members Present	Staff Present
Mark Morodomi, President	Shara Murphy, Executive Officer
Glenn Kawaguchi, OD, Vice President	Cheree Kimball, Assistant Executive Officer
Debra McIntyre, OD, Secretary	Marc Johnson, Policy Analyst
Cyd Brandvein	Natalia Leeper, Licensing Program Coordinator
Madhu Chawla, OD	Matt McKinney, Enforcement Analyst
Martha Garcia, CLD, SLD	Will Maguire, Legal Counsel
Rachel Michelin	Dani Rogers, Legal Counsel
Maria Salazar Sperber	Trisha St. Clair, SOLID, Moderator
David Turetsky, OD	Sarah Irani, SOLID, Moderator
Lillian Wang, OD	

Link for the audio of discussions:

Part One - <https://www.youtube.com/watch?v=eAPDXyfYHyU>

Part Two - <https://www.youtube.com/watch?v=spbsS4VBKj0&feature=youtu.be&t=5491>

FULL BOARD OPEN SESSION

1. Call to Order/Roll Call and Establishment of a Quorum

Audio of Discussion: [1:27 / 3:09:27](#)

Mr. Morodomi called the meeting to order at 10:14 a.m. and a 10-0 quorum was established via WebEx teleconference. The meeting was moderated by Ms. St. Clair and Ms. Irani.

2. Public Comment for Items Not on the Agenda

Audio of Discussion: [2:52 / 3:09:27](#)

The following public comments were made:

- [Dr. Maziar Haririfar](#) felt there are many questions and concerns over the cancellation of continuing education (CE) courses due to the COVID-19 pandemic. Mr. Morodomi explained that the answer to Dr. Haririfar's concerns will most likely be answered during Agenda Item 9's discussion.
- [Bonnie De La Torre](#) wanted to ensure that during agenda item nine, there will be a discussion concerning glaucoma certification. Ms. De La Torre explained that on behalf of the Southern California College of Optometry (SCCO) she is requesting of the Board to discuss the glaucoma grand rounds certification course to be conducted as a live patient interactive webinar for the protection of the live patient-practitioner and all attendees for August of 2020 at SCCO. She announced that SCCO's glaucoma certification program (with 20 attendees) was canceled for April due to COVID-19 pandemic and campus closures.
- [Cam Solani](#) asked if there will be a summary of this meeting's minutes sent via email; the moderator replied that this meeting is being recorded and the minutes will be posted on the Board's website.

3. Presentation and Discussion of President's Report

Audio of Discussion: [13:37 / 3:09:27](#)

Mr. Morodomi noted that there are over 70 attendees logged into the meeting and he welcomed them. He reported that he has been working with the Executive Officer throughout the crisis and speaks with Ms. Murphy weekly, and she has been providing great updates as to the measures she and her staff have been taking. Mr. Morodomi announced that he is highly impressed with how Ms. Murphy has managed the Board to keep it functioning through this crisis with its everyday business. He thanked Ms. Murphy and Board staff for keeping the business of the Board moving forward.

There was no public comment.

4. Update by Representative of the Department of Consumer Affairs, Which May include Updates, Discussion and Possible Action Pertaining to the Department's Administrative Services, Budgetary, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory and Policy Matters

A. Department of Consumer Affairs

Audio of Discussion: [20:20 / 3:09:27](#)

Ms. Murphy noted there has been constant communication with the Executive Office and DCA. There have been weekly meetings with the Director and Executive Team as well as communications running from the Governor's Office down to the Board itself. Additionally, she noted the continued work on the Americans with Disabilities Act (ADA) compliance for the websites and the Board Member Orientation Training; Dr. Turetsky asked if the Board itself has any enforcement obligation for licensees to monitor their ADA compliance. Ms. Murphy clarified that compliance enforcement is handled through other agencies.

Mr. Morodomi asked if given the possible recession and the consequential effect on the state budget, what can state government or the Legislature do adversely to the Board's budget and positions? Ms. Murphy replied that she watched Governor Newsom's address yesterday and then had a call with the DCA Executive Office. Item 4b will cover the funds of the Board of Optometry's programs, and will also contain information regarding what staff has been told about how the Legislature, the Governor's Office, and the Department of Finance will seek to bridge the budget deficit looming over the Board.

B. Budget Office

Audio of Discussion: [25:34 / 3:09:27](#)

Ms. Murphy reported on the status of the Board's budget condition. She noted that the Board is expected to finish the fiscal year with a slight reversion in each fund, but staff has been successful at making cuts in various areas (including personnel) to keep positions open. There should not be any issues of the Board going into a deficit. Mr. Morodomi inquired about what a reversion means; Ms. Murphy explained that with a reversion, money goes back into the savings account. She stated the Board has also been asked to consider additional decreases in spending and there is a potential for a 5% decrease in spending for 2020-2021 across all boards and bureaus.

Ms. Garcia asked when the OA for unlicensed optometry assistants is expected to begin and if any savings is anticipated since the OA will be performed remotely; Ms. Murphy does not anticipate that there will be savings and the OA will begin with the new fiscal year. Dr. Turetsky asked Ms. Murphy if she foresees any delays in issuing initial and renewal licenses for new optometry graduates and spectacle lens dispenser (SLDs) with the budget cuts and 10% reduction in payroll. She responded that to balance out the Board's spending authority and the administrative costs of the Board, several of the positions have been kept open during this time. During this peak time, there is approximately a 10 to 12 week processing time for new optometrist licenses and approximately a 4 to 6 week processing time for new optician licenses. The Board is working with skeleton staffing while trying to maintain those timelines.

Ms. Brandvein noted that meetings via teleconference do help the Board's budget; Mr. Morodomi advised that while the web conferencing is certainly convenient, when everything returns to normal the Bagley Keene Act rules become in full force and he believes they require that members of the public have access to each of the conference locations. Ms. Murphy explained that regarding the endorsement of technologies and these sort of hubs, she believes there will be some pressure upon Agency and the Governor's Office to allow those measures

to remain in place so that we can continue to social distance as folks feel comfortable; and also to obtain some cost savings.

There were no public comments.

5. Presentation and Discussion of the Executive Officer's Report

A. Board Response to COVID-19

Audio of Discussion: [48:31 / 3:09:27](#)

Ms. Murphy reported on the Board's response to COVID-19. This Board was one of the first boards to use telework and worked early in the month to issue as many laptops as possible to staff, and staff has been following social distancing and cleaning protocols while at the office. Ms. Murphy added she has engaged in weekly conversations with schools regarding the national board exams, which are expected to begin rescheduling on May 18, 2020. She added that Part III of the National Board of Examiners in Optometry (NBEO) can only be taken in South Carolina. Staff resources have been shifted to licensing to better address the incoming examination requests, the certification of transcripts, and test scores.

Dr. Turetsky asked if the Board has sufficient law exam questions for the fiscal year since obtaining subject matter experts to create new questions will not be possible; Ms. Murphy replied that thankfully the subject matter expert workshops were completed before the end of February so there is a bank of good questions to utilize through the end of the year. She warned that the budget does not currently have a line item to fund examination development. Dr. Wang requested confirmation that the 10 to 12-week processing time begins after graduates have taken and passed both the NBEO and CLRE; Ms. Murphy responded that staff is imploring applicants to get through the licensing requirements that they can impact on their own. Staff is working with the NBEO to understand how many potential graduates have already completed the Part III, and staff has been informed that the NBEO intends to open additional testing sites in June and July if necessary. Dr. Wang noted that she has been receiving email from new grads stating they cannot take the CLRE until the end of May because they receive notifications that the test has been canceled and the applicant needs to reschedule.

Public comments:

- Anthony Buelan suggested making the live lecture webinars, not just as a COVID-19 approval, but rather a standard policy. Mr. Morodomi responded that CE will be discussed during the next item.
- [Kristine Schultz](#) commended Ms. Murphy and her staff on their COVID response and expressed appreciation for Ms. Murphy's clarification on the interactive platform being counted as live CE. She explained that regarding the NBEO exam issue, the NBEO exam center is open now; however, many students have canceled since schools are not open for practice and they are not comfortable with travel at this time. If they fail to take

it now, their next opportunity will not be until December. Ms. Schultz asked for the Board's assistance in lobbying the DCA or the NBEO or both.

Mr. Morodomi asked Ms. Murphy how the Board would procedurally go about lobbying the NBEO to change its procedures. Ms. Murphy explained that he can direct staff to begin conversations and research into this. Dr. Chawla added that if the Board cannot form a workgroup, it can be accomplished with the Practice and Education Committee. Legal Counsel advised that since this item is just a presentation and discussion (informational) item the Board cannot take any official action. Mr. Morodomi explained that he would like staff to work on this; however, he will leave it to staff to decide whether the Practice and Education Committee (PEC) is most adept to deal with this issue. Dr. Wang asked the issue be dealt with sooner rather than later.

9. (MOVED UP) Update, Discussion and Possible Action on Changes to Title 16, California Code of Regulations, section 1536 (Continuing Education Regulations)

Audio of Discussion: [1:21:10 / 3:09:27](#)

Ms. Murphy introduced changes to Title 16, California Code of Regulations (CCR), section 1536 explaining what the proposed changes to the regulation would be. In consideration of the Board's continuing education regulations, the Board approved a package to advance during the February 28th meeting. Staff brought that package through the beginning phases of approval and comment by DCA Legal. She explained that this item has been brought back today in part due to those comments; also, due in part to the questions that have arisen around distancing and the availability of CE courses. Within the package, the Board approved on February 28th the term "in-person" was included, which lends to interpretation, during the pandemic, what "in-person" means. Ms. Murphy explained that this item was brought back for a discussion around this issue specifically. Further, Mr. Morodomi explained that a few months ago the Board approved changes to the CE rules which created some definition as to which online courses were available. Then the pandemic crisis occurred and the pre-existing rules were examined, and the Board discovered that there existed some ambiguity as to whether these online interactive courses were considered "live". Ms. Murphy used her authority to interpret them and found in an interpretation and consultation with Legal Counsel that the online interactive courses were considered "live" under the Board's current regulations.

Dr. Chawla noted she began taking many of these interactive, participatory online courses and found the quality to be very good. In her opinion, the participants were more engaged with an abundance of robust questions and believe these platforms are essential currently with COVID-19 pandemic. She also that there has been much confusion for licensees about how these online courses are categorized. Dr. Wang noted that the previous concerns members had about monitoring attendance and participant engagement are no longer concerns. Dr. McIntyre stated that she believes this online interactive CE will change how professionals get educated and does not see a downside as she has also taken some of these courses and found the quality to be superb. The courses were no less interactive for her than if she had attended a live CE course.

Ms. Murphy clarified that the current regulations today allow these platforms to deliver a live, participatory, attendance-checked CE course. The regulatory package that the Board approved on February 28, 2020, included the phrase “in-person” which seemed to say that the Board no longer supported the use of these live participatory delivery-checked platforms for delivery of continuing education. Ms. Murphy directed Members’ attention to page 108 of their materials which contained the form that providers use to apply for approval of their continuing education courses. She pointed out where clarification was needed and where additions were added. Additionally, language was added that would clarify whether the course is self-study or live, and what type of supporting information is needed. She explained that what the Board is trying to do today is roll back the “in-person” language that was approved in February that give the impression that the Board does not support the delivery of live participatory attendance checked courses via platforms such as Zoom and WebEx.

Ms. Garcia is hoping these processes will assist the Practice and Education Committee to review and approve these applications much more quickly. Additionally, she asked if the presentation material will still be required. Ms. Murphy confirmed that all the same requirements are in place. Additionally, the provider needs to explain how they will track and ensure attendance and participation. Dr. Kawaguchi cautioned against using anecdotal information from personal experiences to ensure the protection of consumers. He does believe there is value in online interactive courses. Nevertheless, he feels the Board would be remiss to allow practitioners to gain all their education online. Dr. Kawaguchi is interested in hearing the opinions of some optometry schools. Until society gets to a point where educators are telling us that there is less or no value in in-person education, he questions moving to a format that allows a practitioner to only obtain CE remotely.

Dr. Turetsky responded that he and Dr. Wang have attended a number of these remote learning courses, and felt every single one has been as good as or better than an in-person experience. He noted that with remote learning he can take courses that are directly geared towards his areas of interest and practice needs and it is far less expensive. Ms. Brandvein encouraged members to view COVID as a catalyst and not a destination; the Board is looking at a more permanent shift moving forward. Moving people to a physical location where they are all together is going to increasingly become a personal decision. She noted that limiting education to physical in-person learning in the future with this COVID disruption is causing the Board to take a step back and not a step forward. Specific to the amendment on page 104 and throughout, Ms. Brandvein suggested referring to this as data-enabled instead of referring to it as technology-enabled. Data is very specific to a form of content versus the total delivery. Mr. Morodomi commented that he would like included (for clarification under self-study) that someone who writes a scholarly article would obtain credit for self-study.

Ms. Michelin stated that she agrees with Dr. Chawla regarding changing the definitions from tech to data and she is all for using technology, but when talking about consumer protection, she believes there is some value in being in-person in a room together. She noted that she has watched her kids use distance learning for the past two months, and she can attest that the quality they are receiving from distance learning is not the same quality they receive while sitting in a classroom. While she agrees with trying to make courses user-friendly for licensees, the Board’s job is to protect consumers. Dr. Chawla addressed the comments that were made,

stating that she very clearly remembers and has not forgotten that the Board exists for consumer protection. She also noted that much of the online education is Council on Optometry Practitioner Education (COPE) approved; and the Board accepts COPE as a quality educator and administrator of CE.

Dr. Chawla does not anticipate that online CE is something that will destroy in-person CE and believes the larger presentations where folks meet from all over the country and desire to mingle with their colleagues will continue. Ms. Brandvein stated that schools were caught completely off-guard with the work-from-home declarations shifting kids from school to home education. Schools had limited time to respond and react. Now they are catching up; therefore, if the Board chooses to adopt a blended approach of physical in-person and virtual in-person courses, it will be putting the universities, the education providers etc. on notice providing ample time for them to pull together quality experience with enough lead and preparation time.

Public comments:

- [Dr. Steve Silverberg](#). Dr. Silverberg explained that he is an active speaker locally, regionally, and nationally. When he speaks at lectures, he does see people not listening (i.e. on cell phones, reading newspapers) and there is not any way to ensure they are receiving any of the information. He stated that they obtain COPE approval for all lectures and there are three categories of COPE approved courses (live, live-interactive, and enduring). Live-interactive means the speaker is present and the presentation can be a webinar in which they can interact with one another via text. The Board referenced a Zoom type platform where the speaker must present the lecture live. Dr. Silverberg is confused by this designation. If a course is COPE approved as live-interactive, which their lectures have always been, now COPE has changed that designation to be live as the state Board is assuming. He asked for clarification on these two issues.
- [Ms. Shultz](#) noted COA supports online interactive CE for all 50 hours but has a few clarifying issues to bring up. There is a question about the case in which there is interactive CE that is recorded and then re-broadcast with a live Q&A at the end. Would this qualify? Or does the entire presentation need to be live and interactive? The other issue is the Board may wish to clarify the COPE approval part. Historically, COPE courses (on their own) are not accepted by the Board. To obtain credit, the attendee must have a certificate of completion and the activity must be approved by COPE. Consequently, the regulations under subdivision (e)(3) should probably read “CE courses approved by COPE which have been registered with a COPE accredited activity”; this clarification may be needed.
- [Dr. Susy Yu](#). Dr. Yu commented that she applauds the Board’s discussion on the quality of CE and felt the format and method of delivery of educational content becomes less critical if the appropriate standards are in place to ensure quality and to measure outcomes of the educational activity. The accreditation criteria for CE are ideally based on standards that support improvement in knowledge, performance, and patient outcomes beyond just a cursory review of presenter slides and background. The criteria for CE accreditation in medicine, nursing, pharmacy, and optometry nationally via

COPE include three key elements that are based on adult learning theory. The first, education purpose, is based on knowledge gaps asking, “Is this content interesting and applicable to my practice”? The second is education planning; managing to ensure the content is free of commercial bias and financial interest that may be counter to the educational content. Also, in this section, the selection of the educational format, the format should drive the desired outcomes that are a result of the educational activity. Thirdly, the educational assessment requires some analysis, learning, and plans for improvement. Was the learning effective for the attendees? She encouraged the Board to consider updating the CE regulation to adopt professional accreditation standards for CE, focusing more on quality and outcomes and less on delivery format.

- [Steve Faith](#) asked about making the 45-day prior registration period 90 days. He is not certain why that would be necessary. Addressing Ms. Michelin’s concerns, he explained that his office of nine doctors has been involved in CE education for a long time and believes that it may be helpful if Ms. Michelin were able to sit in and witness the dynamic nature and interaction between the expert presenter (as well as staff) and the attendees she would find they are much more dynamic than the typical physical in-person courses.
- [Ms. De La Torre](#) commented that the interactive webinar is very much needed; as horrible as COVID is, it is accelerating the move to a more innovative way of providing education. She hopes the Board may decide today to approve all the webinars through 2020 at least allowing folks to plan what they wish to do in the future.
- [Tiffany Witherspoon](#) pointed out that through Zoom there is an area where attendees can see the participation level of their peers and attentiveness level can be observed. Additionally, surveys and testing may be submitted. Her specific comment is this: When live interactive CE is occurring (unless she removes access to the internet) some attendees are distracted (using phones or laptops for personal means). Therefore, she does not believe the attentiveness level changes. Those attendees who are passionate about topics and learning remain that way; and those who come just to obtain credit requirements do as they like. She stated that methods such as Zoom and others for presenting live interactive CE would be a fantastic way to move forward.
- [Dr. Julie Tyler](#) inquired about glaucoma and lacrimal irrigation and dilation certifications. She requested that the Board allow optometrists to have access to this resource of education and to enhance their license capabilities.
- [Dr. Ann Tasaki](#) noted that the Zoom online live capability has been amazing for their students, as well as for folks in their community who have been asking for CE to be presented in this type of format. Not only are they able to monitor when students’ login and log out, and their level of attentiveness, but additionally, it allows us to be interactive in terms of the chat function and online poll system to ensure students are engaged.

Regarding Ms. De La Torres' concern about glaucoma grand rounds and Dr. Tyler's concerns about glaucoma and lacrimal certifications, Ms. Murphy explained that she would prefer to move this to the PEC June 18th meeting. Ms. Murphy also stated she believes there are conversations to be had regarding the taped presentation with live Q&A. Dr. Chawla confirmed that these are relevant topics and can be considered at the next PEC meeting on June 19th.

Mr. Morodomi explained that he intends to narrow the questions down so the regulatory package may be moved forward. Mr. Morodomi asked if the current regulatory package needs to be amended to address the COPE issue raised by the public? Ms. Murphy responded that she believes this is how COPE is accepted, however, it may if there needs to be recognition of the two-step process. She clarified that before acceptance of a COPE approved course, staff ensures both the acceptance of the course and the acceptance of the activity has been completed.

Dr. Chawla asked Dr. Yu if the presenters of the COPE courses must first complete the process and have these courses certified? Dr. Yu confirmed this and pointed out the activity must be registered with COPE in addition to the course. Ms. Murphy assured that she will look into the Board's current regulation and see if a word or two may be changed to ensure there is clarity about which COPE courses the Board accepts without further review; then decide whether staff will suggest some changes to the language. Ms. Murphy believes the next two questions to consider here are (1) Whether a test should be a requirement for self-study and (2) discussion around how to clarify that a taped session with Q&A at the end either does or does not constitute a live course.

Dr. Wang stated that one of the benefits of sitting in on live CE courses is the ability to interact during the presentation. She is not certain if listening to the entire presentation, then asking questions at the end would provide the same quality of feedback and interaction. She would not consider this live CE. Dr. Turetsky stated that Vision Services Plan (VSP) has had an ongoing, reoccurring diabetic optometric practice live CE, and it has been a recorded CE; however, the presenters are available during the entire recording. Consequently, live chatting is occurring throughout the presentation, not at the end; it is a recorded presentation with real-time participation.

Dr. Kawaguchi added that having heard from four large CE providers (the three optometry schools in California and the California Optometric Association) he is open to the changes. He felt the Board has never addressed this with regards to providing a CE course and the Board has relied more on the integrity of the Providers. He added that Dr. Turetsky has just provided an example of a new format that may or may not be addressed in the new regulations. Therefore, the Board needs to be very careful while making changes to the regulations that they are also future-proofed. This way, as education and how it is delivered evolves, some latitude is provided allowing future changes to occur without the regulations becoming ambiguous again. He concluded that he is not certain that the proposed regulations are allowing for future interpretations.

Ms. Brandvein asked if there is anything the Board can address now to unblock live interactive CE platforms, in the short-term; then take a more thoughtful second look at the language or

turn it back to the Committee for scrutinization? Ms. Murphy replied that the Board needs to remember that this is a proposed regulatory package. The current enacted regulation does not limit these interactive participatory CE courses from being applied only to the alternative method of fulfillment. Therefore, the current regulations in law are broader than the proposed package that was approved in February. Mr. Morodomi expressed some urgency stating he hopes the Board can get this passed and also noted that none of the Board language will be future proof because new technology that has not been considered will emerge and evolve. The fix would be a provision that says “any other technology that the Board chooses to adopt as adequate” or give the discretion to the CE Committee to approve other technologies.

Ms. Murphy directed Members’ attention to section 1536 section (e)(3); (e) which states “continuing optometric education programs which are approved as meeting the required standards of the Board, include discussion of our optometry schools impression of other larger organizations”; (3) states “Continuing optometric education courses approved by the Association of Regulatory Boards of Optometry committee known as COPE”. She believes staff can simply change “education courses” to “education activities approved by the Association of Regulatory Boards of Optometry Committee”, which would ensure that the activity has been approved. Dr. Kawaguchi commented that one area the Board has not been discussed is continuing medical education (CME). He believes the Board may need to look at this to ensure the regulatory changes the Board is proposing will include a pathway for CME.

Dr. Turetsky asked if the live interactive webinars will continue to be counted as live CE over the next year, or will it end when the Governor’s emergency order ends? Ms. Murphy responded that there will not be any change to the regulation at the end of the Governor’s emergency order. The emergency order on continuing education extends for all licensees from all boards and bureaus and commissions the necessity to complete continuing education. Dr. Turetsky asked if by February of next year, there is still no vaccine, COVID is still around and citizens are no longer required to abide by the Governor’s Executive Order; will this necessitate that licensees accrue 20, 25, or 30 (whatever it would be at this point) live hours of CE in-person versus online live CE. Dr. Chawla explained that whatever the Board currently has in law (regardless of proposed changes) allows the Board to use the Zoom or similar type of interactive platform.

Dr. McIntyre questioned the glaucoma grand rounds which are CE for purposes of certification and asked how this will be interpreted with regards to that class of education? Dr. Wang stated she thought this was an issue the PEC will evaluate.

Glenn Kawaguchi moved to take the proposed regulatory changes to section 1536 back to the Practice and Education Committee for amendments related to the discussions having occurred during this meeting and bring it back to the next Board meeting. Rachel Michelin seconded. The Board voted unanimously (9-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				

Dr. McIntyre	X				
Ms. Brandvein	X				
Dr. Chawla	X				
Ms. Garcia	X				
Ms. Michelin	X				
Ms. Salazar-Sperber				X	
Dr. Turetsky	X				
Dr. Wang	X				

Recess was taken at 1:23 p.m. Meeting resumed at 2:00 p.m.

Public comment made:

- [Ms. De La Torre](#) echoed Dr. Turetsky’s comments regarding taped lectures. She had a March program and when the pandemic hit, she quickly taped all the lectures to be presented online. She added they have 29 hours taped for June 1st through the 4th. They are put together very professionally so they look more like a television presentation. Presenters will be available for Q&A during the entire lectures. Attendees will receive more education than they would at a live course.

13. (MOVED UP) Update, Discussion and Possible Action on 2020 Legislation

- A. Assembly Bill 896 (Low)**
- B. Assembly Bill 1263 (Low)**
- C. Assembly Bill 2028 (Aguiar-Curry)**
- D. Assembly Bill 2185 (Patterson)**
- E. Assembly Bill 1263 (Low)**

Audio of Discussion: [6:10 / 2:34:13](#)

Ms. Murphy stated that the Governor asked the Legislature to prioritize budget and COVID related bills and staff has not received any indication that these bills will move quickly. She stated it would be helpful for the workgroup to provide an update on AB 896 on the discussions and determinations. However, regarding AB 2028 (Aguiar-Curry) - State agencies: meetings and AB 2185 (Patterson) – Professions and vocations: applicants licensed in other states: reciprocity, it is not known whether these bills will move but the Board does not have an official position. Mr. Johnson interjected that he just now double-checked on the bills and AB 2028 is moving and did pass out of the Assembly Appropriations Committee a few days ago and AB 2185 appears to be moving. It was amended on May 13th. AB 1263 is still in the Senate Rules Committee, so it is unclear whether it is moving.

Mr. Johnson provided an update on AB 896. He reported that staff is continuing conversations with the Author’s office and the Senate. The workgroup met with staff last week and had

decided on a couple of changes that would continue to allow the bill to be supported by the Board. It would not require a change in the Board's position. Areas of concern are (1) making certain all optometrists subject to this bill would be Therapeutic Pharmaceutical Agent (TPA) certified; (2) that the mobile optometric clinics would provide a constantly updated list of optometrists available for follow-up care; (3) that businesses listed under 3070.1 are not subject to the requirements of the bill; (4) to have an exemption for federally qualified health clinics or community or faith-based organizations.

Dr. Turetsky expressed his concern that this bill was targeted to a specific entity providing vision care services to schools. However, the way the bill was worded would make it impossible for certain entities like Federally Qualified Health Clinics (FQHCs), faith-based groups, and charity-based organizations who wish to provide eye examinations. They would not be able to operate the way the bill is written. Dr. Kawaguchi noted that when the Board last discussed AB 896, there was hope that this bill would be a catalyst for possible future action. He advised that should the Board be unable to get the proposed amendments in when the bill rolls off according to the time limit, the Board will need to be diligent about using this experience to move those additions forward. Ms. Michelin made the recommendation for the Board to not waste time working with these bills right now because she believes they will not move. Board agrees.

Public comment:

- John Valencia representing Vision Service Plan. Mr. Valencia alerted members that VSP made a recommendation for an amendment to AB 896. The amendment is an accommodation so that the bill does not inadvertently function to discontinue VSP's charitable work.

12. (MOVED UP) Presentation and Discussion of Research on Telemedicine

A. Discussion of Additional Sources of Information

Audio of Discussion: [23:39 / 2:34:13](#)

Mr. Johnson opened the discussion by providing a brief history of the telemedicine issue. In 2019, staff met with Assembly Member Evan Low, who encouraged the Board to monitor the issue closely. At the August 2, 2019 Board Meeting members and staff had a presentation from Drs. Melissa Bailey and Jorge Quadros and a workgroup was created with Drs. Chawla and McIntyre to begin research. Mr. Johnson directed the members' attention to a summary of the issues that Drs. Chawla and McIntyre considered important to move forward; (1) both identified the need to focus on overall eye health as part of telehealth care; they consider refraction to be a small part of a comprehensive eye exam; (2) many patients do not understand the full scope of practice for optometrists and may discount the need for an eye health assessment; (3) the existing technology to perform telemedicine may not be robust enough; (4) the need for guidelines for the use of telemedicine under the current Practice Act.

Dr. McIntyre explained that they determined that telemedicine (in its current incarnation) does not adequately provide care that is considered the standard of care for optometry. With

telehealth, optometrists cannot perform a comprehensive exam or evaluate ocular health. They cannot perform a standardized refractive exam for determining the spectacle or contact lens prescriptions. When procedures are performed in an office, doctors have specific instrumentation that meets a certain standard (a controlled environment to obtain those measurements). There is no way of controlling that environment when performing exams online or via audio. Additionally, an optometrist cannot see the internal health of the eye. Dr. McIntyre pointed out that they see how telemedicine can fit in as more of a consultative aspect, wherein the patients are established, and their history is known. The patient is not being met for the first time. Telehealth is only useable in a consultative mode and not for complete ocular health exams nor for refractive exams.

Dr. Chawla stated that whenever members discuss telemedicine, they get wrapped up in the discussion about refraction because that is the technology that people keep bringing to them. She noted that most people she knows do not think this technology is ready yet for a proper exam. The overarching concern from her perspective is that the patients understand what they are receiving, that refractions do not represent a complete eye exam; they need to understand that they may still need to come into the office. She believes the Board can be impactful by providing guidelines. Mr. Morodomi asked if any rules, regulations, or laws are currently in place that prevents the type of consultations Dr. Chawla provides. Ms. Murphy interjected explaining that the Board's current Practice Act refers to the Medical Practice Act, and its permission states that telemedicine cannot occur unless the patient signs a waiver. The Governor's Executive Order (early on) was to waive that necessity for consent so that doctors could contact patients to continue the continuity of care. Otherwise, no law or regulation would prevent a consultative means of care. It is simply the patient's consent that has been waived with the Governor's order as a response to COVID.

Dr. Turetsky responded describing a modified way of performing a comprehensive eye exam with telemedicine. Some physicians have partially reopened in other parts of the country and they do not want to have direct contact with patients. Therefore, they are having assistants do everything for that patient while they are observing through a video, which is a modified method of telemedicine where you do have the physician involved, but not in the location. He noted that California laws are not set up to allow optometrists to do this, but he believes it is something to consider.

Dr. Kawaguchi proposed that the Board view telemedicine as a project and advised performing as much research as possible to understand what current laws exist and what current practices exist within California. Dr. Wang agreed with Dr. Kawaguchi; she stated that telemedicine is developing and with COVID-19 things have changed considerably. Where patients before may not have been as accepting of telemedicine, many patients have adapted to it very quickly. At Berkeley, she explained, telemedicine is being used more from a consultative approach as previously discussed. They use it to triage patients with red eyes or similar issues. With regards to refractions, she does not believe telemedicine technology is quite there yet; however, when it is, the Board needs to investigate and then give its opinion.

Ms. Garcia did some brief research about her concerns because opticians are becoming involved as well. She explained that opticians are looking at privacy, documentation, and

obtaining consent from patients. She believes the Board needs to perform more research (and specifically about the units that are being used), how it will be tracked, stored for the future, and documented. Additionally, Ms. Garcia is concerned about training - opticians in California are not required to go through school; it is an individual choice. Therefore, the question needs to be addressed about where the training is coming from. How can opticians get closer in alignment to what optometrists expect from them? Ms. Salazar Sperber agrees with Ms. Garcia's comments and emphasized that telehealth is being used statewide in the medical profession. She asserted that if other medical communities are finding a way to use telehealth, this Board should look at it very seriously.

Ms. Brandvein commented that the use of telehealth is increasing and questioned how does the Board move forward, with the right training, without making it the primary vehicle for diagnosing eye health? She agrees with Dr. Turetsky that we cannot assume that people will allow us into their homes for a comprehensive eye exam. Dr. McIntyre clarified that if a patient has a vision issue, it matters why. The Board's regulations already make a provision where if someone has an expired spectacle prescription, they can in an emergency get that prescription filled with the understanding that they will seek a full exam at the earliest opportunity. She believes the Board needs to define what telemedicine means to us. For example, telehealth and telemedicine are being used interchangeably but they are not the same thing. There are different forms to telemedicine (remote, synchronous, and asynchronous); all of which has not been defined for our Board yet. Therefore, definitions are the first thing the Board needs to do.

Mr. Morodomi questions whether the Board, as a regulatory agency, is getting in the way; or if telemedicine is something the Board wishes to support or is this something the Board must regulate due to consumer protection issues. Dr. Chawla acknowledged that the Board must do all these things; and she believes there is an avenue for both not getting in the way and providing consumer protection.

Public comments:

- [Dr. Chad Overman](#) stated he has been a consultant for the last five years and has worked a lot with telemedicine. Much like technology for CE there is technology out there for comprehensive eye exams now. It is a method for providing quality, affordable, accessible eye exams. As an optometrist, he wants patients to see the doctors as well; however, there is a place for this technology. His concern is that if it is regulated out, ophthalmology will take it away from us and we will lose it as a profession.
- Ms. Schultz stated that the California Optometric Association's (COAs) position on online refraction is identical to the American Optometric Association's (AOAs). The current technology, that she is aware of, does not allow for all the tests required by the current standard of care. Regulation should be simple; you require the standard of care to be followed and discipline optometrists who approve prescriptions without meeting the standard. COA strongly supports telehealth. Online refraction (as it is being used now) is only a workaround, and it does not bring patients and doctors together which is the intention of telehealth.

B. Discussion of Focus Areas for Next Stage of Research

Audio of Discussion: [1:01:31 / 2:34 :13](#)

Mr. Morodomi commented that he would be interested in knowing what current regulations hinder telehealth. Ms. Salazar Sperber noted that the privacy of patients and the sharing of information needs to be vetted. She recommended consulting with the Medical and Dental Boards, as well as other health boards to see how they have developed their telehealth protocols through COVID. Probably the best next step would be to investigate what roadblocks they have encountered and what worked for overcoming them; what works and what does not work; then begin from there. Ms. Murphy agreed. The data that has been collected over the last six to eight weeks could be very informative. She referred members back to the staff research materials in their packets, which began in August (when the workgroup was created) and continued until March just before the outbreak of COVID. With this research, staff did look at the previous publications and actions of the Medical and Dental Boards. However, she believes there are additional conversations to be had now.

Dr. Kawaguchi stated that the workgroup should perform their research from the standpoint of three overarching categories of next steps: (1) Interpretation of current California optometry laws as it applies to optometry practice; (2) clearly understanding definitions of terms to prevent intertwining terms incorrectly, and achieve consensus in how the terms will be used and defined; (3) address current urgencies and problems that may have easy fixes. He noted that this subject (as a whole) is very deep and broad, and the Board should avoid overwhelming itself in trying to accomplish more than members can handle all at once. He advised that members are at risk of losing focus if there are not clearly defined goals from the workgroup. Ms. Garcia expressed concern, stating she does not want the workgroup to feel they must handle the entire task themselves.

Ms. Brandvein announced that ironically, she just received a breaking report on the future of healthcare, etc. regarding the acceleration of the online-offline integration. She advised that perhaps the Board can extract some of the forward-leaning data from articles written by the leaders of the industry.

8. (Moved Up) Update, Discussion and Possible Action on Changes to Title 16, California Code of Regulation, section 1399.270, 1399.271, 1399.272, 1516 and 1517 (Implementation of Assembly Bill 2138)

Audio of Discussion: [1:15:12 / 2:34:13](#)

Ms. Rogers announced that text changes to the regulations are informed by previous experience with the Office of Administrative Law (OAL) on another regulation package. The changes highlighted in yellow represent changes considered to be substantial, and if adopted today would require an additional 15-day public comment period; after which time the Legal Office would review and finalize the package for submission to the OAL. She added that the portion devoted to responses to comments are detailed at length in the Memorandum.

Ms. Murphy noted one comment on the letter staff received, which addresses the spirit of 2138 and argues the systematic injustice in allowing people to improve their lives through licensure. She noted the Board has dealt with this issue head-on and has taken extra steps to enact the spirit of the law. Therefore, although the Board has chosen to not take the suggestions provided in the comment letter, she wants to ensure that folks understand that steps have been taken, and gone beyond just the implementation of the requirements, to consider how the Board is allowing potential applicants to demonstrate their rehabilitation. One of the comments was a desire to have certain sources of information, documentation, or attestations listed out that may be used to substantiate a rehabilitation claim. The Board chose not to take on that list because the current regulation language does not specify; and thus, allows for a broader variety of substantiation to rehabilitation.

Mr. Morodomi noted an interesting comment within the letter that stated the Board should reproduce the rules in the statute within the regulation. He has worked in regulatory agencies that have done that, and it makes the regulations “10-miles long”. He argued that real people do not read regulations; lawyers and bureaucrats do but not typical folks. To the extent that the Board wants all rules and guidance in one place, staff can work with this organization to create a cheat sheet FAQ with guidelines that speak in English; and will help typical folks navigate through the laws and regulations.

There were no public comments.

Glenn Kawaguchi moved direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text presented here today with these changes for an additional 15-day public comment period. If after the 15-day public comment period, no further comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice. Lillian Wang seconded. The Board voted unanimously (10-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Dr. McIntyre	X				
Ms. Brandvein	X				
Dr. Chawla	X				
Ms. Garcia	X				
Ms. Michelin	X				
Ms. Salazar-Sperber	X				
Dr. Turetsky	X				
Dr. Wang	X				

Mr. Morodomi made a statement for the record, clarifying that the exact motion below was just approved with a typographical error in the date. Therefore, the first motion was rescinded then restated with the correct date. By voting, the Members vote to rescind the first version and to adopt this correct written version.

Debra McIntyre directed staff to reject the proposed comments, respond to the comments as indicated in the meeting materials, and complete the regulatory process as authorized by motion at the Board’s May 15, 2020 meeting. Lillian Wang seconded. The Board voted unanimously (10-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Dr. McIntyre	X				
Ms. Brandvein	X				
Dr. Chawla	X				
Ms. Garcia	X				
Ms. Michelin	X				
Ms. Salazar-Sperber	X				
Dr. Turetsky	X				
Dr. Wang	X				

10. (MOVED UP) Update, Discussion and Possible Action on Possible Changes to Title 16, California Code of Regulations, sections 1524 and 1572 (Implementation of Assembly Bill 443)

Audio of Discussion: [1:31:31 / 2:34:13](#)

Ms. Rogers provided an update to the implementation of AB 443; she discovered some tweaks which needed to be added and it just needs the Board’s approval on the proposed language revisions. Ms. Rogers explained that the first set of changes relates to the regulatory language in section 1572(a)(5). The point of this new subdivision was to add a declaration by the applicant that attests they will comply with state and federal record-keeping and recording requirements. Business and Professions Code (BPC) section (g)(1)(c) has this requirement. The second category of changes in the form is non-substantive.

Mr. Morodomi stated that at some point he would like the Legislature to change the law on immunizations to allow optometrists to administer immunizations for COVID-19. When the Board moves forward with those changes, he asked, will these regulations need to be amended? Or will these regulations be effective as they stand currently? Ms. Rogers answered stating the current statutory language does not support the administration of immunizations for COVID-19. The Legislature could act and add the category of immunization that may be administered. Ms. Murphy added that the immunization authority that is currently in the statute was hard fought for. The Pharmacy Board has a schedule of immunizations optometrists may administer rather than particular immunizations. Very in-depth and intense conversations with stakeholders occurred; therefore, it would be upon the will of the Legislature and the willingness of other stakeholders in other healthcare professions to allow this extended scope for optometry.

Dr. Turetsky commented that considering nobody knows much about the Novel Coronavirus and what will be necessary to arrive at a vaccine immunization; it might be a multi-step process and may require a monitoring period. Therefore, Dr. Turetsky believes that it would be premature to begin the process of getting this introduced into Legislation. He also noted that other immunizations are well-known vaccines. If the Board tries to introduce something now there will be pushback from a lot of other entities; it may be overstepping our bounds until this immunization is better understood. Dr. Turetsky recommended not pushing anything related to COVID-19.

There were no public comments.

Glenn Kawaguchi moved to approve the form incorporated by reference in section 1572, Title 16 of the California Code of Regulations with the edits discussed here today as well as approve the proposed edits to the text of Section 1572, Title 16 of the California Code of Regulations as discussed here today; and direct staff to re-submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review and if no adverse comments are received authorize the Executive Officer to make any non-substantive changes to the rulemaking package and set the matter for hearing. Madhu Chawla seconded. The Board voted unanimously (10-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Dr. McIntyre	X				
Ms. Brandvein	X				
Dr. Chawla	X				
Ms. Garcia	X				
Ms. Michelin	X				
Ms. Salazar-Sperber	X				
Dr. Turetsky	X				
Dr. Wang	X				

11. (Taken out of order) Update, Discussion and Possible Action on Changes to Chapters 5.4, 5.45 and 5.5 of the Business and Professions Code (Optician Program Statutes)

Audio of Discussion: [1:42:51 / 2:34:13](#)

Mr. Johnson reported that discussions the Dispensing Optician Committee (DOC) has had in the last year on optician program statutes have been an ongoing project for the DOC. Public feedback is just now beginning to be received (letter from the National Association of Optometrists and Opticians as well as other feedback). Mr. Johnson asked if the Board would give this matter back to the DOC for another look at issues relating to supervision requirements, fines, and some different definitions and when completed staff may bring it back to the full Board.

Ms. Brandvein wondered if the Board should also define registered assistant and also noted section 2252 where the Board addresses electronic mail. Does the Board need to update the optometry statutes as well to enable electronic mail for our optometrists? Dr. Kawaguchi stated that via the LRC he was able to review this current draft, and he had provided several points of feedback that the DOC will be able to see at their next meeting; he wants to ensure that there is a format for providing his feedback. Ms. Garcia replied that perhaps he can provide those comments to staff.

Dr. McIntyre pointed out two areas where she thinks the verbiage needs clarification. She directed Members' attention to page 131, subsection 2550 (f); *“ophthalmic lens or ophthalmic device means any prescription lenses, spectacle eyeglasses, contact lens, Plano contact lens and other ophthalmic devices ordered by a physician and surgeon or optometrists that alters or changes the visual powers of the human eye.”* Dr. McIntyre's issue with this text is the use of Plano contact lens which inherently does not change the power of the human eye; therefore something needs to be added referring to if it comes into contact with the ocular tissue such that vision or the eye power can be affected. Next, Dr. McIntyre directed Members' attention to page 146 section 2564.76 subsection (2)(c) and explained that the text can be easily misinterpreted. *“A seller shall not alter any of the specifications of an ophthalmic lens prescription other than the color or substitute a different manufacturer brand or other physical property of the lens”*. She explained that grammatically it can be misinterpreted that the color or the manufacturer brand or other physical property of the lens can be altered.

Dr. Kawaguchi stated there is a broader comment related to unregistered spectacle dispensers. The Board is currently undergoing an Occupational Analysis (OA) and making potential suggestions to the wording of regulations before the finalization of the OA. He asks that the DOC be mindful of decisions to make changes while the OA is not yet completed. Ms. Murphy explained the distinction within these optician statutes: there are technician programs, individuals who may be overseen by opticians, and these are a different set of people with different responsibilities from those who are unlicensed assistants to optometrists. She pointed out that within the optician statutes they are not discussing those people who will be a part of the OA next fiscal year, which pertains solely to those who are unlicensed assistants for optometry.

Public Comment:

- [Ms. Schultz](#) expressed concerns related to the unprofessional conduct provisions. In section 2555 (u), which states: *“failure to refer to an optometrist or a physician if an examination of the eye indicates a problem”*. Ms. Schultz noted that since an unlicensed individual is not performing an exam, the term “observation” would be more appropriate. Additionally, she strongly supports the increase in the cost of fines. She explained that the Board cannot enact a lot of enforcement in this area, because larger companies can just ignore any fine that they receive.
- Joe Neville who stated that he just wanted to introduce the National Association of optometrists and opticians, and he will follow up later.

7. (Taken out of order) Discussion and Possible Action on February 28, 2020 Board Meeting Minutes

Audio of Discussion: [2:02:00 / 2:34:13](#)

Dr. McIntyre noted that the Board had a guest at the February 28th meeting (Mr. Sumner). She noted that in some areas of the minutes his name was misspelled.

There were no public comments.

David Turetsky moved to adopt the minutes as corrected by the previous Board comments. Lillian Wang seconded. The Board voted (8-Aye; 2-Abstain) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Dr. McIntyre	X				
Ms. Brandvein	X				
Dr. Chawla			X		
Ms. Garcia	X				
Ms. Michelin	X				
Ms. Salazar-Sperber			X		
Dr. Turetsky	X				
Dr. Wang	X				

6. (Taken out of order) Discussion and Possible Action on Enforcement Policy Change to Toll Public-Facing Probation Conditions Impacted by COVID-19 and the Governor’s resulting Stay-at-Home Order

Audio of Discussion: [2:08:15 / 2:34:13](#)

Enforcement Analyst Mr. Matt McKinney provided information on how the Board has been responding to some specific terms which are challenging due to the Governor’s stay-at-home order. Terms staff found to be problematic include: “community service”, “biological fluid testing”, and “hours worked per month” as a requirement within the scope of the profession. Probationers have been contacting staff to explain their hardships and cost recovery and probation monitoring fees since they are currently unable to work due to the order. Therefore, staff worked with Legal Counsel on current probation orders; and what discretion the Board has in the Disciplinary Guidelines for finding options for complying with their terms; and use some of the discretion to consider the Governor’s stay-at-home order due to COVID-19 when deciding whether to seek further disciplinary action based on a probationer’s inability to comply with specific terms of probation.

Dr. Kawaguchi and Mr. Morodomi asked if probationers are required to complete community service; however, because of the pandemic and stay-at-home orders they are not able to complete their required community service, how is the Board handling this? Mr. McGuire explained that the stay-at-home order does not allow the boards to extend the length of the probation term. Therefore, the focus is on alternative means of compliance. Ms. Murphy directed everyone's attention to bullet 5 of the PowerPoint screen and she read it as well. It states: *"Board staff has the discretion authorized by the Disciplinary Guidelines to consider the Governor's stay-at-home order during COVID when deciding whether to seek further disciplinary action based on a probationers inability to comply with specific terms of probation"*. She explained that particularly with fluid testing, there have been some modifications offered by the vendors. They are oral testing which is the least comprehensive or long-term testing. It is performed via an online platform whereby the probationer would scan the room to demonstrate that nobody is in the room with them; they would then take the swab and place it into a container (sealed and watched by the vendor's agent); and finally mail the sample in a closed sealed envelope. However, staff are determining on a case-by-case basis if there is a strict need for there to be at least some sort of testing for individual probationers.

Dr. Kawaguchi commented that as a Board member he would need to see every specific probationer example. He believes that at a future meeting, it would be good for the Board to know what is being done in a summary report. How many types of exceptions have been made? What kind of categories they have been in? Ms. Murphy assured it will be provided during the Board's next session.

Mr. Morodomi stated that although he has great confidence in staff, he wants to ensure that staff are not being too harsh in these situations. If a probationer misses a requirement, what happens next? Does that probationer have any recourse? Ms. Murphy responded explaining that as an example of staff intention of working with each individual probationer, as stated previously we have the possibility for action on this agenda. Staff is being very thoughtful about the terms for each individual probationer and how those terms fit within their individual situation during this COVID pandemic. She added that staff is certainly using that discussion to not pursue additional enforcement action when we know that probationers are making a good faith effort to continue to improve within the profession and provide the standard of care for consumers.

There were no public comments.

5. (Taken out of order) Presentation and Discussion of Executive Officer's Report

Ms. Murphy announced that Items 5.b and c have not yet been addressed; however, unless there are questions or comments from the Board regarding the enforcement report and statistics or the licensing report and statistics, the information may be submitted to the Board and made available to the public; we will have sufficiently addressed those two items.

Mr. Morodomi opened the floor to questions or comments on these two agenda items.

Dr. Kawaguchi noted that in the licensing reports, the number of applicants we have at this point is lower than what the Board typically expects. In the past, the Board has had the luxury of providing a presentation at the California schools to help the (soon to be graduating) students understand the process and to encourage students to begin the process as quickly as possible. Assuming, that the Board did not have that opportunity this year, he asked if staff submitted any alternative communications via the schools? Ms. Murphy responded that the staff did have the opportunity at Berkeley. This ensures they have multiple opportunities to re-take the exam if necessary. Mr. Morodomi asked if staff posted an FAQ to the front page of the Board's website? Ms. Murphy replied stating there is an FAQ on our website, but staff can have it placed more prominently on the front home page, along with the other COVID alerts and communications.

Ms. Murphy announced for the public members present that due to the current situation and an inability to monitor attentiveness and participation, the Board will not be able to provide CE credits to those in attendance at today's meeting. With gratitude, she stated that the public comments received on each of these items have been incredibly valuable to the Board. Staff tried to find ways to meet the attendance monitoring standard for this meeting and were not able to. Ms. Murphy assured the public members that staff will continue to find ways to provide this standard for future teleconferences and video conferences for our licensees.

There were no public comments.

14. Future Agenda Items

***Audio of Discussion:* [2:27:35](#) / [2:34:13](#)**

Mr. Morodomi was reminded that the Board is due for elections however due to the crisis, he has not been able to get to that. He asked Ms. Murphy if elections will be on the next agenda? Ms. Murphy confirmed this is the intention. Additionally, staff has been very considerate of the fact that several of our appointments are in their grace period. The Board has its Assembly appointed Member and three gubernatorial appointments that ended their term last June; have now come to the end of the grace period, and we are not receiving any indication from the Governor's Office or Agency as to what their intention is. We are also still vacant for the Senate appointment. Ms. Murphy explained that she wants to allow some discussion among Board Members about the need for the potential new Board Members to be a part of the accountability and the elevation of executive offices.

Dr. Kawaguchi advised that during the previous Board meeting, members heard stories from a doctor regarding her trials and tribulations of an expired license that was extremely difficult to reactivate. He recalled that Members decided to have the issue as a future agenda item. He wants to ensure the Board keeps this issue on the table as a discussion point. Ms. Murphy assured that the Board has not forgotten about it. Staff continues to review this doctor's file and review staff processes to enable recommendations to be made to ensure these types of impediments do not occur again. However, progress has been stymied on this particular initiative as we have had to address COVID-19 and the questions regarding continuing educations.

There were no public comments.

9. Adjournment

Meeting adjourned at 4:35 p.m.