MEETING MINUTES
May 15, 2009

California State Board of Optometry
Southern California College of Optometry
2575 Yorba Linda Blvd
Blake Center Room
Fullerton, CA 92831

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

Staff Present
Margie McGavin, Enforcement Manager
Cheree Kimball, Enforcement Analyst
Michelle Linton-Shedd, Enforcement Analyst
Andrea Leiva, Lead Licensing Analyst
Legal Counsel Present
Michael Santiago, Board Counsel
Erin Sunseri, Deputy Attorney General
Amy Lahr, Administrative Law Judge

Staff Absent
Krista Eklund, Administrative Assistant (Excused)
Jeff Robinson, Licensing Analyst (Excused)

Guest List
On File

FULL BOARD OPEN SESSION

1. Call to Order – Establishment of a Quorum
Board President, Lee Goldstein, OD called the meeting to order at 9:05 a.m.
Dr. Goldstein called roll and a quorum was established.

Dr. Goldstein asked each member of the board to introduce themselves. He announced that Dr. Richard Simonds and Katrina Semmes were unable to attend today’s meeting.

2. Welcome and Introductions
Dr. Goldstein introduced Dr. Kevin Alexander, President of the Southern California College of Optometry (SCCO). Dr. Alexander welcomed the board and spoke briefly about his experience. He is from Michigan and Ohio and he graduated from the Ohio State University, College of Optometry. He has been president of the Southern California College of Optometry for the last ten months and he loves Southern California.

Dr. Goldstein asked staff members and members of the public to introduce themselves.
3. Petition for Reinstatement – Gregory Tom, OD, License Number 10427
The California State Board of Optometry (Board) heard the matter in open session.
Petitioner Gregory Tom, OD represented himself. Deputy Attorney General, Erin Sunseri
represented the Board and Administrative Law Judge, Amy Lahr, presided over the
hearing.

**FULL BOARD CLOSED SESSION**

4. Pursuant to Government Code Section 11126 (c)(3), to Deliberate on Disciplinary
   Decisions
   A. Petition for Reinstatement
      Gregory Tom, O.D.
      The Board deliberated in closed session regarding the Petition for Reinstatement,
      Gregory Tom, OD, License Number 10427.

The full board closed session ended and the Board reconvened into a working lunch.

**FULL BOARD OPEN SESSION**

5. Approval of the February 27, 2009 Board Meeting Minutes

Dr. Kenneth Lawenda moved to approve the February 27, 2009 board meeting
minutes as amended. Mr. Edward Rendon seconded the motion. The Board voted
unanimously: 8-yes; 0-no; and 0-abstention.

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6. Approval of the March 23, 2009 Board Teleconference Meeting Minutes

Board members were asked to review and approve the draft minutes from the March 23,
2009 Board Teleconference Meeting.

Mr. Edward Rendon moved to approve the March 23, 2009 Board Teleconference
meeting minutes as amended. Dr. Martha Burnett-Collins seconded the motion.
The Board voted unanimously: 8-yes; 0-no; and 0-abstention.

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7. **President’s Report**

Dr. Goldstein reported that he and Ms. Mona Maggio meet weekly via teleconference to discuss programs and processes within the Department of Consumer Affairs and Board activities that require Board input. Activities requiring Board input will be discussed in the Executive Officer’s report.

**Glaucoma Diagnosis and Treatment Advisory Committee Update**

Dr. Goldstein noted that the first stage of the Glaucoma Diagnosis and Treatment Advisory Committee (GDTAC) was completed on April 1, 2009. The committee’s final report is currently being reviewed by Dr. Tony Carnevali, the Office of Professional Examination Services (OPES) consultant. The report and recommendations from the OPES will be discussed at the July 16-17, 2009 board meeting.

Dr. Kenneth Lawenda asked when board members would be able to see the report. Dr. Goldstein answered: “The report will be in the board packet”.

Dr. Lawenda questioned if the state board is responsible for moving for or against the report only, or if other petitions may be presented.

Dr. Goldstein explained that the board’s work is to accept the report and move ahead with the regulatory process and implementation of the report. If the process is not successfully concluded by January 1, 2010, it goes back to the State Board of Optometry and becomes the board’s responsibility. Dr. Goldstein added that the board’s input will occur while making the regulations.

Ms. Monica Johnson requested that staff have legal counsel prepare an overview (with flow chart) to be presented at the July board meeting, clarifying what options are available should the board not want to adopt the report from the Office of Professional Examination Services.

Ms. Johnson added that she wants the board to ensure the public has the opportunity to hear and voice their opinions regarding this issue. She requested the board ensure that staff informs the public, via a notice on the board’s web site, of the upcoming discussion.

**Committee Appointments**

Dr. Goldstein reported that, at the suggestion of staff, Dr. Susy Yu and Ms. Johnson restructured the board’s committees to more accurately align with the work needs of staff and staff activities. The suggested committee appointments were provided in the board meeting packets and are as follows:
Legislation and Regulation Committee
Susy Yu, OD; Monica Johnson;
Ed Rendon; Lee Goldstein, OD

Recommends legislative priorities of the Board and assisting staff with drafting language for Board sponsored legislation and recommending official positions on current legislation.

Practice Committee
Alex Arredondo, OD; Fred Naranjo,
Kenneth Lawenda, OD; Katrina Semmes;
Lee Goldstein, OD

Advises the Board staff on matters relating to optometric practice, including standard of practice and scope of practice issues. The Committee also reviews staff responses to proposed regulation changes that may affect optometric practice.

Consumer Protection Committee
Martha Burnett-Collins, OD; Richard Simonds, OD; Kenneth Lawenda, OD; Fred Naranjo, Ed Rendon

Responsible for overseeing the development and administration of legally defensible licensing examinations and consulting on improvements/enhancements to licensing and enforcement policies and procedures. Also assists with the development of outreach materials to the Board’s stakeholders.

Education Committee
Alex Arredondo, OD, Martha Burnett-Collins, OD, Richard Simonds, OD

Reviews requests for approval of continuing education courses and offers guidance to board staff regarding continuing education issues.

Strategic Planning Committee
Susy Yu, OD, Katrina Semmes

Reviews the Board’s progress towards achieving the objectives and goals outlined in its Strategic Plan.

Fiscal Committee
Monica Johnson, Lee Goldstein, OD

Serves as the liaison with staff and assists staff in monitoring and reporting the status of the budget.

Dr. Martha Burnett-Collins moved to approve the committee appointments as distributed. Dr. Kenneth Lawenda seconded the motion. The Board voted unanimously: 8-yes; 0-no; and 0-abstention.

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**Upcoming Board Meetings**

Upcoming board meeting information was provided in the meeting packets as follows:
July 16-17, 2009  
Department of Consumer Affairs (DCA)  
1625 North Market Blvd. S-102  
First Floor Hearing Room  
Sacramento, CA 95834  

October 22-23, 2009  
Staff is working on securing a location in the Bay Area  

Department of Consumer Affairs  
Professionals Achieving Consumers Trust (PACT) Summit  
Department of Consumer Affairs is considering moving the Summit from Jan/Feb to June/July 2010  

Healing Arts Roundtable  
Dr. Goldstein reported that on April 15, 2009, he, Ms. Johnson, and Dr. Yu attended the Healing Arts Roundtable at the DCA headquarters in Sacramento California. There were almost one hundred attendees representing various boards. Dr. Goldstein attended the “Workforce Development Challenges” workshop. He noted that there are some advantages to being in a smaller, highly regulated board. We don’t have many of the issues that other board’s encounter. He stated that he felt the roundtable was a great attempt by DCA to establish consistency amongst the boards in their common missions of serving the public and issues regarding healthcare in California. Dr. Goldstein added that if he had one recommendation, it would be for smaller, informal meetings between licensed professionals (particularly independent practice) and common interest boards. For optometry this might include a meeting with occupational health.

Ms. Johnson reported that she attended the “Impaired Health Professionals and Self-Care” workshop. This discussion focused on unified diversion programs for licensees with substance abuse issues. Some issues were raised, from some of the large boards, regarding difficulties they encounter with their enforcement committees. Ms. Johnson noted that the majority of the boards approve of follow-up through a unified diversion program. She concluded by saying we will watch this closely and make certain we are a part of this discussion.

Dr. Susy Yu provided a summary of the workshop she attended “Disparities of Care in Underserved Communities”.

Other Items of Interest  
Dr. Martha Burnett-Collins asked if the board might consider uploading job openings on the board’s website. She suggested that it might be beneficial for new graduates in optometry. Dr. Goldstein responded that Ms. Maggio can look into the possibility and appropriateness of this activity.
8. Executive Officer’s Report

Ms. Mona Maggio, Executive Officer presented the following highlights from the Executive Officer’s Report.

**Budget Update**
The majority of the Board’s revenue comes from biennial license renewals and applications for licensure. Regarding spending authority, the Board's budget consists of both Non-Discretionary and Discretionary funds. Non-discretionary funds make up what is known as Personal Services, such as salary and wages, staff benefits, departmental billing, and Interagency services – Office of Professional Examination Services (OPES) Inter-Agency agreements. Discretionary funds make up what is known as Operating Expenses and Equipment, such as overtime, general expense, travel and training.

Ms. Maggio reported that she plans to have the budget analyst and budget manager attend the July 2009 meeting to provide a thorough overview of the entire budget process and answer any questions. She added that the budget for fiscal year (FY) 2009/2010 was already approved and signed by the Governor earlier in the year.

Regarding changes to the board’s personal office budget, Ms. Maggio stated that she submitted two concept papers for Budget Change Proposals (BCPs). One concept paper is to make the board’s current half time position, a full time position. The half time position is not sufficient to absorb current workload. The other concept paper is to acquire a spending authority of $35,000 to hire a Strategic Planning and Staff Development consultant, which would begin in 2011 and continue to 2013.

**Contract with Lexis Nexis for Purchase of Updated 2009 Law Book**
Andrea Leiva, staff member, submitted a Contract Request on April 13, 2009 in order to purchase the rights to the California Laws and Regulations Book Related to the Practice of Optometry. The new book would include all laws up to 2009 and would be given to the Board in an updateable, PDF format. The vendor will give the Board license to update, reprint and display the information on the Board’s web sit as well as include a print on demand feature that would be no cost to the Board. As of May 5, 2009, the contract is on its way to being approved. Services would begin on May 30, 2009 and completed on July 30, 2009.

**Board Operations**
Ms. Maggio reported on the following:

- Three Out of State travel (OST) requests for FY 2009/10 have been submitted for consideration and approval.
- Elvia Melendrez joined the Board as a seasonal clerk on April 20, 2009. Ms. Melendrez has been doing a great job in assisting the licensing program staff with processing name and address changes, processing applications and organizing cashiering logs. Ms. Melendrez previously worked at the Board of Behavioral Sciences for about eight years.
- Additionally, the Board has “hired” three high school student volunteers to assist with creating new license files, miscellaneous filing projects, and preparing materials to be archived. Malena Melendrez, Christopher Mendoza, and Tyler Killian are students at Roseville Joint Union High School and by volunteering at our
The Board has outreach events scheduled. Ms. McGavin and Jeff Robinson are scheduled to meet with the fourth year students at the Southern California College of Optometry on May 19, 2009 to provide an overview of licensing requirements, what occurs when licentiates get into trouble with enforcement, who we are and what we do, and we’re here for support – we want to assist our licensees. Dr. Goldstein, Ms. Johnson, Katrina Semmes, and Ms. Maggio will meet with the University of California, Berkeley, School of Optometry on May 19th or 20th 2009, to provide their students with the same overview. Ms. McGavin and Ms. Leiva are making edits and enhancements to the student outreach PowerPoint presentation to include an overview of the Board, the licensing process and the enforcement program, covering the most common complaints and violations.

The following items have been updated and posted to the website since the February 27, 2009 Board meeting:

- Added a "What's New" box on main page to call attention to what's going on with the Board of Optometry i.e. Updates to Board Meeting dates, changes in Law, new items added to the web site like the 2009 Law Exam Study guide and more. The date of when each item is posted is included in order for web viewers to see that we are current and our web site is up to date.

- Created a link called "Become a Subject Matter Expert" which leads to a page showing all the workshops that Optometrists can participate in to assist with the Occupational Analysis and the Law Examination. A registration form is included as well as a description of the workshops.

- Updated Board Member information adding Edward Rendon and removing Mary V. Rosas under the "About Us" section.

- Removed the "Newsflash" button on the main homepage and added a "Join Our E-mail list" button to encourage more people to subscribe.

- Added new documents under the Proposed Regulations section in order to keep visitors up to date on what's going on with CCR 1524.

- Kept Board Meeting and Committee Meeting Dates current in the 2009 Board Meetings section

Senate Bill (SB) 1441 (Chapter 548, Statutes of 2008) was authorized by Senator-Ridley-Thomas Chair of the Senate Business, Professions and Economic Development Committee. SB 1441 created the Substance Abuse Coordination Committee (SACC) subject to Bagley-Keene Open Meeting Act and requires the committee, by January 1, 2010, to formulate uniform and specific standards in specified areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program. The SACC working group is comprised of enforcement managers. The working group will assist in developing the “Uniform Standards Regarding Substance-Abusing Healing Arts licensees. Ms. McGavin serves as the Board's representative to the workgroup.
• The Enforcement Unit continues to meet each week to discuss cases, processes/procedures and issues related to enforcement and consumer protection. Recently Ms. Kimball began a review of all the CAS action codes (the database used by all DCA boards/bureaus for tracking complaints and disciplinary actions) available to the Board. Consistency in using the right code is very important and necessary for running statistical reports since the codes are the category identifiers. Staff is reviewing the codes and will determine the appropriate ones for the Board to use.

Ms. Kimball also provided staff with a, very helpful, overview on how to read criminal history reports (rap sheets). Due to the many reporting agencies it can be confusing about where to request the arrest report, as the arresting agency is not always the custodian of records.

• There has been a huge increase in the number of licensees with Lacrimal Irrigation and Dilation and Glaucoma Certification. Mr. Robinson and Ms. Leiva have been performing a records audit to ensure accuracy of our statistical numbers.

• Ms. Leiva has been working with OPES on the Occupational Analysis (OA) survey. A total of 1,790 survey packages still need to be mailed out.

**Regulatory Update**
Dr. Yu will attend and represent the Board at the June 2009 Association of Regulatory boards of Optometry (ARBO) meeting.

The rulemaking file to amend the California Code of Regulations (CCR) Section 1524 became effective April 28, 2009. Staff has contacted DCA to update the renewal applications that are mailed from the Employment Development Department (EDD) and has informed the accounting office to allow collection of the increased fees. Staff is reviewing the CCRs to identify any additional amendments that are needed relating to the passage of section 1524. Staff is finalizing the rulemaking file add section 1525, Response to Board Inquiry and section 1525.1 Fingerprint Requirements to Division 16, title 16 of the CCR.

**Legislative Update**
The Board is watching the following bills:

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

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

**AB 249 (Carter)** – would require as part of the written patient personal property inventory in long-term health care facilities, a listing, by a unique identification number, of all a patient-owned mobility, hearing, eating, or breathing equipment, including but not limited to canes, walkers, wheelchairs, hearing aids, oxygen equipment, and denture containers.
SB 43 (Alquist) – would authorize healing arts boards, as defined to collect information regarding the cultural and linguistic competency of persons licensed, registered, or otherwise subject to regulation by those boards. The bill would require that this information be used for the purpose of meeting the cultural and linguistic concerns of the state’s diverse patient population, registered, or otherwise subject to information.

SB 638 (Negrete McLeod) would delete the requirement that a board become a bureau under DCA if it sunsets, and instead provides for the removal of a board’s members, and appointment of a successor board. Revises and recasts sunset review law to remove references to the Joint Committee for Boards Commissions and Consumer Protection, and instead authorize the appropriate standing policy committees of the Legislature to carry out the sunset review functions. Terminates the terms of office of each board member and bureau chief within the Department upon an unspecified date, and authorizes successor board members and bureau chiefs to be appointed, as specified.

SB 674 (Negrete McLeod) would require the Medical Board of California (MBC) to adopt regulations by July 1, 2010, regarding the appropriate level of physician availability needed within clinics and other settings using certain laser or intense pulse light devices for cosmetic procedures. Modify the definition of "outpatient setting" to include facilities that offer in vitro fertilization and assisted reproduction technology treatments. Delete existing MBC notice and identification requirements and instead require that every outpatient setting that is accredited be periodically inspected by the MBC or the accreditation agency. Make an evaluation of approved accreditation agencies by the MBC mandatory. Require the accrediting agency to immediately report to the MBC if the outpatient setting's certificate for accreditation has been denied. Require the MBC, absent inquiry, to notify the public whether a setting is accredited, certified, or licensed, or the setting's accreditation, certification, or license has been revoked, suspended, or placed on probation, or the setting has received a reprimand by the accreditation agency. Include, as part of the submission for approval by an accrediting agency, at the time of accreditation, a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery. Require the Department of Public Health, when conducting an inspection of an acute care hospital, to inspect the peer review process utilized by the hospital.

SB 762 (Aanestad) - would make it unlawful for a city or county to prohibit a healing arts licensee from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of that licensee, but would prohibit construing this provision to prohibit the enforcement of a local ordinance effective prior to January 1, 2010.

Conflict of Interest Form 700
Although the final filing was April 1, 2009, it is imperative that the forms be submitted to Department of Consumer Affairs (DCA), Human Resources (HR) immediately. A penalty fee may incur due to late submission of Form 700.
**DCA Sacramento Long Range Facilities Plan**
The Facilities Management Unit has surveyed DCA Boards, Bureaus, Divisions, and Programs to determine their space needs and possible tenants for new office space. A second building is currently under construction at the DCA Headquarters location. Lease negotiations are underway for the Board to have expanded office space at the Del Paso location.

**Personnel**
Carrie Lopez resigned as DCA Director on April 3, 2009. Governor Schwarzenegger’s staff is currently conducting interviews to fill this position. Chief Deputy Director Scott Reid left DCA in March and accepted Governor Schwarzenegger’s appointment as Undersecretary at State and Consumer Services Agency (SCSA). Fred Aguiar was appointed as Secretary of SCSA. Rosario Marin resigned as SCSA Secretary on March 5, 2009.

**Take Charge California**
DCA gathered government officials, consumer advocates and community partners at the California Department of Consumer Affairs’ Consumer Information Center on March 3rd to launch a new consumer-awareness initiative called “Take Charge, California!” The initiative urges consumers to “Be Smart, Be Safe and Be Heard,” and is intended to empower consumers by providing easy access to the information and resources needed to make smart choices when shipping or securing the services of a professional or tradesperson during this economic downturn.

“Take Charge, California!” encompasses community outreach, strategic partnerships with government and community organizations, and publications in several languages. A centerpiece of the initiative is a new website which provides one-stop service to consumers who are searching for tips on how to get the most for their money in the marketplace, alerts on the latest consumer scams and frauds, easy license look-up to ensure they are dealing with licensed professionals, and information about where and how to complain if they are dissatisfied with a product or service. Two staff members, Michelle Linton-Shedd and Andrea Leiva are featured consumers in the publicity campaign and promotional items for Take Charge California!

**Board Member Website**
The new Board Member Resource Center is now available to access information of interest to Board members. The user name and password were emailed to Board Members on May 7, 2009.

**Webcasting**
Final construction walk-through was completed in April 2009 and the DCA soft launch has begun. Meetings being held in the hearing room have the option to use new webcasting equipment.


**Board Members**
On April 28, 2009 Monica Johnson and Dr. Martha Burnett-Collins, O.D. were interviewed by the Governor’s Appointments Office for consideration for reappointment to the Board. Their terms expire on June 1, 2009. Richard Simonds, O.D. has made the decision not to seek reappointment. Board members may serve up to a one-year grace period after the expiration date of their term.

Dr. Goldstein announced that public member Edward Rendon is now the State Legislation Chairman.

9. **Strategic Plan Update**
Ms. Leiva reported that the Board’s strategic plan has not been updated since 2007. Goals need to be re-evaluated and new objectives created in order to fit the current needs of the board, Stakeholders and staff capabilities.

The Board would like to hire a strategic plan consultant in budget year 2010-2011 in order to create an effective plan to meet the goals of staff and Board members. A budget change proposal (BCP) is currently being created in order to find a consultant by that target date. For the time being, a meeting with the Strategic Planning Committee would be the best course of action in order to update or add new goals and create objectives for the Board. Also, the Department of consumer Affairs’ Strategic Organization, Leadership and Individual Development (SOLID) currently have staff with experience in strategic plan development to assist us at no cost to the Board. Board staff will schedule a meeting with SOLID in order to determine the extent of the services they provide and report back to the Board in the October meeting.

Ms. Leiva outlined the current goals from the strategic plan and what has been accomplished, in the past two years based on the objectives adopted in November 2007, as well as future plans. The outline is as follows:

**Goal 1 – licensing:**
Provide applicants and licensees a fast, accurate and cost effective process for obtaining and maintaining licensure registration and certifications required to practice optometry in the State of California.

**Key/Major Accomplishments**
- 2007 – Applicant Tracking System (ATS) successfully implemented in order to streamline the licensing process and eliminate backlog.
- 2007 – Updated printed licenses to more clearly reflect the different levels of certification (therapeutics, lacrimal irrigation, and/or glaucoma).

**Future plans**
- iLicensing (aka Breeze) – DCA is currently working on the iLicensing system which will enable licensees to renew their licenses on-line. The approximate start date for the program is late 2010.
- Association of Regulatory Boards of Optometry (ARBO) Optometric Education (OE) Tracker – An Automated online service for optometrist and continuing optometric education providers to track continuing education (CE) courses. The concept for OE Tracker is to provide a way to capture CE attendance at an educational meeting and transfer that data to a central electronic site where doctors and/or the state boards can record and verify attendance to complete state board CE requirements.
**Goal 2 – Examinations:**

Provide a fair, valid and legally defensible licensing exam and exam process to ensure that only qualified and competent individuals are licensed to provide optometric services in the State of California.

**Key/Major Accomplishments**

- 2009 Occupational Analysis – Final surveys were sent out on May 13, 2009 to 1,975 randomly chosen licensed optometrists. This process should be completed in mid-July.

- 2009 – Law exam development and Occupational Analysis workshop response rates have gone up dramatically. Eight hundred and fifty eight registration forms were sent out to licensees who graduated between January 2005 and January 2009 in an effort to get younger optometric practitioners involved. Staff from the OPES are thrilled with the mix of subject matter experts (SME’s) participating this year, as a variety is necessary in order to create a valid law exam which reflects the experience of optometrists in California.

- 2009 – Went from a paper-based communication method (i.e. letters, additional mailing of information) with SME’s to an email and Internet based communication method. Created a web page with all workshop dates for potential participants can check whenever they want. Also, conduct all communication via email and created a subscriber’s list to keep those interested up to date on the workshops.

- 2007 Licensing Exam Development and Validation – Board staff worked with OPES on a series of workshops to develop a new California Laws and Regulations Examination. It had been found that the current law exam had not been properly updated from 1994-2007 and was not valid or legally defensible. The final product was presented to the Board via a telephone conference call on July 12, 2007. The Board voted to adopt the new exam, which was administered for the first time on August 22, 2007.

- 2007 – Creation of the first Candidate handbook and Study Guide for the law exam which was posted on the web site and sent to all optometry schools in the USA and Canada.

**Future Plans**

- Computer-Based Testing – Currently working with PSI and NBEO on the best way to transition form paper and pencil to computer based testing.

- Outreach to Schools of Optometry – in order to encourage new graduates to participate in workshops sometime during their optometric career. Also, to bring awareness about the optometry web site, which is being updated with workshop information.

**Goal 3 – Legal and Regulatory**

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.
Key/Major Accomplishments

- 2009 – Fee increase regulation approved by the Office of Administrative Law (OAL) and effective upon filing with the Secretary of State of April 28, 2009.
- 2009 – Completion of the Glaucoma Advisory Committee meetings. Waiting for consultant’s and OPES’ final recommendation.
- 2009 – Senate Bill 1406 (Ch. 352, Stats. 2008) effective January 1, 2009 amended Business and Professions Code section 3041 to expand the scope of practice of optometry for TPA – certified optometrists to include, among other things, the treatment of glaucoma and performing venipuncture for patients suspected of having diabetes. Section 3041 was also amended with the removal of the prohibition against treating persons with AIDS for ocular infections.
- 2008 – Effective July 3, 2008 addition of California Codes and Regulations (CCR) section 1568(I) to allow qualified out of state applicants to be accepted based on therapeutic experience in lieu of the preceptorship program. SB 579 (Chapter 302, Statures 2006) prompted this regulation.

Future Plans

- 1506,1508,1509,1509.5 Temporary and Mobile Practice Regulations – still need to discuss, research and further define pursuant to AB 956 (Eng) – Regulation of Optometry.
- Establish a fee for license verification; should be $25, but currently, Board is performing this task at no charge.
- 1531 Licensure Examination – need to match up with National Board of Examiners in Optometry which was updated recently.
- Would like to make sure that regulations are clear when addressing a “license” as a “license” not a “certificate”.
- Section 1536 – Continuing Optometric Education; Purpose and Requirements – may need to change after receiving final recommendation from glaucoma consultant and OPES.
- Electronic Transmittal of Contact Lens and Eyeglass prescriptions (Rx’s) – discussed in May 2007 meeting and may need further review or action.

Additional Suggestions

- After reviewing previous meeting binders, various beneficial statute amendments were found which were discussed in January 2007 by the Board Legislative Committee where no action was taken.
  1. Board seek authority to mandate licensees to respond to inquiries regarding complaint.
  2. Enhance Mandatory Malpractice Reporting Requirements for Malpractice Settlements.
  3. Remove Mandatory Terms “Optometry” and “Optometric” in Business Name.
  4. Add section in B&P code that would require licensed optometrists to retain patients’ records for a minimum of seven years from the patients’ discharge date, and require a minor patient’s health service records to be retained for a minimum of seven years from the date the patient reaches 18 years of age.
Goal 4 – Enforcement
Protect the health and safety of consumers of optometric services through the active enforcement of the laws and regulations governing the safe practice of optometry in the State of California.

Key/Major Accomplishments
- 2007 – Livescan: Background Check Improvements:
  1. Automated notification to DOJ when the Board becomes “no longer interested in an arrest record.” For example, when a licensee passes on or surrenders his/her license.
  2. Posted the Livescan form on the Internet, which was previously obtained via mail from the Board.
- 2007 – Online Disciplinary History; Information displayed on the Board’s website began indicating whether or not the licensee has a disciplinary history which reduced workload from 100 calls per month to less than 10 calls per month.

Future Plans
- Mandatory submission of fingerprints for Board licensees – Regulation rulemaking needs to be completed.
- Use Applicant Tracking Systems (ATS’) report-writing feature for enforcement and licensing called “Ad Hoc Reports” that will be useful when extracting data that was previously unattainable.
- Draft necessary regulations pertaining to substance abuse guidelines currently in progress by DCA and the legislature pursuant to SB 1441.

Additional Suggestions
- Go one step further from just showing online disciplinary history and post complete disciplinary actions (i.e. accusations, decisions, and stipulated agreements) on website.
- Review and update disciplinary guidelines.

Goal 5: Education and Outreach:
Proactively educate, inform and engage consumers, licensees, optometry students and other stakeholders about the practice of optometry and the laws and regulations governing the same.

Key/Major Accomplishments
- 2009 – Added SME Workshops to automated email tool to keep interested parties up to date.
- 2007 – Web Updates: At the prompting of the Governor’s Chief Information Officer and the Transparency Act of 2005, Board staff complied with the new look and feel standards for web sites; Those standards include:
  1. Logo and banner – A new logo and banner have been established that use less space and facilitate co-branding. The header helps signify to users that they are on an official state site, and is a required element for every state web site.
  2. Tabs – The primary navigation will transition to tabs, versus left-hand sub-navigation.
3. Footer – The footer will appear at the bottom of all state pages. The footer contains links to the policies of www.ca.gov, contact information, and other information.

- 2007 – Updated and developed new fact sheets on the following topics:
  1. Fingerprinting – Criminal Background Checks
  2. Inactive License
  3. Prescribing Controlled Substances
  4. Overview of License Requirements

**Future Plans**

- Use the automated email tool to increase subscribers in order to perform more effective outreach.
- Update fact sheets and brochures and create new ones to further educate optometrists and the public.
- For Web site add:
  1. Link to Healthy Families and other vision programs available to the public
  2. Provide definitions of the “related licenses, (i.e., SOLs, BOLs, and FNPs)
  3. Define various certifications
  4. Add board phone number to disciplinary information
  5. Link to upcoming outreach events
  6. List of partners regarding diabetes outreach
  7. Information on tamper-resistant RX pads
  8. Stay up to date with new procedures and post information about them for consumers
  9. Have a “Related Links” link for other Web sites related to optometry and eye education

**Additional Suggestions**

- Obtain email addresses of optometrists in order to reduce mailing costs when doing outreach in regards to law changes, occupational analysis, etc.

**Goal 6 – Organization Effectiveness:**
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.

**Key/Major Accomplishments**

- Board members are more engaged in the topics of discussion at Board meetings by coming prepared and showing their passion for Board issues by offering suggestions and solutions.
- New public member Edward Rendon has outstanding qualifications and experience that compliment well with the Board and will assist in reaching the Board’s goals.
- Professional and public member participation in outreach events with students at UC Berkeley and the Southern California College of Optometry.
- Maintaining and always striving to have a positive working relationship with the California Association of Regulatory Boards of Optometry (ARBO).
- Staff is attending training course to improve the organization and team.
- Margie McGavin, Enforcement Manager, completed the first DCA Management Academy, which adds to the leadership of our organization.
Future Plans
- Board Member Martha Burnett-Collins, O.D. and Board Secretary Monica Fascher-Johnson are seeking reappointment to the Board.
- Plan to hire a strategic plan/organization development consultant FY 2010/2011 to enhance staff performance and further lead us to a model state licensing board.

10. Discussion and Possible Action Regarding the Association of Regulatory Boards of Optometry’s (ARBO) Request for the California State Board of Optometry (Board) to Accept its Optometric Education (OE) Tracker Services
Ms. Cheree Kimball reported on the OE Tracker services. The issue was brought for consideration at Board Meetings on November 16, 2006, February 8, 2007, and May 17, 2007. At the May 17, 2007 Board Meeting, the Board of Optometry moved to accept ARBO’s OE Tracker program with the understanding that is it ultimately the responsibility of the optometrist to provide accurate and approved continuing education documentation and that the Board would not be prevented from expanding or reconsidering usage of the program in the future.” Since the May 17, 2007 Board Meeting, no action has been taken to implement the Board’s usage of ARBO’s OE Tracker for purposes of continuing education tracking or auditing. Board staff conducted a thorough review of the services provided by ARBO’s OE Tracker to determine the security and accuracy of the information, the potential cost to Board licensees, the ease of use for Board staff and the ability of ARBO’s OE Tracker to potentially be integrated into the i-Licensing program currently in development for Department of Consumer Affairs and its Boards and Bureaus.

After review of the OE Tracker system, staff is suggesting the Board discuss requiring licensees to use the OE Tracker system.

Ms. Kimball explained that ARBO will be implementing a tiered fee system in July, 2009. An annual fee of $20 will provide optometrists with full access to all of OE Tracker’s features, including the ability to print a certificate. If an optometrist chooses not to pay the annual $20 fee, they would still have access to the records, but it would be a limited access.

Dr. Goldstein raised some concerns. Dr. Goldstein explained that this imposes a significant hassle upon members, because many continuing education providers (i.e. California Optometric Association) are not on the OE Tracker, or with ARBO. The optometrists would have to manually enter their continuing education information. Many vendors (i.e. local optometric societies, online courses, correspondence courses) do not ask for an OE tracker number. Dr. Goldstein added that the tracker is a great idea, which would be a great time saving tool for the Board. However, until more vendors begin using the tracker, he has concerns about making it a requirement.

Ms. Maggio and Ms. McGavin responded that they believe optometrists will appreciate and want the OE tracker after the Board’s continuing education audits begin.

Ms. Johnson wants this to remain an agenda.
Dr. Lee Goldstein moved for staff to direct Ms. Cheree Kimball to facilitate a meeting with California Optometric Association, Optometry schools, and other major continuing education vendors, to discuss uniform continuing education reporting system like OE Tracker. Dr. Martha Burnett-Collins seconded the motion. The Board voted unanimously. 8-yes; 0-no; and 0-abstention.

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11. Discussion and Possible Action Regarding Optometric Care in Nursing Home Facilities

Dr. Goldstein stated this is primarily an information session at this point. The purpose of the discussion is to achieve resolution of ensuring that patients who reside in nursing homes receive fair and just treatment. Current law does not adequately address providing optometric services in this type of environment.

Ms. McGavin introduced this item. Drs David Turetsky and Ronald Black, with Advanced Eyecare, Dr. Richard Steiner, O.D., and Rebecca Steiner, Geriantologist, some of whom, Ms. McGavin noted, practice exclusively in nursing homes and some of whom have their own private practice and practice in nursing homes on an as needed basis. They were present to speak on the topic and lend support to the profession.

Dr. Black operates a private practice in Glendale, California. He also operates a practice in partnership with Dr. Turetsky, which currently employs eight optometrists who practice solely in nursing facilities and cover approximately four hundred nursing facilities throughout the state. Drs Black and Turetsky maintain a separate location to house records and billing information of patient's who are examined at these facilities.

Dr. Turetsky demonstrated for the board the equipment each optometrist brings to the facility to perform their examinations in the nursing home environment, the standard of care provided, insurance billing procedures, contracts with facilities, and the unique challenges during examination of patients (i.e. patient with Parkinson’s Disease – would not want to have a sharp instruments near eye, mental illness etc). He noted for the record that all patient names and numbers have been redacted.

Dr. Goldstein stated the questions before the board have to do with whether or not all documentation occurs in all patients, in order to verify that a comprehensive evaluation has been performed; as well as, suggestions about how the board will describe and require such documentation. He added that accountability issues are a concern (i.e. where patient records are kept; how patient, patient families and advocates will be able to obtain those records).
Dr. Turetsky responded that about 70 percent of exams look like those presented today. An assessment of the patients mental and physical abilities is evaluated during the examination (i.e. is the patient responsive, oriented, in wheelchair, bed bound, ambulatory etc.)? Dr. Turetsky added that he treats a fair number of patients who are combative and uncooperative; therefore, some equipment may not be able to be used with particular patients. Nevertheless, the facility still requires some documentation from their staff. He summarized it by saying “it’s basically doing as much as you possibly can within the limitations of that person’s cooperation”. Therefore some of the charts will reflect performance of everything, and others will not be nearly as intensive.

Ms. McGavin asked the Drs if any licensed optometrist can do this kind of work in a nursing home environment.

Dr Turetsky responded that anybody with a license can do this but not everyone wants to do it. An optometrist in this setting must possess a high level of tolerance. These patients are not just elderly folks who have diminished vision. An optometrist in this setting deals with many mentally disabled patients (i.e. Alzheimers, advanced Dementia) who would not be taken out into the general public because they are too violent or dangerous.

Ms. McGavin questioned if they look for a certain type of person(s) for this job and if the optometrist(s) receive any additional training, so they are prepared for the unique challenges. Dr Turetsky responded that they look for personalities with a high level of compassion.

Dr. Black replied that there is a selection process. Even individuals who are interested are sometimes weeded out because it takes a certain mindset and certain level of compassion, and tolerance. Drs. Turetsky and Black added that optometrists receive at least one or two days of training and they begin slowly. They must be Therapeutic Pharmaceutical Agent (TPA) Certified.

Ms. McGavin inquired how often in advance do they know where they will be practicing? Dr. Turetsky responded approximately two weeks in advance.

Ms. McGavin questioned if part of the regulations were to provide the board with a schedule of where you’ll be practicing for the year, on an annual basis, would you be able to provide this information to the board? Dr. Turetsky replied he would not. He can inform the board of where he will be but not when he will be there.

Ms. Andrea Hamel, with Vision Services Provider (VSP) clarified (due to something stated earlier) that VSP does not, currently, pay for anything at the skilled nursing facility. Patients must use their major medical insurance and be transported to an optometrist office for services. Ms. Hamel provided Ms. Cheree Kimball with handouts regarding this topic. She stated that the handouts provided comprehensive information regarding what VSP believes to be the minimum criteria, authorization, recording keeping, and equipment requirements, in a effort to assist the board with it’s decisions on how to position existing regulation, or the development of a new regulation going forward.
Tim Hart, Director of Government and External Affairs, for the California Optometric Association (COA), advised that there are two challenges facing the board with this emerging standard of practice.

1) Minimum standard of care – Which the board may address, as it affects nursing home patients and this should bring about a current reality of practice.

2) Utilization - Constructing a minimum standard would require optometrists practicing in this environment, with its unique challenges, to have a substantial amount of practice experience.

Ms. Steiner stated that due (in part) to her profession as a Geriantologist, she’s coming at this from a completely different angle. She does not see this type of practice as an exception to the rule. She explained that she has repeatedly witnessed how difficult it is for people, in nursing home facilities to receive the quality of care for an eye exam that is necessary for quality of life. She concluded that what she’d like to see is the right care at the right time for the people who need it and, for the profession to be proactive and stay on top of it.

Dr. Steiner added that he has another perspective on the issue. Dr. Steiner described an example of his worst case scenarios with these patients and concluded by emphasizing that the patients are often very agitated, they are out of their environment, they have some kind of disability, and are “surrounded by people in white coats”. He noted that patient response is not the same in the nursing home facility.

Ms Hamel, of VSP, responded by saying that VSP absolutely believe getting optometrist’s into nursing homes is the right thing to do. She stated it’s a low overhead, high profit area. VSP supports the endeavor with adequate controls in place to ensure these patients receive the same quality of care as any one of us would receive in office locations.

Mr. Fred Naranjo asked if VSP might take the lead in offering the program that would provide these patients with more extensive eyecare service.

Ms. Hamel replied by saying that they are willing to do anything. VSP has not yet decided how to move forward and is waiting upon the board’s decisions. However, they are absolutely acting in the best interest of their enrollees and their families.

Dr. Turetsky clarified that the nursing home environment is not a low overhead, high profit area. He added that he took some offense to the comment. He stated that if one is doing the job correctly, they won’t get rich.

Dr. Goldstein advised that the board’s concern is serving the public and ensuring that services are completed appropriately and meet certain standards. Dr. Goldstein thanked the guests for their presentation and materials. He noted that the appropriate way to move forward prior to any regulations is to refer this item to the practice committee and staff to work on proposals and for staff to hold a meeting as soon as possible.
Dr. Susy Yu moved to refer the discussion and possible action regarding optometric care in nursing home facilities to the temporary practice and legislative committees. Ms. Monica Johson seconded the motion. The board voted unanimously: 8-yes; 0-no; and 0-abstention.

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12. **Discussion and Possible Action Regarding California Licensed Optometrists’ Prescribing and Dispensing Authority of Latisse and/or any Other Eyelash Enhancing Medication.**

Legal Counsel, Michael Santiago addressed the question of whether or not a licensed optometrist, in California, can use or prescribe Latisse for the condition of Hypotrichosis (inadequate eyelashes) only. Mr. Santiago explained that based on how the law is written, and interpreted, they cannot use or prescribe the eyelash enhancing medication. He added that for optometrists to be able to prescribe Lattise, the board would need to change statuatory law because Business and Professions (B&P) Code section 3041(b) is very specific regarding what conditions optometrists can treat.

Dr. Goldstein requested clarification that optometrists cannot prescribe Latisse because they cannot treat the condition Hypotrichosis. Mr. Santiago confirmed Dr. Goldstein’s question and added that even if optometrists could treat the condition, Latisse is not classifiable as a type of Therapeutic Pharmaceutical Agent (TPA) an optometrist can prescribe, according to B&P Code section 3041 (b)(2) which lists the type of TPAs that may be used by the optometrist certified to use TPAs to diagnose and treat the conditions listed in 3041 (b).

Ms. McGavin stated that staff has received numerous phone calls from optometrists inquiring about this subject. She requested the board direct staff to post information regarding legal opinion on the board’s website.

Ms. Johnson suggested having questions and answers posted in the “Frequently Asked Questions” (FAQ’s) section of the board’s website, with reference to the B&P Code section 3041.

Ms. McGavin replied this would certainly be a solution but reminded the board of the websites newly added “What’s New” section. Ms. McGavin suggested having the legal opinion posted in the “What’s New” section first, and then added to the FAQ’s section for continuity.
Ms. Monica Johnson moved to authorize staff to have the legal opinion regarding Latisse information published to the board’s website. Mr. Edward Rendon seconded the motion. The board voted unanimously: 8-yes; 0-no; and 0-abstention.

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Ms. Monica Johnson moved to authorize staff to send notification to Allergan, advising them that optometrists cannot prescribe any eyelash enhancing medication. Mr. Edward Rendon seconded the motion. The board voted unanimously: 8-yes; 0-no; and 0-abstention.

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13. Discussion and Possible Action Regarding the Review of Business and Professions Code Section 3041 as amended by Senate Bill 1406, Chapter, 352 (Stats. 2008)
Ms. Leiva reported on this item. The Board was asked to determine what statutes, regulations or rules optometrists should become familiar with because of the expansion in the scope of practice due to Senate Bill (SB) 1406. After thoroughly examining how the new privileges would affect current law and consulting with the Board’s legal counsel, Board staff found that Section 3041 (e)(4), Venipuncture for testing of patients suspected of having diabetes, is the only change that would require licensees to adopt additional procedures but would not require additional regulations. Current law is already in place, Section 3041.1 Standard of care in diagnosing or treating eye disease, With respect to the practices set forth in subdivision (b), (d), and (e) of section 3041, optometrists 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. Thus, if an optometrist commits unprofessional conduct by not following the standard of care established, the board may take action pursuant to Section 3110 (a)(w) Unprofessional Conduct. Further research was conducted to specifically identify how licensees would be affected if they chose to perform venipuncture in their practice. Since, pursuant to section 3041.1 optometrists are held to the “same standard of care to which physicians and surgeons are held,” the Medical Waste Management Act (MWMA) under the California Department of Public Health as well as Cal.Code
Ms. Leiva stated that she contacted the Dean of the Berkeley School of Optometry, Dr. Dennis Levi, O.D., Ph.D. According to Dr. Levi, Cal.Code Regs. Title 8, section 5193 (2009), Bloodboerne Pathogens is currently used and taught in their optometry program.

Ms. Leiva continued to report the following: Though no regulations are necessary, licensees need to be informed of their responsibility when performing venipuncture. Board staff currently has Infection Control Guidelines drafted from 2003, which staff is currently reviewing and updating for the July Board meeting, which could be turned into a fact sheet for distribution in the following methods:

- Mass mailing to all current licensees with a fact sheet listing key requirements and directing them to the appropriate sources for more information.
- Fact sheet could also be included with application packages or renewal packages.
- Posting on Optometry Web Site.
- Schools of Optometry would be included in the mass mailing.

Ms. Leiva asked if the board has any other suggestions. Dr. Goldstein responded that the mass mailing and posting on Web site, of a FAQ sheet regarding optometrist’s responsibilities when performing venipuncture, need to occur as soon as possible. Dr. Goldstein suggested the FAQ sheet be sent to the Consumer Protection Committee for review.

Dr. Kenneth Lawenda moved that staff send out mass mail and have FAQ regarding optometrist’s responsibilities when performing venipuncture posted to the board’s web site as soon as possible with reference to the Center for Disease Control (CDC). Dr. Susy Yu seconded the motion. The board voted unanimously 8-yes; 0-no; and 0-abstention.

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14. Update Regarding Changes to the Administration of the California Law Examination

Ms. Leiva reported that Optometry Board and the Office of Professional Examination Resources (OPES) staff met with the National Boards of Examiners in Optometry (NBEO) via teleconference on May 5, 2009 in order to discuss NBEO’s proposal for online computer-based testing. NBEO indicated that they only provide law exam testing for 11 jurisdictions, including California. The other 10 jurisdictions have agreed to their proposal for online computer-based testing. California is the only jurisdiction,
remaining, to negotiate with. Ms. Leiva stated that because the NBEO computer-based testing is not proctored and candidates can take it anywhere they want, Board staff has concerns. She explained, “we don’t know if they’re looking at the books while taking the exam”. Board staff informed NBEO that, at this time, their proposal is not the direction California would like to take for it’s law exam. NBEO was informed about the Board’s plans to begin using the Department of Consumer Affairs’ vendor PSI for the law exam. But in order to begin using PSI, Board staff would need a list from NBEO of those individuals interested in taking the California Law Exam with the candidate name, address, phone number, education etc. in an excel spreadsheet, in order to determine eligibility. NBEO is proving themselves to be more than willing to assist Board staff and a response is pending before the Board can continue with plans to use PSI.

15. **Discussion and Possible Action Pertaining to the Joint Board Certification Project Team’s Draft Proposal for the Board Certification Process for Optometry**

Kevin Alexander provided a presentation for the board. Approximately two years ago a task force was created to explore the issue of Board Certification in Optometry. The Joint Board Certification Project Team (JBCPT) formed by six optometric organizations [the American Academy of Optometry (AAO), the American Optometric Association (AOA), the American Optometric Student Association (AOSA), the Association of Regulatory Boards in Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO)] in 2007, to research, develop, and propose a model framework for board certification process for the profession of optometry. The JBCPT agreed to the task of developing and proposing an attainable, credible, and defensible model for Board Certification in Optometry and maintenance of certification for adoption by the profession.

Mr. Alexander explained that the JBCPT is all about the concept of value driven healthcare reform; Of being able to demonstrate quality to the payers of healthcare through transparent processes within healthcare, and having the ability to choose healthcare providers based on value; Value meaning value for the dollar – quality for the dollar.

Dr. Lee Goldstein moved to endorse the concept of joint board certification. Dr. Martha Burnett-Collins seconded the motion. The board voted 7-yes; 0-no; 1-abstention.

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<td>Dr. Goldstein</td>
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<td>Dr. Yu</td>
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<td>Ms. Johnson</td>
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<td>Dr. Arredondo</td>
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<td>Mr. Naranjo</td>
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<td>Mr. Rendon</td>
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16. **Public Comment Regarding Issues Not on the Agenda**

Dr. Mark Condel, O.D. addressed the issue of permanent cosmetics. Dr. Condel reported that permanent cosmetics (i.e. eyeliner, eye shadow, lip color) are services which require no formal education, no training requirements, and are regulated and
controlled on a county level. These services are provided by (i.e. cosmeticians, tattoo artists, ophthalmologists, dermatologists, plastic surgeons, etc.). Non-medical personnel typically perform these services, although there are known, rare cases of Hepatitis B, Hepatitis C and HIV virus transmission due to needle inoculation. Health and Safety Code 119303 only requires the individual pay a one time fee of $25 and an annual inception fee of $105 directly to the County Health Department. Dr. Condel asked if the board, and board’s counsel, see prohibitions of an optometrist offering permanent eyeliner if they comply with the regulation requirements of their local healthcare agency.

Dr. Goldstein replied this is a good question and deferred the subject to staff for making it a subject of future meetings.

17. **Suggestions for Future Agenda items**

Board members and stakeholders were given the opportunity to suggest items/issues to be presented at future board/committee meetings.

**Board Meetings**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>July 16-17, 2009</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td></td>
<td>1625 North Market Blvd</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95834</td>
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<td></td>
<td>First Floor Hearing Room, S-102</td>
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<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>October 22-23, 2009</td>
<td>Bay Area</td>
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<tr>
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<td>Location TBA</td>
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**Adjournment**

Fred Naranjo moved to adjourn the meeting. Dr. Martha Burnett-Collins seconded the motion. The Board voted unanimously; 8-yes; 0-no; and 0-abstention.

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<thead>
<tr>
<th>Member</th>
<th>Aye</th>
<th>No</th>
<th>Abstention</th>
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<tr>
<td>Dr. Goldstein</td>
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Minutes, also known as minutes of meeting (abbreviation MoM), protocols or, informally, notes, are the instant written record of a meeting or hearing. They typically describe the events of the meeting and may include a list of attendees, a statement of the issues considered by the participants, and related responses or decisions for the issues. The name "minutes" possibly derives from the Latin phrase minuta scriptura (literally "small writing") meaning "rough notes". Taking meeting minutes isn’t as easy as they make it seem. How do you take great notes? And how do you use them to create professional and effective minutes? In this post, you’ll learn how to make people go: “Woah, those are some impressive minutes.” Meeting minutes are the most important part of any meeting. It doesn’t matter if we’re talking about a simple team meeting, a committee meeting, a task-force meeting, or even a board meeting Why is that? Minutes are used to record decisions and action items.