



July 21, 2017
Training Room 2
9:00 a.m.

Call to Order – Steven A. Linas, O.D., Board President

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Linas

Use of Agency Laptop Computers – Leslie Knachel/Carol Stamey

Public Comment – Dr. Linas

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Linas

Pages 1-13

- June 5, 2017, Full Board Meeting
- June 5, 2017, Formal Hearing
- June 12, 2017, Formal Hearing

Legislative/Regulatory Update – Elaine Yeatts

Pages 14-38

- Emergency Regulations for Prescribing Opioids
- Periodic Review
 - Review of Public Comments
 - Drafting of Proposed Regulations

Discussion Items

Pages 39-74

- Healthcare Workforce Data Center Survey Report – **Elizabeth Carter, PhD**
- Expert Admissibility Standards – **Charis Mitchell**
- Continuing Education Programs Approval (§ 54.1-3219(A)) – **Leslie Knachel**
- Update to Bylaws Guidance Document 105-14 – **Leslie Knachel**
- Security Cameras – **Leslie Knachel**

President’s Report – Dr. Linas

Staff Reports

Pages 75-76

- Executive Director Report – **Leslie Knachel**
- Discipline Report - **Amanda Blount**

New Business – Dr. Linas

Officer Elections

Meeting Calendar

Page 77

- Rescheduling meeting for November 3, 2017
- 2018 Calendar

Meeting Adjournment – Dr. Linas

Formal Hearing Scheduled to begin at 11:00 a.m.

This information is in DRAFT form and is subject to change.

**BOARD OF OPTOMETRY
FULL BOARD MEETING
JUNE 5, 2017**

- TIME AND PLACE:** The Board of Optometry (Board) meeting was called to order at 9:00 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Room 2, Henrico, Virginia 23233.
- PRESIDING OFFICER:** Steven A. Linas, O.D., Chair
- MEMBERS PRESENT:** Helene Clayton-Jeter, O.D.
Fred E. Goldberg, O.D.
Clifford A. Roffis, O.D.
Lisa Wallace-Davis, O.D.
Devon Cabot, Citizen Member
- MEMBERS NOT PRESENT:** All board members were present.
- STAFF PRESENT:** David E. Brown, D.C., Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Amanda E. M. Blount, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Carol Stamey, Operations Manager
- OTHERS PRESENT:** Mark Hickman, Commonwealth Strategy Group/Virginia Society of Eye Physicians and Surgeons
- QUORUM:** With six members of the Board present, a quorum was established.
- ORDERING OF AGENDA** Dr. Goldberg moved to approve the agenda as presented. The motion was seconded and carried.
- PUBLIC COMMENT:** No public comment was presented; however, written public comment from the Virginia Optometric Association (VOA) was received and reviewed by the Board.
- APPROVAL OF MINUTES:** Dr. Wallace-Davis moved to approve the January 31, 2017, and February 15, 2017, meeting minutes as presented. The motion was seconded and carried.
- LEGISLATIVE/REGULATORY UPDATE:** **2018 Proposed Legislation**
Ms. Yeatts provided the following overview of the draft legislation:
- During the Board's January 31, 2017, board meeting, the Board approved moving forward with the discussed legislative changes.
 - The draft legislation was circulated following the meeting to ensure that all approved changes were made. Additional questions were raised and it was determined that a new draft and the Board's approval were needed before proceeding.
 - The purpose of the draft legislation is to remove outdated Code of Virginia sections.

- The draft was discussed which included the comments provided by the VOA. To include the following (See Attachment 1 for final draft):
 - o §54.1-3202. Exemptions: Discussed defining supervision. It was determined that this could be done in the regulations. No changes were made to draft.
 - o §54.1-3211. Examination: No changes were made to draft.
 - o §54.1-3213. Issuance of license; fee; renewal: No changes were made to draft.
 - o §54.1-3215. Reprimand, revocation and suspension: No changes were made to draft.
 - o §54.1-3220. Certification for administration of diagnostic pharmaceutical agents: No changes were made to draft.
 - o §54.1-3221. "Diagnostic pharmaceutical agents" defined: utilization; acquisition: Ms. Yeatts stated that the authority for an optometrist to purchase, possess or administer diagnostic pharmaceutical agents is found in the §54.1-3301(pharmacy) of the Code of Virginia. Therefore, this section was no longer needed. The board made no changes to the proposed language as presented.
 - o §54.1-3222. TPA certification; certification for treatment of diseases or abnormal conditions with therapeutic pharmaceutical agents: The Board discussed that the therapeutic pharmaceutical agent (TPA) didactic training was included in the curriculum of all accredited optometry schools; therefore, consultation with a school of optometry or medicine was no longer needed. The Board requested the deletion of "after consultation with a school or college of optometry and a school of medicine" from § 54.1-3222(2).
 - o §54.1-3223. Regulations relating to instruction and training, examination, and therapeutic pharmaceutical agents: The Board discussed making further deletions to this section. Ms. Yeatts explained that although the TPA-Formulary Committee has been inactive for a number of years, it is made up of stakeholders that would act as an advisory panel to the Board should a new class of drugs need to be added to the list of approved drugs prescribed or administered by optometrists. Furthermore, this section provides an exemption to the Administrative Process Act for amending regulations should new drugs need to be added to the regulations. No changes were made to the draft.
 - o §54.1-3224. Denial, etc., of TPA certification; disciplinary actions; summary suspension under certain circumstances: No changes were made to the draft.

Dr. Linas initiated a discussion regarding the impact of a new governor on legislative changes. Dr. Brown and Ms. Yeatts explained that the pending change in the administration should not affect moving forward with this legislative package.

Dr. Wallace-Davis moved to go forward with the proposed legislation as presented with the amendment to § 54.1-3222(2). The motion was seconded and carried.

NEXT MEETING: Dr. Linas noted that the next board meeting is scheduled for July 21, 2017, and the topic of opioid prescription abuse would be included on the agenda.

ADJOURNMENT: The meeting adjourned at 9:10 a.m.

Steven A. Linas, O.D.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Legislative Draft

Proposed Changes to Chapter 32. Optometry.

§ 54.1-3202. Exemptions.

This chapter shall not apply to:

1. Physicians licensed to practice medicine by the Board of Medicine or to prohibit the sale of nonprescription eyeglasses and sunglasses; ~~or~~
2. Any optometrist rendering free health care to an underserved population in Virginia who (i) does not regularly practice optometry in Virginia, (ii) holds a current valid license or certificate to practice optometry in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care in an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of his license or certification in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any optometrist whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow an optometrist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state; or
3. Any student, intern or trainee in optometry, engaged in a course of study at an accredited university or college under the direct supervision of a licensed optometrist or ophthalmologist, while performing optometric services constituting a part of his supervised course of study.

§ 54.1-3211. Examination.

The Board shall set the necessary standards to be attained in the examinations to entitle the candidate to receive a license to practice optometry.

~~The examination shall be given at least semiannually if there are any candidates who have applied to the Board for examination at least 30 days before the date for the examination.~~

~~The examination shall include anatomy; physiology; pathology; general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications and emergency care associated with the use of diagnostic pharmaceutical agents; and the use of the appropriate instruments.~~

The Board may determine a score that it considers satisfactory on any written examination of the National Board of Examiners in Optometry. ~~The Board may waive its examination for a person who achieves a satisfactory score on the examination of the National Board of Examiners in Optometry.~~

Those persons licensed on or before June 30, 1997, to practice optometry in this state but not certified to administer diagnostic pharmaceutical agents may continue to practice optometry but may not administer diagnostic pharmaceutical agents without satisfying the requirements of this section. Those persons licensed after June 30, 1997, shall be considered as certified to administer diagnostic pharmaceutical agents. After June 30, 2004, every person who is initially licensed to practice optometry in Virginia shall meet the qualifications for a TPA-certified optometrist.

§ 54.1-3213. Issuance of license; fee; renewal.

Every candidate successfully passing the examination shall be licensed by the Board ~~as possessing if such candidate possesses~~ the qualifications required by law and regulation to practice optometry.

~~The fee for examination and licensure shall be prescribed by the Board and shall be paid to the executive director of the Board by the applicant upon filing his application.~~

Every license to practice optometry granted under the provisions of this chapter shall be renewed at such time, in such manner and upon payment of such fees as the Board may prescribe.

§ 54.1-3215. Reprimand, revocation and suspension.

The Board may ~~revoke or suspend a license or reprimand the licensee~~ refuse to admit an applicant to any examination; refuse to grant or renew a license or certificate; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke any license or certificate for any of the following causes:

1. Fraud or deceit in his practice;
2. Conviction of any felony under the laws of the Commonwealth, another state, the District of Columbia or any United States possession or territory or of any misdemeanor under such laws involving moral turpitude;
3. Conducting his practice in such a manner as to endanger the health and welfare of his patients or the public;
4. Use of alcohol or drugs to the extent such use renders him unsafe to practice optometry or mental or physical illness rendering him unsafe to practice optometry;
5. Knowingly and willfully employing an unlicensed person to do anything for which a license to practice optometry is required;
6. ~~Practicing optometry while suffering from any infectious or contagious disease;~~
7. ~~Neglecting or refusing to display his license and the renewal receipt for the current year;~~

~~8.7.~~ Obtaining of any fee by fraud or misrepresentation or the practice of deception or fraud upon any patient;

~~9.8.~~ Advertising which directly or indirectly deceives, misleads or defrauds the public, claims professional superiority, or offers free optometrical services or examinations;

~~10.9.~~ Employing, procuring, or inducing a person not licensed to practice optometry to so practice;

~~11.10.~~ Aiding or abetting in the practice of optometry any person not duly licensed to practice in this Commonwealth;

~~12.11.~~ Advertising, practicing or attempting to practice optometry under a name other than one's own name as set forth on the license;

~~13.12.~~ Lending, leasing, renting or in any other manner placing his license at the disposal or in the service of any person not licensed to practice optometry in this Commonwealth;

~~14.13.~~ Splitting or dividing a fee with any person or persons other than with a licensed optometrist who is a legal partner or comember of a professional limited liability company formed to engage in the practice of optometry;

~~15.14.~~ Practicing optometry where any officer, employee, or agent of a commercial or mercantile establishment, as defined in subsection C of § 54.1-3205, who is not licensed in Virginia to practice optometry or medicine directly or indirectly controls, dictates, or influences the professional judgment, including but not limited to the level or type of care or services rendered, of the licensed optometrist;

~~16.15.~~ Violating other standards of conduct as adopted by the Board;

~~17.16.~~ Violating, assisting, inducing or cooperating with others in violating any provisions of law relating to the practice of optometry, including the provisions of this chapter, or of any regulation of the Board.

~~§ 54.1-3220. Certification for administration of diagnostic pharmaceutical agents. (Repealed).~~

~~In order to become certified to administer diagnostic pharmaceutical agents for the purpose of examining and determining abnormal or diseased conditions of the human eye or related structures, an optometrist shall:~~

~~1. Complete successfully a Board approved course in general and ocular pharmacology as it relates to the practice of optometry which shall consist of at least fifty five classroom hours including a minimum of fifteen classroom hours in general pharmacology, twenty classroom hours in ocular pharmacology and twenty classroom hours of clinical laboratory presented by a college or university accredited by a regional or professional accreditation organization which is recognized or approved by the Council on Post Secondary Accreditation or by the United States Department of Education.~~

~~2. Pass a Board approved, performance based examination on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications and emergency care associated with the use of diagnostic pharmaceutical agents as defined in this article.~~

§ 54.1-3221. "Diagnostic pharmaceutical agents" defined; utilization; acquisition.

A. ~~Certified optometrists~~ Optometrists certified to administer diagnostic pharmaceutical agents or optometrists licensed after June 30, 1997 may administer diagnostic pharmaceutical agents only by topical application to the human eye. "Diagnostic pharmaceutical agents" shall be defined as Schedule VI controlled substances as set forth in the Drug Control Act (§ 54.1-3400 et seq.) that are used for the purpose of examining and determining abnormal or diseased conditions of the human eye or related structures.

B. Any optometrist who utilizes diagnostic pharmaceutical agents without being certified ~~as required by this article~~ to administer diagnostic pharmaceutical agents or licensed after June 30, 1997 shall be subject to the disciplinary sanctions provided in this chapter.

C. Licensed drug suppliers or pharmacists are authorized to supply optometrists with diagnostic pharmaceutical agents upon presentation of evidence of Board certification for administration of such drugs or an optometrist license issued after June 30, 1997.

§ 54.1-3222. TPA certification; certification for treatment of diseases or abnormal conditions with therapeutic pharmaceutical agents (TPAs).

A. The Board shall certify an optometrist to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents (TPAs), if the optometrist files a written application, accompanied by the fee required by the Board and satisfactory proof that the applicant:

1. Is ~~licensed~~ qualified for licensure by the Board as an optometrist ~~and certified to administer diagnostic pharmaceutical agents pursuant to Article 4 (§ 54.1-3220 et seq.);~~

2. Has satisfactorily completed such didactic and clinical training programs for the treatment of diseases and abnormal conditions of the eye and its adnexa as are determined, ~~after consultation with a school or college of optometry and a school of medicine,~~ to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients; and

3. Passes such examinations as are determined to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients.

B. TPA certification shall enable an optometrist to prescribe and administer, within his scope of practice, Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedules III through VI controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) to treat diseases and abnormal conditions of the human eye and its adnexa as determined by the Board, within the following conditions:

1. Treatment with oral therapeutic pharmaceutical agents shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen, and analgesics included on Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act, which are appropriate to alleviate ocular pain and (ii) other Schedule VI controlled substances as defined in § 54.1-3455 of the Drug Control Act appropriate to treat diseases and abnormal conditions of the human eye and its adnexa.

2. Therapeutic pharmaceutical agents shall include topically applied Schedule VI drugs as defined in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.).

3. Treatment of angle closure glaucoma shall be limited to initiation of immediate emergency care.

4. Treatment of infantile or congenital glaucoma shall be prohibited.

5. Treatment through surgery or other invasive modalities shall not be permitted, except for treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

6. Entities permitted or licensed by the Board of Pharmacy to distribute or dispense drugs, including, but not limited to, wholesale distributors and pharmacists, shall be authorized to supply TPA-certified optometrists with those therapeutic pharmaceutical agents specified by the Board on the TPA-Formulary.

§ 54.1-3223. Regulations relating to instruction and training, examination, and therapeutic pharmaceutical agents.

A. The Board shall promulgate such regulations governing the treatment of diseases and abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents by TPA-certified optometrists as are reasonable and necessary to ensure an appropriate standard of medical care for patients, including, but not limited to, determinations of the diseases and abnormal conditions of the human eye and its adnexa that may be treated by TPA-certified optometrists, treatment guidelines, and the drugs specified on the TPA-Formulary.

~~In establishing standards of instruction and training, the Board shall consult with a school or college of optometry and a school or college of medicine and shall set a minimum number of hours of clinical training to be supervised by an ophthalmologist. The didactic and clinical training programs may include, but need not be limited to, programs offered or designed either by schools of medicine or schools or colleges of optometry or both or some combination thereof.~~

~~The Board may prepare, administer, and grade appropriate examinations for the certification of optometrists to administer therapeutic pharmaceutical agents or may contract with a school of medicine, school or college of optometry, or other institution or entity to develop, administer, and grade the examinations.~~

In order to maintain a current and appropriate list of therapeutic pharmaceuticals on the TPA-Formulary, current and appropriate treatment guidelines, and current and appropriate determinations of diseases and abnormal conditions of the eye and its adnexa that may be treated by TPA-certified optometrists, the Board may, from time to time, amend such regulations. Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq.), except to any extent that they may be specifically made subject to §§ 2.2-4024, 2.2-4030, and 2.2-4031; the Board's regulations shall, however, comply with § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.). The Board shall, however, conduct a public hearing prior to making amendments to the TPA-Formulary, the treatment guidelines or the determinations of diseases and abnormal conditions of the eye and its adnexa that may be treated by TPA-certified optometrists. Thirty days prior to conducting such hearing, the Board shall give written notice by mail or electronic means of the date, time, and place of the hearing to all currently TPA-certified optometrists and any other persons requesting to be notified of the hearings and publish notice of its intention to amend the list in the Virginia Register of Regulations. During the public hearing, interested

parties shall be given reasonable opportunity to be heard and present information prior to final adoption of any TPA-Formulary amendments. Proposed and final amendments of the list shall also be published, pursuant to § 2.2-4031, in the Virginia Register of Regulations. Final amendments to the TPA-Formulary shall become effective upon filing with the Registrar of Regulations. The TPA-Formulary shall be the inclusive list of the therapeutic pharmaceutical agents that a TPA-certified optometrist may prescribe.

B. To assist in the specification of the TPA-Formulary, there shall be a seven-member TPA-Formulary Committee, as follows: three Virginia TPA-certified optometrists to be appointed by the Board of Optometry, one pharmacist appointed by the Board of Pharmacy from among its licensees, two ophthalmologists appointed by the Board of Medicine from among its licensees, and the chairman who shall be appointed by the Board of Optometry from among its members. The ophthalmologists appointed by the Board of Medicine shall have demonstrated, through professional experience, knowledge of the optometric profession. In the event the Board of Pharmacy or the Board of Medicine fails to make appointments to the TPA-Formulary Committee within 30 days following the Board of Optometry's requesting such appointments, or within 30 days following any subsequent vacancy, the Board of Optometry shall appoint such members.

The TPA-Formulary Committee shall recommend to the Board those therapeutic pharmaceutical agents to be included on the TPA-Formulary for the treatment of diseases and abnormal conditions of the eye and its adnexa by TPA-certified optometrists.

§ 54.1-3224. Denial, etc., of TPA certification; disciplinary actions; summary suspension under certain circumstances. (Repealed).

~~A. The Board of Optometry may deny, refuse to renew, revoke, or suspend any TPA certificate issued to a TPA-certified optometrist, or applied for by a licensed optometrist in accordance with the provisions of this article, or may discipline or reprimand any certificate holder for violations of this chapter or the Board's regulations.~~

~~B. The Board may take action summarily to suspend a TPA-certified optometrist's certification under this section by means of a telephone conference call if, in the opinion of a majority of the Board, (i) a good faith effort to convene a regular meeting of the Board has failed and (ii) there is an imminent danger to the public health or safety which warrants this action.~~

**VIRGINIA BOARD OF OPTOMETRY
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 2
HENRICO, VA
June 5, 2017**

CALL TO ORDER: The meeting of the Virginia Board of Optometry (Board) was called to order at 9:30 a.m., on June 5, 2017, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

PRESIDING OFFICER: Steven A. Linas, O.D., Chairperson

MEMBERS PRESENT: Devon Cabot, Citizen Member
Helene Clayton-Jeter, O.D.
Fred E. Goldberg, O.D.

MEMBERS EXCUSED: Lisa G. Wallace-Davis, O.D.
Clifford A. Roffis, O.D.

QUORUM: With four members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Juan Ortega, Crane-Snead & Associates, Inc.

**PARTIES ON BEHALF OF
THE COMMONWEALTH:** James E. Schliessmann, Senior Assistant Attorney
General
Emily E. Tatum, Adjudication Specialist

**COMMONWEALTH
WITNESSES:** Karen Booke
Julia Turner
Mark Cranfill
Pat Sheehan
Patient A
Patient B

Patient C
Patient D
Patient E
Patient F
Patient G
Patient H's mother
Patient I
Patient J

RESPONDENT WITNESSES:

Thomas R. Cheezum, O.D., CPC, COPC

MATTER SCHEDULED:

Diana Thao Tran, O.D.
License No.: 0618-001343
Case Nos.: 154934, 155012, 158304, 160741, 163385,
168725, 170737 & 172595

Dr. Tran appeared before the Board in accordance with a Notice of Formal Hearing dated May 2, 2017. Dr. Tran was represented by counsel, Robert Harrison Gibbs, Jr., Esquire. The Board received evidence and sworn testimony from the witnesses called by the Commonwealth, an expert witness called by Dr. Tran, and Dr. Tran regarding the allegations in the Notice.

By agreement of all parties, the hearing was recessed and would be scheduled to reconvene on another day.

ADJOURNMENT:

The Formal Hearing adjourned at 1:00 a.m.

Steven A. Linas, O.D., Chairperson

Leslie L. Knachel, M.P.H., Executive Director

**VIRGINIA BOARD OF OPTOMETRY
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
June 12, 2017**

CALL TO ORDER: The meeting of the Virginia Board of Optometry (Board) was called to order at 8:00 a.m., on June 12, 2017, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Steven A. Linas, O.D., Chairperson

MEMBERS PRESENT: Devon Cabot, Citizen Member
Helene Clayton-Jeter, O.D.
Fred E. Goldberg, O.D.

MEMBERS EXCUSED: Lisa G. Wallace-Davis, O.D.
Clifford A. Roffis, O.D.

QUORUM: With four members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Juan Ortega, Crane-Snead & Associates, Inc.

PARTIES ON BEHALF OF THE COMMONWEALTH: James E. Schliessmann, Senior Assistant Attorney General
Emily E. Tatum, Adjudication Specialist

MATTER SCHEDULED: **Diana Thao Tran, O.D.**
License No.: 0618-001343
Case Nos.: 154934, 155012, 158304, 160741, 163385, 168725, 170737 & 172595

The first day of this hearing took place on June 5, 2017, wherein the panel received testimony from various

The first day of this hearing took place on June 5, 2017, wherein the panel received testimony from various witness for the Commonwealth, an expert witness called by Dr. Tran, and Dr. Tran. By agreement of all parties, the hearing was recessed and subsequently scheduled, by mutual agreement, to reconvene on June 12, 2017. Dr. Tran appeared with counsel, Robert Harrison Gibbs, Jr., Esquire. The Board received additional evidence and testimony from Dr. Tran and discussed the allegations contained in the Notice.

By agreement of all parties, the hearing was recessed and would be scheduled to reconvene on another day for the Board's deliberation and to announce the Board's decision.

ADJOURNMENT:

The Formal Hearing adjourned at 2:00 p.m.

Steven A. Linas, O.D., Chairperson

Leslie L. Knachel, M.P.H., Executive Director

BOARD OF OPTOMETRY

Prescribing of opioids

18VAC105-20-5. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition for which controlled substances may be prescribed for no more than three months.

"Board" means the Virginia Board of Optometry.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Controlled substance" means drugs listed in The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through V.

"MME" means morphine milligram equivalent.

"NBEO" means the National Board of Examiners in Optometry.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"TPA" means therapeutic pharmaceutical agents.

"TPA certification" means authorization by the Virginia Board of Optometry for an optometrist to treat diseases and abnormal conditions of the human eye and its adnexa and to prescribe and administer certain therapeutic pharmaceutical agents.

18VAC105-20-48. Prescribing an opioid for acute pain.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, a TPA-certified optometrist shall follow the regulations for prescribing and treating with opioids.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, a TPA-certified optometrist shall perform a health history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance abuse.

C. Initiation of opioid treatment for all patients with acute pain shall include the following:

1. A prescription for an opioid shall be a short-acting opioid in the lowest effective dose for the fewest number of days, not to exceed seven days as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the patient record.

2. A TPA-certified optometrist shall carefully consider and document in the patient record the reasons to exceed 50 MME/day.

3. Prior to exceeding 120 MME/day, a TPA-certified optometrist shall refer the patient to or consult with a doctor of medicine or osteopathic medicine who is a pain management specialist and document in the patient record the reasonable justification for such dosage.

4. Naloxone shall be prescribed for any patient when any risk factor of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant use of benzodiazepine is present.

D. If another prescription for an opioid is to be written beyond seven days, a TPA-certified optometrist shall:

1. Reevaluate the patient and document in the patient record the continued need for an opioid prescription; and

2. Check the patient's prescription history in the Prescription Monitoring Program.

D. The patient record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed (including date, type, dosage, strength, and quantity prescribed).

E. Due to a higher risk of fatal overdose when opioids are prescribed for a patient also taking benzodiazepines, sedative hypnotics, or carisoprodol, a TPA-certified optometrist shall only co-prescribe these substances when there are extenuating circumstances and shall document in the patient record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

18VAC105-20-49. Prescribing an opioid for chronic pain.

If a TPA-certified optometrist treats a patient for whom an opioid prescription is necessary for chronic pain, he shall either:

1. Refer the patient to a doctor of medicine or osteopathic medicine who is a pain management specialist; or

2. Comply with regulations of the Board of Medicine, 18VAC85-21-60 through 18VAC85-21-120 (see 33:16 VA.R. 1930-1931 April 3, 2017), if he chooses to manage the chronic pain with an opioid prescription.

18VAC105-20-70. Requirements for continuing education.

A. Each license renewal shall be conditioned upon submission of evidence to the board of 20 hours of continuing education taken by the applicant during the previous license period. A licensee

who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle.

1. The 20 hours may include up to two hours of recordkeeping for patient care, including coding for diagnostic and treatment devices and procedures or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products.
2. For optometrists who are certified in the use of therapeutic pharmaceutical agents, at least 10 of the required continuing education hours shall be in the areas of ocular and general pharmacology, diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents, ~~or~~ new or advanced clinical devices, techniques, modalities, or procedures, or pain management.
3. At least 10 hours shall be obtained through real-time, interactive activities, including in-person or electronic presentations, provided that during the course of the presentation, the licensee and the lecturer may communicate with one another.
4. A licensee may also include up to two hours of training in cardiopulmonary resuscitation (CPR).
5. Two hours of the 20 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. Each licensee shall attest to fulfillment of continuing education hours on the required annual renewal form. All continuing education shall be completed prior to December 31 unless an extension or waiver has been granted by the Continuing Education Committee. A request for an extension or waiver shall be received prior to December 31 of each year.

C. All continuing education courses shall be offered by an approved sponsor or accrediting body listed in subsection G of this section. Courses that are not approved by a board-recognized sponsor in advance shall not be accepted for continuing education credit. For those courses that have a post-test requirement, credit will only be given if the optometrist receives a passing grade as indicated on the certificate.

D. Licensees shall maintain continuing education documentation for a period of not less than three years. A random audit of licensees may be conducted by the board which will require that the licensee provide evidence substantiating participation in required continuing education courses within 14 days of the renewal date.

E. Documentation of hours shall clearly indicate the name of the continuing education provider and its affiliation with an approved sponsor or accrediting body as listed in subsection G of this section. Documents that do not have the required information shall not be accepted by the board for determining compliance. Correspondence courses shall be credited according to the date on which the post-test was graded as indicated on the continuing education certificate.

F. A licensee shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.

G. An approved continuing education course or program, whether offered by correspondence, electronically or in person, shall be sponsored, accredited, or approved by one of the following:

1. The American Optometric Association and its constituent organizations.
2. Regional optometric organizations.

3. State optometric associations and their affiliate local societies.
4. Accredited colleges and universities providing optometric or medical courses.
5. The American Academy of Optometry and its affiliate organizations.
6. The American Academy of Ophthalmology and its affiliate organizations.
7. The Virginia Academy of Optometry.
8. Council on Optometric Practitioner Education (COPE).
9. State or federal governmental agencies.
10. College of Optometrists in Vision Development.
11. The Accreditation Council for Continuing Medical Education of the American Medical Association for Category 1 credit.
12. Providers of training in cardiopulmonary resuscitation (CPR).
13. Optometric Extension Program.

H. In order to maintain approval for continuing education courses, providers or sponsors shall:

1. Provide a certificate of attendance that shows the date, location, presenter or lecturer, content hours of the course and contact information of the provider or sponsor for verification. The certificate of attendance shall be based on verification by the sponsor of the attendee's presence throughout the course, either provided by a post-test or by a designated monitor.
2. Maintain documentation about the course and attendance for at least three years following its completion.

I. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3215 of the Code of Virginia.

Commonwealth of Virginia



REGULATIONS

OF THE

VIRGINIA BOARD OF OPTOMETRY

Title of Regulations: 18 VAC 105-20-5 et seq.

Statutory Authority: § 54.1-2400 and Chapter 32
of Title 54.1 of the *Code of Virginia*

Revised Date: September 21, 2016

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TABLE OF CONTENTS

18VAC105-20-05. Definitions.....3
18VAC105-20-10. Licensure by examination.....3
18VAC105-20-15. Licensure by endorsement.....3
18VAC105-20-16. Requirements for TPA certification.....4
18VAC105-20-20. Fees.....5
18VAC105-20-30. (Repealed).....6
18VAC105-20-40. Standards of conduct.....6
18VAC105-20-41. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.....7
18VAC105-20-45. Standards of practice.....8
18VAC105-20-46. Treatment guidelines for TPA certified optometrists.....10
18VAC105-20-47. Therapeutic pharmaceutical agents.....11
18VAC105-20-50. Professional designations.....12
18VAC105-20-60. Renewal of licensure; reinstatement; renewal fees.....13
18VAC105-20-70. Requirements for continuing education.....13
18VAC105-20-75. Registration for voluntary practice by out-of-state licensees.....16

For Discussion ONLY

18VAC105-20-05. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Board" means the Virginia Board of Optometry.

"NBEO" means the National Board of Examiners in Optometry.

"TPA" means therapeutic pharmaceutical agents.

"TPA certification" means authorization by the Virginia Board of Optometry for an optometrist to treat diseases and abnormal conditions of the human eye and its adnexa and to prescribe and administer certain therapeutic pharmaceutical agents.

18VAC105-20-10. Licensure by examination.

A. The applicant, in order to be eligible for licensure by examination to practice optometry in the Commonwealth, shall meet the requirements for TPA certification in 18VAC105-20-16 and shall:

1. Be a graduate of a school of optometry accredited by the Accreditation Council on Optometric Education; have an official transcript verifying graduation sent to the board;
2. Request submission of an official report from the NBEO of a score received on each required part of the NBEO examination or other board-approved examination; and
3. Submit a completed application and the prescribed fee.

B. Applicants who passed the National Board Examination prior to May 1985 shall apply for licensure by endorsement as provided for in 18VAC105-20-15.

C. Required examinations.

1. For the purpose of § 54.1-3211 of the Code of Virginia, the board adopts all parts of the NBEO examination as its written examination for licensure. After July 1, 1997, the board shall require passage as determined by the board of Parts I, II, and III of the NBEO examination.

2. As part of the application for licensure, an applicant must sign a statement attesting that he has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.

D. If an applicant has been licensed in another jurisdiction and has not been engaged in active clinical practice for at least 36 out of the last 60 months preceding application, as required for licensure by endorsement, he may apply for licensure by examination, and the following requirements shall also apply:

Commented [n1]: Recommend adding definition of "adnexa," "TMOD," "DPA," and "Active Clinical Practice." Then remove the definitions out of the body of the regulations.

Commented [n2]: Update to section recommended.

Commented [n3]: Recommend adding "or any other substantially equivalent credentialing body as determined by the Board"

Commented [n4]: Consider adding limitation on number of times can take national exam before taking additional coursework. This is done for TPA - see 18VAC105-20-16(B)

Commented [n5]: Consider adding requirement for separate passage of TMOD

Commented [n6]: Recommend moving up to Subsection A as it does not relate to examinations.

Commented [n7]: Consider moving this under endorsement and consolidate the requirements.

1. The applicant shall attest that he is not a respondent in a pending or unresolved malpractice claim; and

2. Each jurisdiction in which the applicant is or has been licensed shall verify that:

a. The license is current and unrestricted, or if the license has lapsed, it is eligible for reinstatement;

b. All continuing education requirements have been completed, if applicable;

c. The applicant is not a respondent in any pending or unresolved board action; and

d. The applicant has not committed any act that would constitute a violation of § 54.1-3204 or 54.1-3215 of the Code of Virginia.

E. An applicant who completed all parts of the board-approved examination more than five years prior to the date of the board's receipt of his application for licensure may be required to take up to 32 hours of board-approved continuing education.

Commented [n8]: Recommend that they have to submit 40 hours of CE that meets VA's requirements to compensate for not being actively practicing.

18VAC105-20-15. Licensure by endorsement.

A. An applicant for licensure by endorsement shall meet the requirements for TPA certification in 18VAC105-20-16, pay the fee as prescribed in 18VAC105-20-20, and file a completed application that certifies the following:

Commented [n9]: Recommend making n7 change which if done this section can be deleted

1. The applicant has successfully passed the examination required for licensure in optometry in any jurisdiction of the United States at the time of initial licensure.

2. The applicant has been engaged in active clinical practice for at least 36 months out of the last 60 months immediately preceding application.

3. The applicant is not a respondent in a pending or unresolved malpractice claim.

4. The applicant is currently licensed in another jurisdiction of the United States.

5. Each jurisdiction in which the applicant is or has been licensed shall verify that:

a. The license is current and unrestricted, or if the license has lapsed, it is eligible for reinstatement;

b. All continuing education requirements have been completed, if applicable;

c. The applicant is not a respondent in any pending or unresolved board action;

d. The applicant has not committed any act that would constitute a violation of § 54.1-3204 or 54.1-3215 of the Code of Virginia; and

e. The applicant has graduated from an accredited school or college of optometry.

Commented [n10]: Recommend that an endorsement applicant complete 20 hours of CE that meet VA's requirements and if they do not have active practice the amount goes up to 40 hours.

B. The applicant shall also provide proof of competency in the use of diagnostic pharmaceutical agents (DPAs) that shall consist of a report from the national board of passing scores on all sections of Parts I and II of the NBEO examination taken in May 1985 or thereafter. If the applicant does not qualify through examination, he shall provide other proof of meeting the requirements for the use of DPA as provided in §§ 54.1-3220 and 54.1-3221 of the Code of Virginia.

Commented [n11]: Consider deleting this because all applicants for an initial license must meet TPA certification requirements.

C. As part of the application for licensure, an applicant must sign a statement attesting that he has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.

D. In the case of a federal service optometrist, the commanding officer shall also verify that the applicant is in good standing and provide proof of credentialing and quality assurance review to satisfy compliance with applicable requirements of subsection A of this section.

Commented [n12]: Consider deleting this requirement

E. An optometrist previously licensed in Virginia is not eligible for licensure by endorsement but may apply for reinstatement of licensure under 18VAC105-20-60.

18VAC105-20-16. Requirements for TPA certification.

A. An applicant for licensure shall meet the following requirements for TPA certification:

1. Complete a full-time, postgraduate or equivalent graduate-level optometric training program that is approved by the board and that shall include a minimum of 20 hours of clinical supervision by an ophthalmologist; and

Commented [n13]: Consider deleting as this is difficult to verify

2. Take and pass the TPA certification examination, which shall be Treatment and Management of Ocular Disease (TMOD) of the NBEO or, if TPA-certified by a state examination, provide evidence of comparability to the NBEO examination that is satisfactory to the board.

Commented [n14]: Recommend changing beginning to submit passing scores

Commented [n15]: Recommend deleting as it is extremely difficult to provide comparability information.

B. A candidate for certification by the board who fails the examination as required in subdivision A 2 of this section, following three attempts, shall complete additional postgraduate training as determined by the board to be eligible for TPA certification.

18VAC105-20-20. Fees.

A. Required fees:

Initial application and licensure (including TPA certification)	\$250
Application for TPA certification	\$200
Annual licensure renewal without TPA certification	\$150
Annual licensure renewal with TPA certification	\$200
Late renewal without TPA certification	\$50
Late renewal with TPA certification	\$65
Returned check	\$35
Professional designation application	\$100
Annual professional designation renewal (per location)	\$50
Late renewal of professional designation	\$20
Reinstatement application fee (including renewal and late fees)	\$400
Reinstatement application after disciplinary action	\$500

Commented [n16]: Recommend deleting as an individual TPA certification is now obsolete

Duplicate wall certificate	\$25
Duplicate license	\$10
Licensure verification	\$10

B. Unless otherwise specified, all fees are nonrefundable.

C. From October 31, 2015 to December 31, 2015, the following fees shall be in effect:

Commented [n17]: Delete as the fee reduction is now obsolete

Annual licensure renewal without TPA certification	\$100
Annual licensure renewal with TPA certification	\$135
Annual professional designation renewal (per location)	\$30

18VAC105-20-30. (Repealed).

18VAC105-20-40. Standards of conduct.

The board has the authority to deny, suspend, revoke, or otherwise discipline a licensee for a violation of the following standards of conduct. A licensed optometrist shall:

Commented [n18]: Recommend deleting "deny" and adding refuse to grant or to renew

1. Use in connection with the optometrist's name wherever it appears relating to the practice of optometry one of the following: the word "optometrist," the abbreviation "O.D.," or the words "doctor of optometry."
2. Disclose to the board any disciplinary action taken by a regulatory body in another jurisdiction.
3. Post in an area of the optometric office which is conspicuous to the public, a chart or directory listing the names of all optometrists practicing at that particular location.
4. Maintain patient records, perform procedures or make recommendations during any eye examination, contact lens examination or treatment as necessary to protect the health and welfare of the patient and consistent with requirements of 18VAC105-20-45.
5. Notify patients in the event the practice is to be terminated or relocated, giving a reasonable time period within which the patient or an authorized representative can request in writing that the records or copies be sent to any other like-regulated provider of the patient's choice or destroyed in compliance with requirements of § 54.1-2405 of the Code of Virginia on the transfer of patient records in conjunction with closure, sale, or relocation of practice.
6. Ensure his access to the practice location during hours in which the practice is closed in order to be able to properly evaluate and treat a patient in an emergency.
7. Provide for continuity of care in the event of an absence from the practice or, in the event the optometrist chooses to terminate the practitioner-patient relationship or make his services unavailable, document notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

Commented [n19]: Recommend replacing with "Notify."

8. Comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records and related to the provision of patient records to another practitioner or to the patient or his personal representative.

9. Treat or prescribe based on a bona fide practitioner-patient relationship consistent with criteria set forth in § 54.1-3303 of the Code of Virginia. A licensee shall not prescribe a controlled substance to himself or a family member other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

10. Comply with provisions of statute or regulation, state or federal, relating to the diversion, distribution, dispensing, prescribing, or administration of controlled substances as defined in § 54.1-3401 of the Code of Virginia.

11. Not enter into a relationship with a patient that constitutes a professional boundary violation in which the practitioner uses his professional position to take advantage of the vulnerability of a patient or his family to include, but not be limited to, actions that result in personal gain at the expense of the patient, a nontherapeutic personal involvement, or sexual conduct with a patient. The determination of when a person is a patient is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the prohibition.

12. Cooperate with the board or its representatives in providing information or records as requested or required pursuant to an investigation or the enforcement of a statute or regulation.

13. Not practice with an expired or unregistered professional designation.

14. Not violate or cooperate with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) or 32 (§ 54.1-3200 et seq.) of Title 54.1 of the Code of Virginia or regulations of the board.

18VAC105-20-41. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate.

In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation.

Cases may be delegated to an agency subordinate upon approval by a committee of the board, except those in which an optometrist may have conducted his practice in such a manner as to endanger the health and welfare of his patients or the public.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

18VAC105-20-45. Standards of practice.

Commented [n20]: Recommend incorporating reference to § 54.1-2400.01:2 based on the amendment in HB1497 from 2017 GA session.

A. An optometrist shall legibly document in a patient record the following:

1. During a routine or medical eye examination:

- a. An adequate case history, including the patient's chief complaint;
- b. The performance of appropriate testing;
- c. The establishment of an assessment or diagnosis; and
- d. A recommendation for an appropriate treatment or management plan, including any necessary follow up.

2. During an initial contact lens examination:

- a. The requirements of a routine or medical eye examination as prescribed in subdivision 1 of this subsection;
- b. Assessment of corneal curvature;
- c. Evaluation of contact lens fitting;
- d. Acuity through the lens; and
- e. Directions for the wear, care, and handling of lenses.

3. During a follow-up contact lens examination:

- a. Evaluation of contact lens fitting and anterior segment health;
- b. Acuity through the lens; and
- c. Such further instructions as necessary for the individual patient.

4. In addition, the record of any examination shall include the signature of the attending optometrist and, if indicated, refraction of the patient.

B. The following information shall appear on a prescription for ophthalmic goods:

- 1. The printed name of the prescribing optometrist;
- 2. The address and telephone number at which the patient's records are maintained and the optometrist can be reached for consultation;
- 3. The name of the patient;
- 4. The signature of the optometrist;
- 5. The date of the examination and an expiration date, if medically appropriate; and
- 6. Any special instructions.

Commented [n21]: Consider changing to "if the prescription includes an expiration date to document its necessity"

C. Contact lens.

1. Sufficient information for complete and accurate filling of an established contact lens prescription shall include but not be limited to (i) the power, (ii) the material or manufacturer or both, (iii) the base curve or appropriate designation, (iv) the diameter when appropriate, and (v) medically appropriate expiration date.

2. An optometrist shall provide a patient with a copy of the patient's contact lens prescription at the end of the contact lens fitting, even if the patient doesn't ask for it. An optometrist may first require all fees to be paid, but only if he requires immediate payment from patients whose eye examinations reveal no need for corrective eye products.

3. An optometrist shall provide or verify the prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers.

4. An optometrist shall not require patients to buy contact lens, pay additional fees or sign a waiver or release in exchange for a copy of the contact lens prescription.

Commented [n22]: Change lens to lenses

5. An optometrist shall not disclaim liability or responsibility for the accuracy of an eye examination.

D. Spectacle lens.

1. A licensed optometrist shall provide a written prescription for spectacle lenses immediately after the eye examination is completed. He may first require all fees to be paid, but only if he requires immediate payment from patients whose eye examinations reveal no need for corrective eye products.

2. An optometrist shall not require patients to buy ophthalmic goods, pay additional fees or sign a waiver or release in exchange for a copy of the spectacle prescription.

3. An optometrist shall not disclaim liability or responsibility for the accuracy of an eye examination.

E. Practitioners shall maintain a patient record for a minimum of five years following the last patient encounter with the following exceptions:

Commented [n23]: Recommend changing to six years to be consistent with medical records documentation.

1. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

2. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

F. Practitioners shall post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality.

18VAC105-20-46. Treatment guidelines for TPA certified optometrists.

A. TPA-certified optometrists may treat diseases and abnormal conditions of the human eye and its adnexa which may be treated with medically appropriate pharmaceutical agents as referenced in 18VAC105-20-47. [The adnexa is defined as conjoined, subordinate or immediately associated anatomic parts of the human eye, including eyelids and eyebrows.]

Commented [n24]: Recommend removing if it is defined in the definition section

B. In addition, the following may be treated:

1. Glaucoma (excluding the treatment of congenital and infantile glaucoma). Treatment of angle closure shall follow the definition and protocol prescribed in subsection C of this section.

2. Ocular-related post-operative care in cooperation with patient's surgeon.

3. Ocular trauma to the above tissues as in subsection A of this section.

4. Uveitis.

5. Anaphylactic shock (limited to the administration of intramuscular epinephrine).

C. The definition and protocol for treatment of angle closure glaucoma shall be as follows:

1. As used in this chapter, angle closure glaucoma shall mean a closed angle in the involved eye with significantly increased intraocular pressure, and corneal microcystic edema.

2. Treatment shall be limited to the initiation of immediate emergency care with appropriate pharmaceutical agents as prescribed by this chapter;

3. Once the diagnosis of angle closure glaucoma has been established by the optometrist, the ophthalmologist to whom the patient is to be referred should be contacted immediately;

4. If there are no medical contraindications, an oral osmotic agent may be administered as well as an oral carbonic anhydrase inhibitor and any other medically accepted, Schedule III, IV or VI, oral antiglaucomic agent as may become available; and

5. Proper topical medications as appropriate may also be administered by the optometrist.

D. An oral Schedule VI immunosuppressive agent shall only be used when 1) the condition fails to appropriately respond to any other treatment regimen; 2) such agent is prescribed in consultation with a physician; and 3) treatment with such agent includes monitoring of systemic effects.

18VAC105-20-47. Therapeutic pharmaceutical agents.

A. A TPA-certified optometrist, acting within the scope of his practice, may procure, administer and prescribe medically appropriate therapeutic pharmaceutical agents (or any therapeutically appropriate combination thereof) to treat diseases and abnormal conditions of the human eye and its adnexa within the following categories:

1. Oral analgesics - Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedule III, IV and VI narcotic and non-narcotic agents.

Commented [n25]: Consider emergency regulations to limit the number of days for prescription and referral as appropriate to an ophthalmologist if pain continues.

2. Topically administered Schedule VI agents:

- a. Alpha-adrenergic blocking agents;
- b. Anesthetic (including esters and amides);
- c. Anti-allergy (including antihistamines and mast cell stabilizers);
- d. Anti-fungal;
- e. Anti-glaucoma (including carbonic anhydrase inhibitors and hyperosmotics);
- f. Anti-infective (including antibiotics and antivirals);
- g. Anti-inflammatory;
- h. Cycloplegics and mydriatics;
- i. Decongestants; and
- j. Immunosuppressive agents.

3. Orally administered Schedule VI agents:

- a. Aminocaproic acids (including antifibrinolytic agents);
- b. Anti-allergy (including antihistamines and leukotriene inhibitors);
- c. Anti-fungal;
- d. Anti-glaucoma (including carbonic anhydrase inhibitors and hyperosmotics);
- e. Anti-infective (including antibiotics and antivirals);
- f. Anti-inflammatory (including steroidal and non-steroidal);
- g. Decongestants; and
- h. Immunosuppressive agents.

B. Schedule I, II and V drugs are excluded from the list of therapeutic pharmaceutical agents.

C. Over-the-counter topical and oral medications for the treatment of the eye and its adnexa may be procured for administration, administered, prescribed or dispensed.

18VAC105-20-50. Professional designations.

A. In addition to the name of the optometrist as it appears on the license, an optometrist may practice in an office that uses only one of the following:

- 1. The name of an optometrist who employs him and practices in the same office;
- 2. A partnership name composed of some or all names of optometrists practicing in the same office; or
- 3. A professional designation, if the conditions set forth in subsection B of this section are fulfilled.

B. Optometrists licensed in this Commonwealth who practice as individuals, partnerships, associations, or other group practices may use a professional designation for the optometric office in which they conduct their practices provided the following conditions are met:

- 1. A professional designation shall be registered with the board by a licensed optometrist who has an ownership or equity interest in the optometric practice and who must practice in any location with that registered designation and who shall assume responsibility for compliance with this section and with the statutes and regulations governing the practice of optometry.
- 2. A professional designation shall be approved by the board and a fee shall be paid as prescribed by board regulations prior to use of the name. Names which, in the judgment of the board, are false, misleading, or deceptive will be prohibited.

Commented [n26]: Need to add with the exception of hydrocodone in combination with acetaminophen.

3. No licensed optometrist may, at any time, register to practice optometry under more than one professional designation.
4. All advertisements, including but not limited to signs, printed advertisements, and letterheads, shall contain the word "optometry" or reasonably recognizable derivatives thereof unless the name of the optometrist is used with the professional designation with the O.D. designation, Doctor of Optometry or optometrist.
5. In the entrance or reception area of the optometric office, a chart or directory listing the names of all optometrists practicing at that particular location shall be kept at all times prominently and conspicuously displayed.
6. The names of all optometrists who practice under the professional designation shall be maintained in the records of the optometric office for five years following their departure from the practice.
7. The name of the licensed optometrist providing care shall appear on all statements of charges and receipts given to patients.
8. An optometrist may use a professional designation which contains the name of an inactive, retired, removed, or deceased optometrist for a period of no more than one year from the date of succession to a practice and so long as he does so in conjunction with his own name, together with the words, "succeeded by," "succeeding," or "successor to."

18VAC105-20-60. Renewal of licensure; reinstatement; renewal fees.

- A. Every person authorized by the board to practice optometry shall, on or before December 31 of every year, submit a completed renewal form and pay the prescribed annual licensure fee.
- B. It shall be the duty and responsibility of each licensee to assure that the board has the licensee's current address of record and the public address, if different from the address of record. All changes of address or name shall be furnished to the board within 30 days after the change occurs. All notices required by law or by these rules and regulations are to be deemed to be validly tendered when mailed to the address of record given and shall not relieve the licensee of the obligation to comply.
- C. The license of every person who does not complete the renewal form and submit the renewal fee by December 31 of each year may be renewed for up to one year by paying the prescribed renewal fee and late fee, provided the requirements of 18VAC105-20-70 have been met. After December 31, a license that has not been renewed is lapsed. Practicing optometry in Virginia with a lapsed license may subject the licensee to disciplinary action and additional fines by the board.
- D. An optometrist whose license has been lapsed for more than one year and who wishes to resume practice in Virginia shall apply for reinstatement. The executive director may grant reinstatement provided that:
 1. The applicant can demonstrate continuing competence;

Commented [n27]: Discussion needed on possibly changing the renewal date to another time of year.

Commented [n28]: Recommend adding additional requirements similar to endorsement regarding licensure verifications and disciplinary action

Commented [n29]: Recommend adding a requirement for active practice and if no active practice complete 40 hours of CE that meets VA's requirements

2. The applicant has satisfied current requirements for continuing education for the period in which the license has been lapsed, not to exceed two years; and

Commented [n30]: Recommend reducing to one year if they can prove active practice.

3. The applicant has paid the prescribed reinstatement application fee.

E. The board may require an applicant who has allowed his license to expire and who cannot demonstrate continuing competency to pass all or parts of the board-approved examinations.

Commented [n31]: Recommend deleting if the CE and active practice requirements are added.

18VAC105-20-70. Requirements for continuing education.

A. Each license renewal shall be conditioned upon submission of evidence to the board of 20 hours of continuing education taken by the applicant during the previous license period. A licensee who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle.

1. The 20 hours may include up to two hours of recordkeeping for patient care, including coding for diagnostic and treatment devices and procedures or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products.

2. For optometrists who are certified in the use of therapeutic pharmaceutical agents, at least 10 of the required continuing education hours shall be in the areas of ocular and general pharmacology, diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents, or new or advanced clinical devices, techniques, modalities, or procedures.

3. At least 10 hours shall be obtained through real-time, interactive activities, including in-person or electronic presentations, provided that during the course of the presentation, the licensee and the lecturer may communicate with one another.

4. A licensee may also include up to two hours of training in cardiopulmonary resuscitation (CPR).

B. Each licensee shall attest to fulfillment of continuing education hours on the required annual renewal form. All continuing education shall be completed prior to December 31 unless an extension or waiver has been granted by the Continuing Education Committee. A request for an extension or waiver shall be received prior to December 31 of each year.

Commented [n32]: Would need to change if renewal date is changed

Commented [n33]: Recommend changing "waiver" to "exemption" and separating an exemption into its own subsection. An exemption is not always received by the renewal date due to unforeseen circumstances. This recommendation would allow for more flexibility.

C. All continuing education courses shall be offered by an approved sponsor or accrediting body listed in subsection G of this section. Courses that are not approved by a board-recognized sponsor in advance shall not be accepted for continuing education credit. For those courses that have a post-test requirement, credit will only be given if the optometrist receives a passing grade as indicated on the certificate.

D. Licensees shall maintain continuing education documentation for a period of not less than three years. A random audit of licensees may be conducted by the board which will require that the licensee provide evidence substantiating participation in required continuing education courses within 14 days of the renewal date.

Commented [n34]: Recommend changing as renewal date does not necessarily correspond to the audit date. Recommend they must reply within 30 days of audit notification.

Commented [n35]: Recommend adding "Failure to comply may subject the licensee to disciplinary action"

E. Documentation of hours shall clearly indicate the name of the continuing education provider and its affiliation with an approved sponsor or accrediting body as listed in subsection G of this section. Documents that do not have the required information shall not be accepted by the board for determining compliance. Correspondence courses shall be credited according to the date on which the post-test was graded as indicated on the continuing education certificate.

Commented [n36]: Consider removing "post-test" requirement as the Board goes by the date on the certificate.

F. A licensee shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.

G. An approved continuing education course or program, whether offered by correspondence, electronically or in person, shall be sponsored, accredited, or approved by one of the following:

Commented [n37]: Recommend reviewing list for deletions or additions that might be needed.

1. The American Optometric Association and its constituent organizations.
2. Regional optometric organizations.
3. State optometric associations and their affiliate local societies.
4. Accredited colleges and universities providing optometric or medical courses.
5. The American Academy of Optometry and its affiliate organizations.
6. The American Academy of Ophthalmology and its affiliate organizations.
7. The Virginia Academy of Optometry.
8. Council on Optometric Practitioner Education (COPE).
9. State or federal governmental agencies.
10. College of Optometrists in Vision Development.
11. The Accreditation Council for Continuing Medical Education of the American Medical Association for Category 1 credit.
12. Providers of training in cardiopulmonary resuscitation (CPR).
13. Optometric Extension Program.

H. In order to maintain approval for continuing education courses, providers or sponsors shall:

1. Provide a certificate of attendance that shows the date, location, presenter or lecturer, content hours of the course and contact information of the provider or sponsor for verification. The certificate of attendance shall be based on verification by the sponsor of the attendee's presence throughout the course, either provided by a post-test or by a designated monitor.

Commented [n38]: Consider placing requirement on the licensee to ensure that the certificates that they receive have the needed information. The Board would not have jurisdiction over providers or sponsors

Commented [n39]: Recommend adding additional information about mode of course delivery so that the Board will be able to determine if the in-person requirements have been met.

2. Maintain documentation about the course and attendance for at least three years following its completion.

I. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3215 of the Code of Virginia.

18VAC105-20-75. Registration for voluntary practice by out-of-state licensees.

Any optometrist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete list of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 2 of §54.1-3202 of the Code of Virginia.

18VAC105-20-47 A1: Limitation on prescriptions for hydrocodone-combination agents should reflect either that applicable for ophthalmology or not at all. We would strongly oppose any suggestion of a required referral to an ophthalmologist. For the conditions which are treated with these agents, optometrists are more trained and experienced in treating such.

18VAC105-20-50 B should reflect the updated statutory restrictions on Schedule II. Also, section should be updated to exclude on Schedule I and II (latter limited to hydrocodone combo). Note, current regs are inaccurate in that TPA certified may prescribe III, IV, V, and VI. (Regs currently exclude V).

18VAC105-20-60 A. We support a December 31 license expiration date. It's easy to remember and coincides with CE conferences prior to that date.

18VAC105-20-60 D. We support adding a provision of 40 hours CE if no active practice. BUT, any CE should be face to face (otherwise, its 4 days of 10 hrs video). Those not in active practice need to meet higher standard to ensure current standard of practice and knowledge.

18VAC105-20-70 H: The Board does have jurisdiction over CE sponsors. By regulation, they can remove a sponsor from the approved list.

18VAC105-20-70 H1: in addition to CE records identifying course delivery, also require if course is applicable for the accepted "business hours."

The above comments are in response to Board staff suggestions presented to the Board. Opportunity to provide advance comments are appreciated. Essentially, we support proceeding with updating these regulations, and encourage this process to reduce unnecessary regulations, remove those addressed in Virginia Code or federal laws or rules, and consider whether it reflects unfair and discriminatory practices against Virginia optometrists by imposing regulations on that profession which are not in the Va Board of Medicine regulations for ophthalmologists.

-- Comments on behalf of the Virginia Optometric Association

Virginia's Optometrist Workforce: 2016

Healthcare Workforce Data Center

March 2017

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

1,257 Optometrists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Optometry express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

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Contents

At a Glance	1
Results in Brief	2
Summary of Trends	3
Survey Response Rates	4
The Workforce	5
Demographics	6
Background	7
Education	9
Current Employment Situation	10
Employment Quality	11
2016 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Retirement & Future Plans	17
Full-Time Equivalency Units	19
Maps	20
Council on Virginia’s Future Regions.....	20
Area Health Education Center Regions	21
Workforce Investment Areas	22
Health Services Areas.....	23
Planning Districts.....	24
Appendices	25
Weights	25

The Optometrist Workforce: At a Glance:

The Workforce

Licenses:	1,548
Virginia's Workforce:	1,151
FTEs:	977

Background

Rural Childhood:	23%
HS Degree in VA:	30%
UG Degree in VA:	23%

Current Employment

Employed in Prof.:	97%
Hold 1 Full-time Job:	68%
Satisfied?:	96%

Survey Response Rate

All Licenses:	81%
Renewing Practitioners:	87%

Residency Program

Primary Eye Care:	6%
Ocular Disease:	6%

Job Turnover

Switched Jobs in 2016:	6%
Employed over 2 yrs:	73%

Demographics

% Female:	51%
Diversity Index:	46%
Median Age:	47

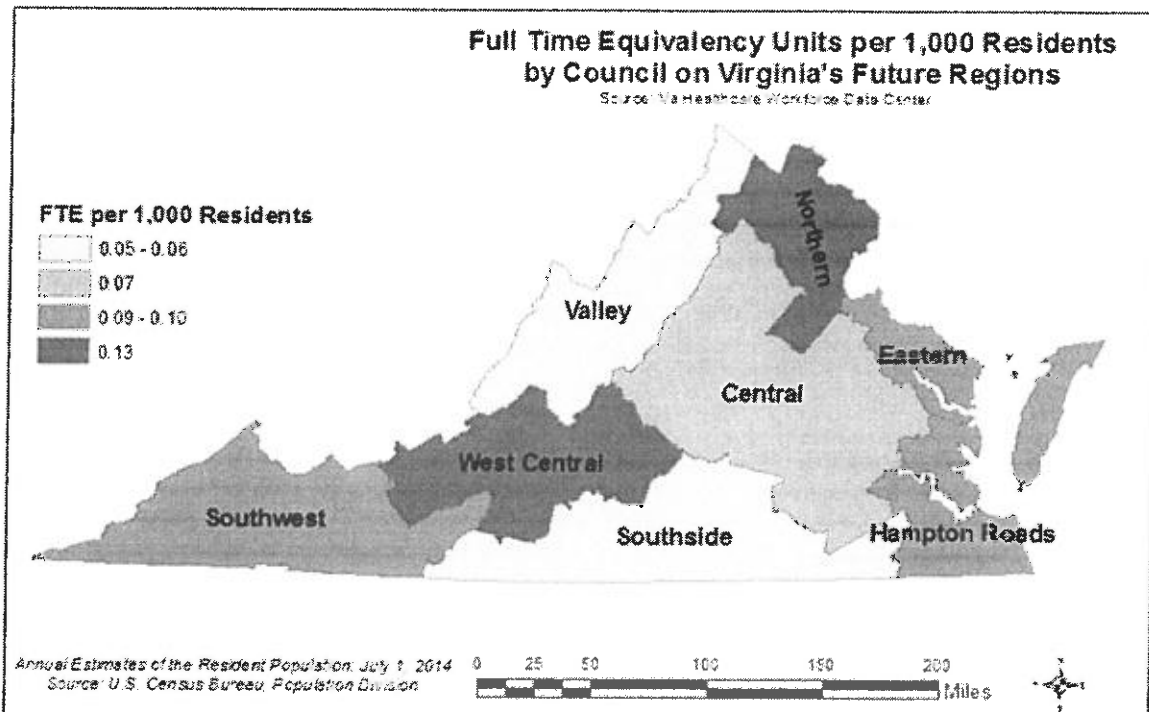
Finances

Median Inc.:	\$110k-\$120k
Health Benefits:	50%
Under 40 w/ Ed debt:	85%

Primary Roles

Patient Care:	92%
Administration:	2%

Source: VA Healthcare Workforce Data Center



1,257 optometrists voluntarily took part in the 2016 Optometrist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December. These survey respondents represent 81% of the 1,548 optometrists who are licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 1,151 optometrists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's optometrist workforce provided 977 "full-time equivalency units" during the survey time period, which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

51% of all optometrists are female, including nearly three-quarters of those optometrists who are under the age of 40. Overall, the median age of Virginia's optometrists is 47. In a random encounter between two optometrists, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, this same probability is 55%.

23% of Virginia's optometrist workforce grew up in a rural area, and 18% of these professionals currently work in non-Metro areas of the state. Overall, just 7% of Virginia's optometrists currently work in non-Metro areas of the state. Meanwhile, 30% of all optometrists went to high school in Virginia.

14% of Virginia's optometrists have completed a residency program. Primary Eye Care, Ocular Diseases, and Low Vision Rehabilitation were the most commonly completed residency programs. 46% of Virginia's optometrist workforce has educational debt, including 85% of those professionals who are under the age of 40. For those optometrists with education debt, the median debt load is between \$100,000 and \$110,000.

97% of all optometrists are currently employed in the profession. 68% of these professionals hold one full-time position, while 14% currently have multiple positions. During the past year, only 1% of Virginia's optometrists have been involuntarily unemployed, while 2% of all optometrists have considered themselves underemployed. 18% of Virginia's optometrists began work at a new location at some point in the past year, while 73% have been at their primary work location for at least two years.

The median annual income for Virginia's optometrist workforce is between \$110,000 and \$120,000. Among those optometrists who receive either a salary or an hourly wage, 75% receive at least one employer-sponsored benefit, including 50% who receive health insurance. 96% of optometrists indicate they are satisfied with their current employment situation, including 65% who indicate they are "very satisfied".

92% of all optometrists work at a for-profit establishment, while 5% work for the federal government. Private group practices employ 41% of Virginia's optometrist workforce, the most of any establishment type in the state. Private solo practices and optical good stores are also common establishment types that employ Virginia's optometrists.

A typical optometrist spends nearly all of her time treating patients. In fact, 92% of optometrists serve a patient care role, meaning that at least 60% of their time is spent in that activity. In addition, the typical optometrist also spent a small amount of his time engaged in administrative activities.

39% of all optometrists expect to retire by the age of 65. Within the next ten years, 23% of the current workforce expects to retire, while half of the current workforce plans on retiring by 2041. During the next two years, 1% of Virginia's optometrists plan on leaving the profession, while 2% of all optometrists expect to leave the state in order to practice optometry elsewhere. At the same time, 10% of optometrists hope to increase their patient care hours, while 5% plan to pursue additional educational opportunities.

Summary of Trends

Few changes have occurred in the optometrist workforce since last surveyed in 2015. Most notable there has been a decline in the number of optometrists licensed in the state and participating in the state workforce, and in the number of full time equivalency (FTE) units provided. The number of licensed optometrist declined from 1,571 in 2015 to 1,548. The number in the state's workforce declined from 1,165 in 2015 to 1,151 in 2016 and optometrists provided 977 FTE in 2016 compared to the 1,003 FTEs provided in 2015. However, survey response rates increased among both renewing and the overall optometrist population as more respondents completed the survey in 2016 than did in 2015.

The results from the 2016 survey suggest that the state optometrist population is at a better place financially. The percent of optometrist with education debt showed a 1% decline for those under age 40 and for the overall population of optometrists. The median educational debt, however, stayed the same at \$100,000-\$110,000. Median income also increased from \$100,000-\$110,000 to \$110,000-\$120,000. A higher percent of optometrist are also accessing employer-sponsored benefits. 75% received at least one employer-sponsored benefit in 2016 compared to 70% in 2015. Although the percent of optometrists employed in the profession remained the same at 97%, those underemployed declined from 3% in 2015 to 2% in 2016.

The optometrist workforce may also be getting more racially diverse. The diversity index increased from 43% in 2015 to 46% in 2016 although the diversity index for those under age 40 stayed the same at 58%. Gender diversity was also stable with 51% of optometrists being female. The profession is aging slightly as median age increased from 46 to 47 years old. The profession is also less geographically dispersed. 9% of optometrist worked in non-metro areas of the state in 2015. In 2016, it dropped to 7%.

The optometrist workforce worked fewer hours in 2016 compared to 2015. In 2015, 46% of optometrist worked between 40 and 49 hours. In the current report, only 42% did. Similarly, 4% worked 60 or more hours in 2015 whereas 3% did in 2016. Not surprisingly a slightly higher percentage worked 30 or less hours in 2016 than did in 2015.

Retirement intentions did not change significantly among optometrists. However, the percent intending to retire within two years of the survey increased from 5% to 6%. Further, although 1% of optometrist planned to return to the Virginia workforce within 2 years of the 2015 survey, 0% did in the 2016 survey. The percent planning to increase patient care also declined from 13% in 2015 to 10% in 2016.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,405	91%
New Licensees	52	3%
Non-Renewals	91	6%
All Licensees	1,548	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 87% of renewing optometrists submitted a survey. These represent 81% of optometrists who held a license at some point in 2016.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	18	46	72%
30 to 34	35	174	83%
35 to 39	46	152	77%
40 to 44	37	170	82%
45 to 49	42	170	80%
50 to 54	26	147	85%
55 to 59	24	123	84%
60 and Over	63	275	81%
Total	291	1,257	81%
New Licenses			
Issued in 2016	23	29	56%
Metro Status			
Non-Metro	13	85	87%
Metro	196	881	82%
Not in Virginia	82	291	78%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Optometrists

Number:	1,548
New:	3%
Not Renewed:	6%

Response Rates

All Licensees:	81%
Renewing Practitioners:	87%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	1,257
Response Rate, All Licensees	81%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2016.
- 2. Target Population:** All optometrists who held a Virginia license at some point in 2016.
- 3. Survey Population:** The survey was available to optometrists who renewed their licenses online. It was not available to those who did not renew, including some optometrists newly licensed in 2016.

At a Glance:

Workforce

2016 Optometrist Workforce: 1,151
 FTEs: 977

Utilization Ratios

Licenses in VA Workforce: 74%
 Licenses per FTE: 1.58
 Workers per FTE: 1.18

Source: Va. Healthcare Workforce Data Center

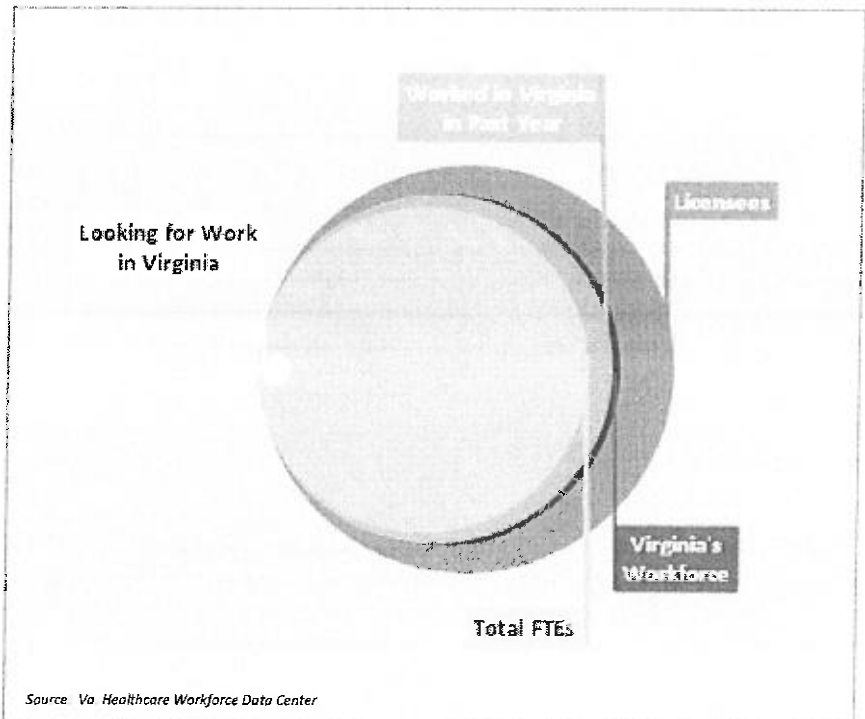
Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Optometrist Workforce		
Status	#	%
Worked in Virginia in Past Year	1,137	99%
Looking for Work in Virginia	14	1%
Virginia's Workforce	1,151	100%
Total FTEs	977	
Licenses	1,548	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	12	26%	35	74%	47	5%
30 to 34	34	28%	88	72%	123	13%
35 to 39	32	28%	82	72%	114	12%
40 to 44	57	41%	81	59%	137	15%
45 to 49	53	40%	80	60%	133	14%
50 to 54	45	46%	53	54%	98	11%
55 to 59	53	71%	21	29%	74	8%
60 +	167	82%	36	18%	203	22%
Total	454	49%	475	51%	929	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	63%	659	71%	163	58%
Black	19%	42	5%	15	5%
Asian	6%	172	19%	78	28%
Other Race	0%	26	3%	9	3%
Two or more races	2%	10	1%	5	2%
Hispanic	9%	19	2%	10	4%
Total	100%	928	71%	280	58%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

30% of all optometrists are under the age of 40, and 72% of these professionals are female. In addition, there is a 58% chance that two randomly chosen optometrists from this age group would be of a different race or ethnicity.

At a Glance:

Gender

% Female: 51%
% Under 40 Female: 72%

Age

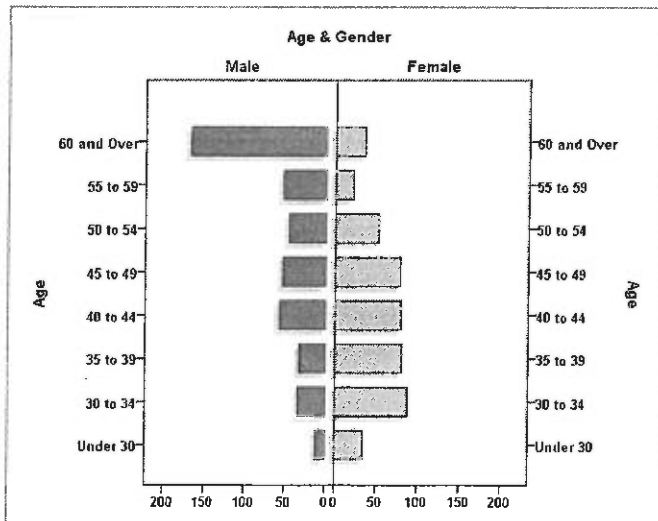
Median Age: 47
% Under 40: 30%
% 55+: 30%

Diversity

Diversity Index: 46%
Under 40 Div. Index: 58%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two optometrists, there is a 46% chance that they would be of a different race/ethnicity (a measure known as the diversity index).



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 11%
 Rural Childhood: 23%

Virginia Background

HS in Virginia: 30%
 UG Education in VA: 28%
 HS/UG Edu. in VA: 33%

Location Choice

% Rural to Non-Metro: 18%
 % Urban/Suburban to Non-Metro: 4%

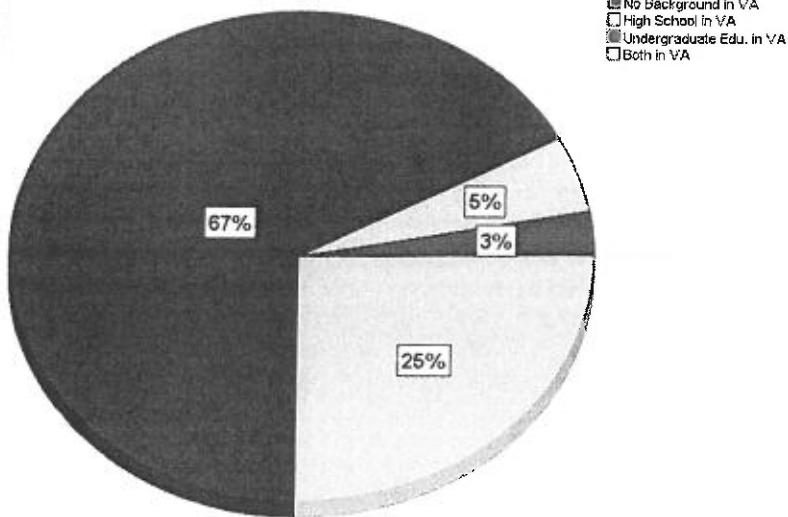
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	19%	70%	11%
2	Metro, 250,000 to 1 million	34%	57%	9%
3	Metro, 250,000 or less	28%	57%	15%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	40%	40%	20%
6	Urban pop, 2,500-19,999, Metro adj	44%	56%	0%
7	Urban pop, 2,500-19,999, nonadj	69%	28%	3%
8	Rural, Metro adj	60%	20%	20%
9	Rural, nonadj	0%	100%	0%
Overall		23%	66%	11%

Source: Va. Healthcare Workforce Data Center

Educational Background in VA



Source: Va. Healthcare Workforce Data Center

23% of all optometrists grew up in self-described rural areas, and 15% of these professionals currently work in Non-Metro counties. Overall, just 7% of Virginia's optometrist workforce work in non-Metro counties of the state.

Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	276	Pennsylvania	313
2	New York	85	Tennessee	123
3	Pennsylvania	82	Massachusetts	76
4	Maryland	61	Florida	60
5	North Carolina	39	Illinois	56
6	Ohio	38	Ohio	52
7	Outside U.S./Canada	32	Indiana	44
8	Florida	31	New York	39
9	New Jersey	31	Alabama	37
10	Indiana	20	Puerto Rico	27

Source: Va. Healthcare Workforce Data Center

30% of optometrists received their high school degree in Virginia, while 34% received their Doctorate of Optometry in Pennsylvania. Virginia does not currently have a professional school for optometrists.

Among optometrists who have been licensed in the past five years, 27% received their high school degree in Virginia, while 21% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	54	Pennsylvania	43
2	New York	15	Tennessee	26
3	Pennsylvania	12	Florida	26
4	Florida	11	Massachusetts	21
5	North Carolina	10	Puerto Rico	21
6	Outside U.S./Canada	9	Illinois	14
7	Ohio	8	Ohio	11
8	California	8	Indiana	10
9	Maryland	6	California	7
10	New Jersey	6	New York	7

Source: Va. Healthcare Workforce Data Center

26% of licensed optometrists did not participate in Virginia's workforce in the past year. 95% of these optometrists worked at some point in the past year, including 90% who currently work as optometrists.

At a Glance:

Not in VA Workforce

Total:	397
% of Licensees:	26%
Federal/Military:	26%
Va Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Residency Programs		
Area	#	% of Workforce
Primary Eye Care	73	6%
Ocular Disease	69	6%
Low Vision Rehabilitation	35	3%
Cornea and Contact Lenses	23	2%
Pediatric Optometry	22	2%
Family Practice Optometry	21	2%
Vision Therapy and Rehabilitation	17	1%
Geriatric Optometry	15	1%
Refractive and Ocular Surgery	14	1%
Brain Injury Vision Rehabilitation	6	1%
Community Health Optometry	6	1%
Other	10	1%
At Least One Res. Program	160	14%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Residency Programs

Primary Eye Care: 6%
 Ocular Disease: 6%
 Low Vision Rehab.: 3%

Educational Debt

With debt: 46%
 Under age 40 with debt: 85%
 Median debt: \$100k-\$110k

Source: Va. Healthcare Workforce Data Center

14% of Virginia's optometrist workforce has completed at least one residency program.

46% of optometrists currently have educational debt, including 85% of those under the age of 40. For those optometrists with educational debt, the median debt burden is between \$100,000 and \$110,000.

Amount Carried	Educational Debt			
	All Optometrists		Optometrists under 40	
	#	%	#	%
None	418	54%	36	15%
Less than \$20,000	24	3%	14	6%
\$20,000-\$39,999	27	3%	8	3%
\$40,000-\$59,999	38	5%	8	3%
\$60,000-\$79,999	39	5%	14	6%
\$80,000-\$99,999	40	5%	20	8%
\$100,000-\$119,999	37	5%	22	9%
\$120,000 or More	152	20%	124	50%
Total	775	100%	246	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 97%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 68%
 2 or more Positions: 14%

Weekly Hours:

40 to 49: 42%
 60 or more: 3%
 Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	0%
Employed in an optometry-related capacity	888	97%
Employed, NOT in an optometry-related capacity	2	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	1	0%
Voluntarily unemployed	16	2%
Retired	5	1%
Total	914	100%

Source: Va. Healthcare Workforce Data Center

97% of licensed optometrists are currently employed in the profession. 68% of all optometrists currently hold one full-time job, while 14% have multiple positions. Meanwhile, 42% of all optometrists work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	22	3%
One Part-Time Position	135	16%
Two Part-Time Positions	50	6%
One Full-Time Position	587	68%
One Full-Time Position & One Part-Time Position	59	7%
Two Full-Time Positions	6	1%
More than Two Positions	10	1%
Total	869	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	22	3%
1 to 9 hours	24	3%
10 to 19 hours	32	4%
20 to 29 hours	68	8%
30 to 39 hours	242	28%
40 to 49 hours	364	42%
50 to 59 hours	84	10%
60 to 69 hours	18	2%
70 to 79 hours	9	1%
80 or more hours	2	0%
Total	865	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	2	0%
Less than \$40,000	33	5%
\$40,000-\$59,999	49	7%
\$60,000-\$79,999	66	10%
\$80,000-\$99,999	87	13%
\$100,000-\$119,999	145	22%
\$120,000-\$139,999	113	17%
\$140,000-\$159,999	58	9%
\$160,000-\$179,999	24	4%
\$180,000-\$199,999	23	3%
\$200,000 or More	65	10%
Total	665	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$110k-\$120k

Benefits
Employer Health Ins.: 50%
Employer Retirement: 34%

Satisfaction
Satisfied: 96%
Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	569	65%
Somewhat Satisfied	276	32%
Somewhat Dissatisfied	23	3%
Very Dissatisfied	8	1%
Total	877	100%

Source: Va. Healthcare Workforce Data Center

The typical optometrist earned between \$110,000 and \$120,000 during the past year. In addition, 75% of wage or salaried optometrists received at least one employer-sponsored benefit at their primary work location.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	419	47%	65%
Health Insurance	362	41%	50%
Retirement	360	41%	54%
Paid Sick Leave	253	28%	38%
Dental Insurance	219	25%	35%
Group Life Insurance	170	19%	26%
Signing/Retention Bonus	63	7%	10%
*At Least One Benefit	517	58%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience involuntary unemployment?	8	1%
Experience voluntary unemployment?	33	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	23	2%
Work two or more positions at the same time?	151	13%
Switch employers or practices?	70	6%
Experienced at least 1	236	21%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's optometrists experienced involuntary unemployment at some point in 2016. By comparison, Virginia's average monthly unemployment rate was 4.0%.¹

Tenure	Location Tenure			
	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	11	1%	16	6%
Less than 6 Months	61	7%	19	8%
6 Months to 1 Year	40	5%	32	13%
1 to 2 Years	121	14%	44	17%
3 to 5 Years	150	18%	57	23%
6 to 10 Years	132	15%	34	14%
More than 10 Years	339	40%	48	19%
Subtotal	854	100%	251	100%
Did not have location	14		892	
Item Missing	284		8	
Total	1,151		1,151	

Source: Va. Healthcare Workforce Data Center

51% of Virginia's optometrist workforce received either a salary or a commission at their primary work location, while 32% earned income from a business or practice.

At a Glance:

Unemployment Experience 2016

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 6%
New Location: 18%
Over 2 years: 73%
Over 2 yrs, 2nd location: 56%

Employment Type

Salary/Commission: 51%
Business/Practice Inc.: 32%

Source: Va. Healthcare Workforce Data Center

73% of optometrists have worked at their primary location for more than two years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/Commission	341	51%
Business/Practice Income	206	31%
Hourly Wage	83	12%
By Contract	27	4%
Unpaid	7	1%
Subtotal	665	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 3.9% in December 2015 to 4.0% in November 2016. November's rate is from preliminary data.

At a Glance:

Concentration

Top Region:	40%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or more (2016):	29%
2 or more (Now*):	27%

Source: Va. Healthcare Workforce Data Center

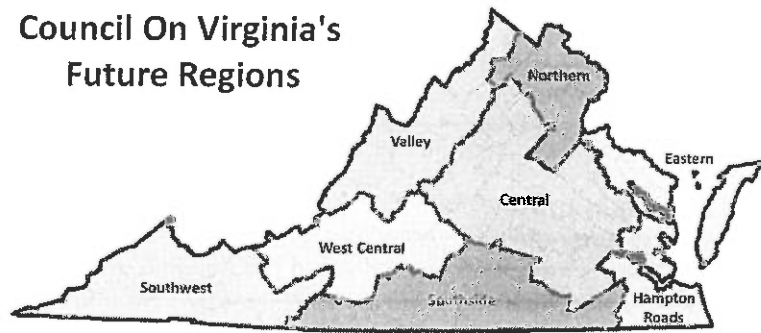
40% of optometrists work in Northern Virginia, the most of any region in the state. Hampton Roads and Central Virginia are also common employment locations for Virginia's optometrist workforce.

A Closer Look:

Regional Distribution of Work Locations				
COWF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	144	17%	40	15%
Eastern	6	1%	4	1%
Hampton Roads	178	21%	39	15%
Northern	346	40%	97	38%
Southside	23	3%	5	2%
Southwest	40	5%	20	8%
Valley	30	4%	12	5%
West Central	79	9%	20	8%
Virginia Border State/DC	6	1%	11	4%
Other US State	7	1%	8	3%
Outside of the US	0	0%	0	0%
Total	860	100%	255	100%
Item Missing	278		4	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



27% of all optometrists currently have multiple work locations, while 29% of optometrists had at least two work locations in 2016.

Locations	Number of Work Locations			
	Work Locations in 2016		Work Locations Now*	
	#	%	#	%
0	14	2%	21	2%
1	597	69%	607	70%
2	160	19%	158	18%
3	67	8%	60	7%
4	9	1%	8	1%
5	4	0%	4	0%
6 or More	15	2%	8	1%
Total	867	100%	867	100%

*At the time of survey completion: December 2016.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	734	92%	232	93%
Non-Profit	18	2%	4	1%
State/Local Government	4	0%	5	2%
Veterans Administration	17	2%	3	1%
U.S. Military	22	3%	4	1%
Other Federal Government	1	0%	2	1%
Total	795	100%	249	100%
Did not have location	14		892	
Item Missing	342		10	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

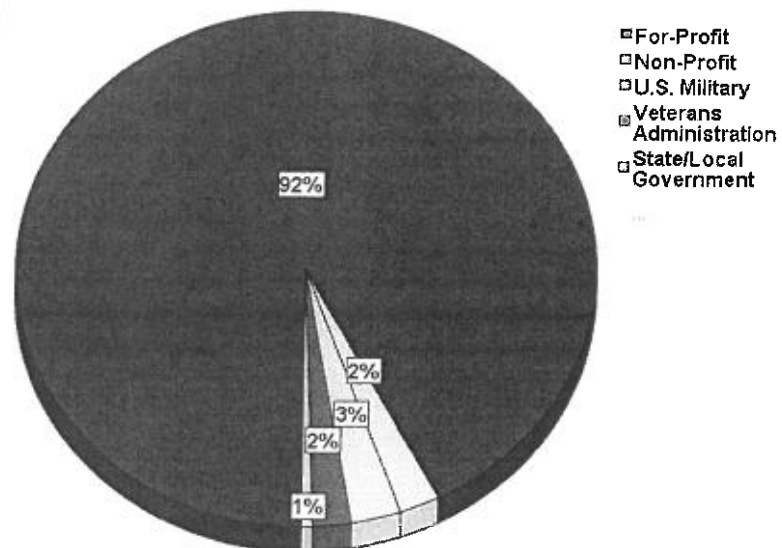
For Profit: 92%
Federal: 5%

Top Establishments

Private Practice, Group: 41%
Private Practice, Solo: 22%
Optical Goods Store: 20%

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



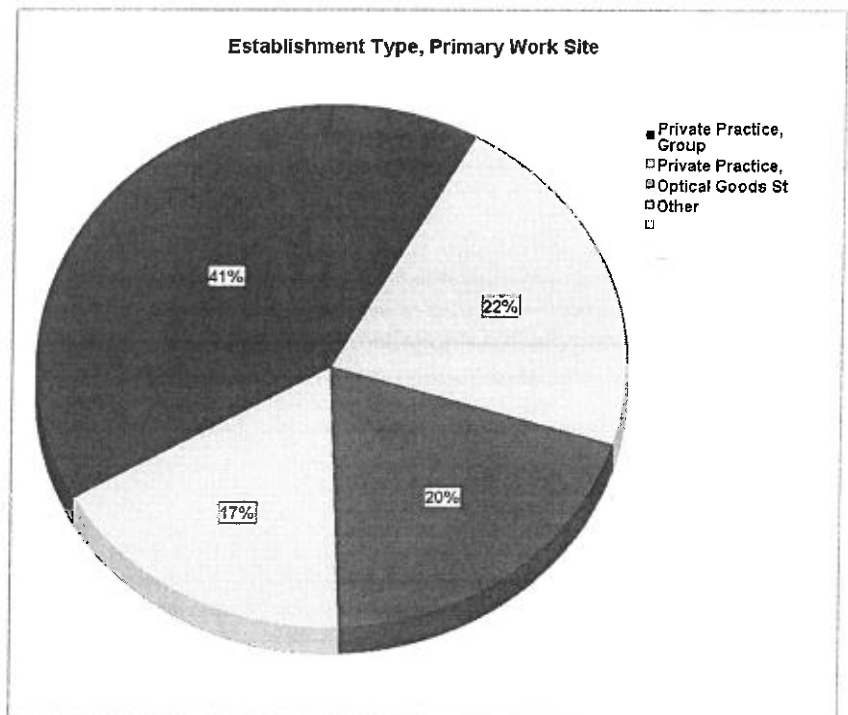
Source: Va. Healthcare Workforce Data Center

92% of all optometrists work in the private sector, while 5% work for the federal government in the military and veterans' administration.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	321	41%	109	45%
Private Practice, Solo	170	22%	37	15%
Optical Goods Store	153	20%	51	21%
Physician Office	29	4%	8	3%
General Hospital, Outpatient Department	28	4%	2	1%
Outpatient/Community clinic	18	2%	6	3%
Academic Institution	3	0%	1	0%
Home Health Care	1	0%	1	1%
General Hospital, Inpatient Department	1	0%	0	0%
Other	54	7%	26	11%
Total	779	100%	241	100%
Did Not Have a Location	14		892	

Source: Va. Healthcare Workforce Data Center

Private group practices are the most common establishment type in Virginia, employing 41% of all optometrists.



45% of Virginia's optometrists who have a secondary work location are also employed by a private group practice.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

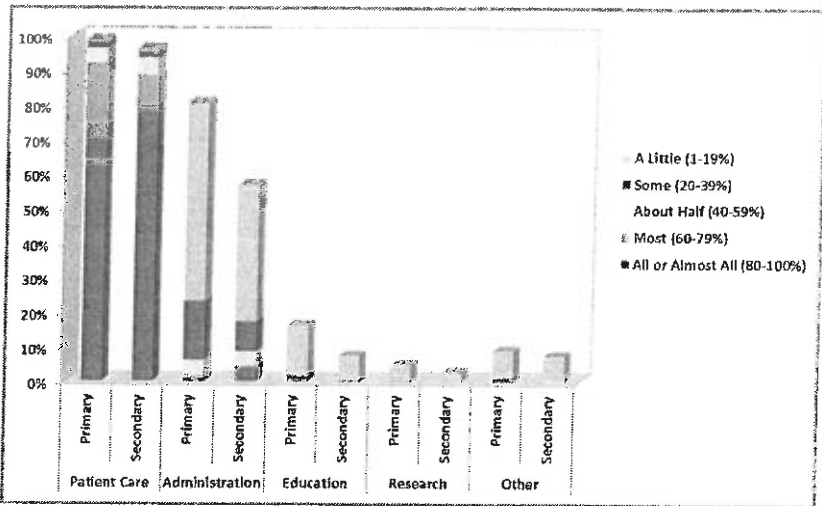
Patient Care: 92%
Administrative: 2%

Patient Care Optometrists

Median Admin Time: 1%-9%
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical optometrist spends most of her time caring for patients. In fact, 53% of all optometrists fill a patient care role, defined as spending at least 60% of her time in that activity.

Time Spent	Time Allocation									
	Patient Care		Admin.		Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	75%	80%	1%	4%	0%	0%	0%	0%	0%	0%
Most (60-79%)	17%	8%	1%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	5%	4%	4%	0%	0%	0%	0%	0%	1%
Some (20-39%)	1%	2%	17%	9%	1%	0%	0%	0%	1%	0%
A Little (1-20%)	1%	1%	57%	39%	15%	7%	5%	3%	8%	7%
None (0%)	1%	4%	19%	43%	84%	92%	95%	97%	91%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists over 50	
	#	%	#	%
Under age 50	11	2%	-	-
50 to 54	35	5%	3	1%
55 to 59	60	8%	11	3%
60 to 64	185	25%	55	17%
65 to 69	226	30%	101	32%
70 to 74	128	17%	78	25%
75 to 79	35	5%	23	7%
80 or over	16	2%	10	3%
I do not intend to retire	57	8%	32	10%
Total	753	100%	313	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Optometrists

Under 65: 39%

Under 60: 14%

Optometrists 50 and over

Under 65: 22%

Under 60: 4%

Time until Retirement

Within 2 years: 6%

Within 10 years: 23%

Half the workforce: By 2041

Source: Va. Healthcare Workforce Data Center

39% of optometrists expect to retire before the age of 65. Among optometrists who are age 50 and over, 22% still plan on retiring by age 65.

Within the next two years, 10% of Virginia's optometrist workforce plan on increasing their patient care hours, while 5% expect to pursue additional educational opportunities.

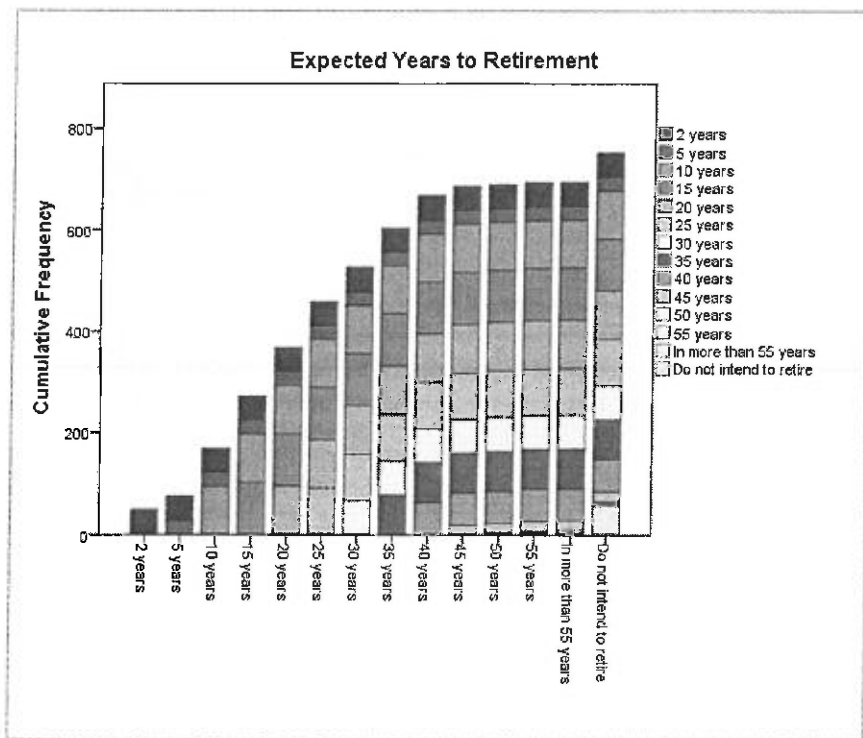
Future Plans		
Two Year Plans:	#	%
Decrease Participation		
Leave Profession	11	1%
Leave Virginia	27	2%
Decrease Patient Care Hours	107	9%
Decrease Teaching Hours	1	0%
Increase Participation		
Increase Patient Care Hours	113	10%
Increase Teaching Hours	32	3%
Pursue Additional Education	53	5%
Return to Virginia's Workforce	4	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for optometrists. Only 6% of optometrists expect to retire within the next two years, while 23% plan on retiring within the next ten years. Half of the current optometrist workforce expects to be retired by 2041.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	49	6%	6%
5 years	27	4%	10%
10 years	95	13%	23%
15 years	102	14%	36%
20 years	96	13%	49%
25 years	91	12%	61%
30 years	67	9%	70%
35 years	78	10%	58%
40 years	63	8%	89%
45 years	19	3%	91%
50 years	4	1%	92%
55 years	4	0%	92%
In more than 55 years	1	0%	92%
Do not intend to retire	57	8%	100%
Total	753	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce starting in 2026. Retirements will peak at 14% of the current workforce around 2041 before declining to under 10% of the current workforce again around 2056.

At a Glance:

FTEs

Total: 977
 FTEs/1,000 Residents: 0.117
 Average: 0.87

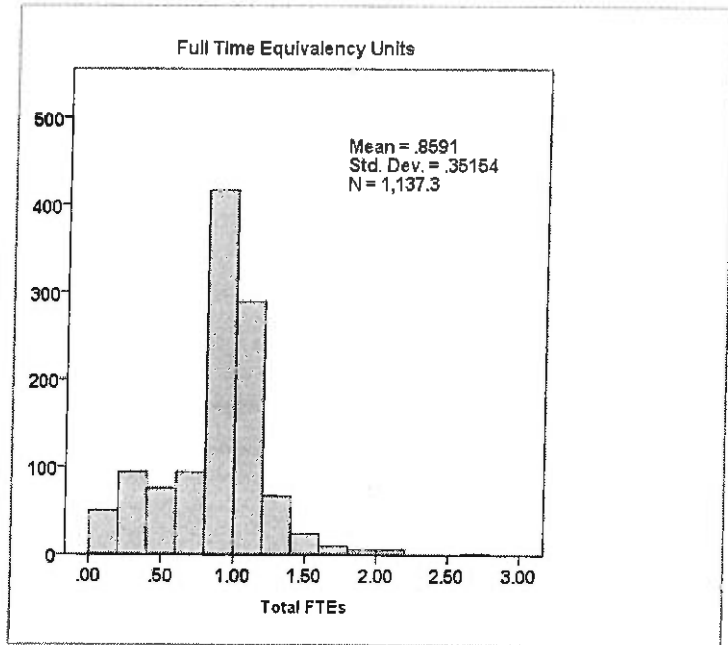
Age & Gender Effect

Age, Partial Eta²: Medium
 Gender, Partial Eta²: Medium

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

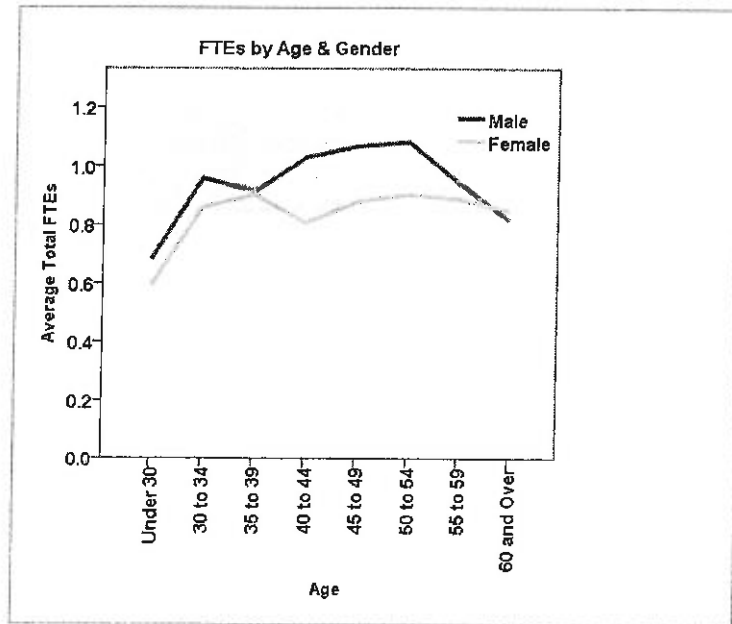


Source: Va. Healthcare Workforce Data Center

The typical (median) optometrist provided 0.88 FTEs in 2016, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.²

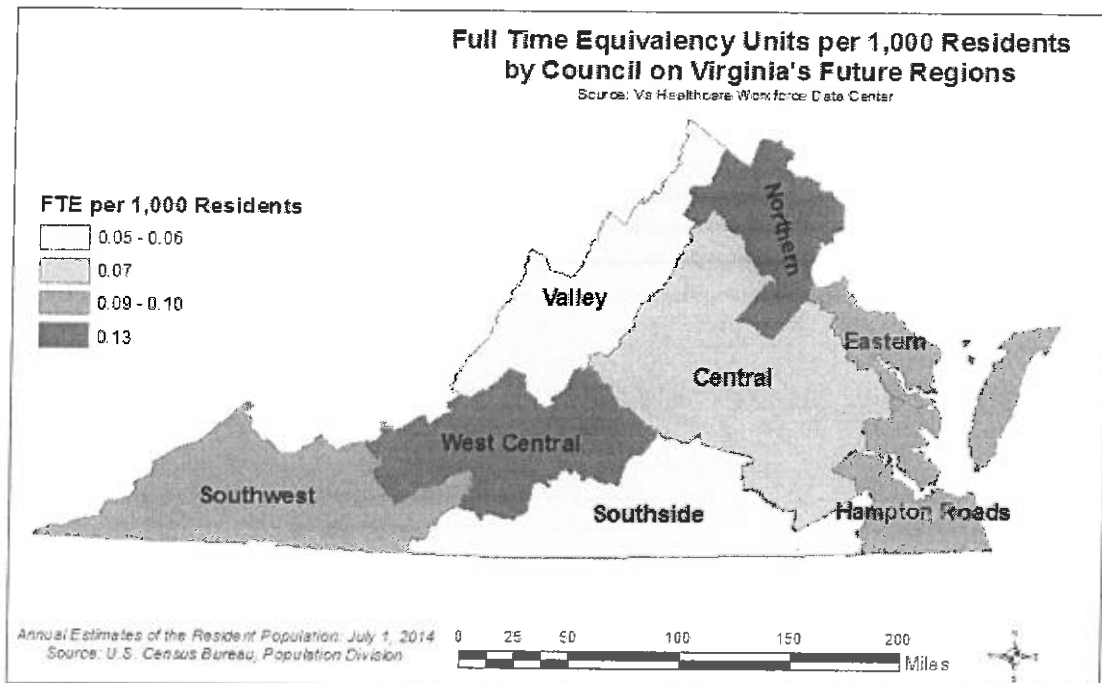
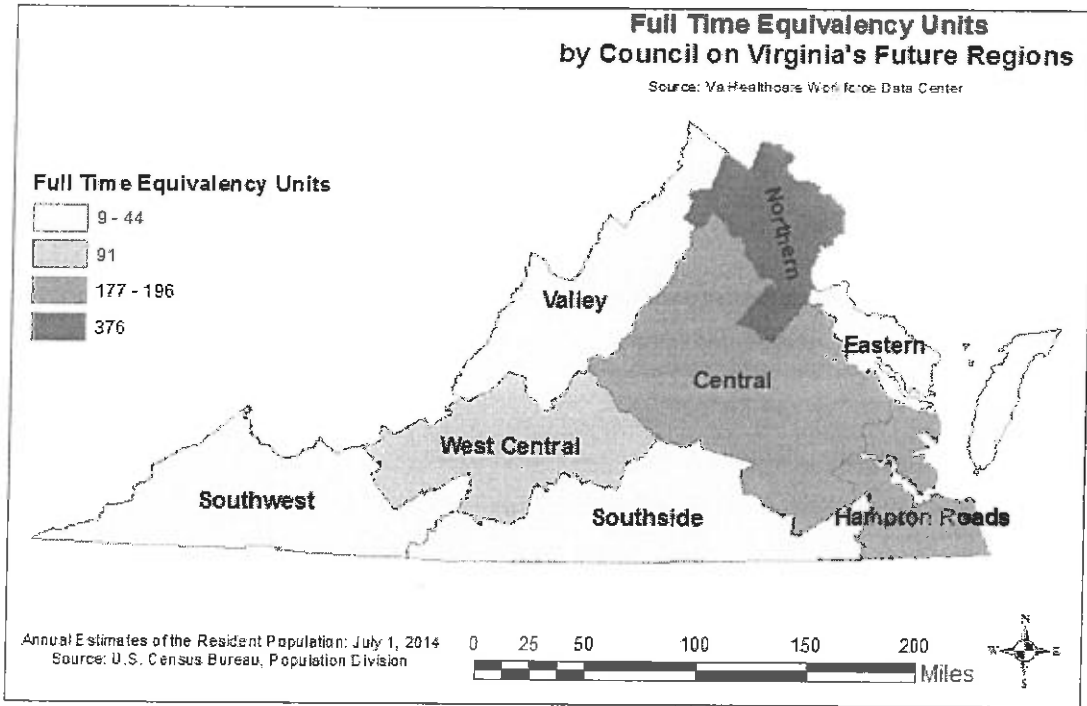
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.63	0.52
30 to 34	0.87	0.85
35 to 39	0.88	0.81
40 to 44	0.89	0.83
45 to 49	0.97	1.05
50 to 54	0.95	0.93
55 to 59	0.91	0.81
60 and Over	0.73	0.83
Gender		
Male	0.93	0.96
Female	0.85	0.91

Source: Va. Healthcare Workforce Data Center

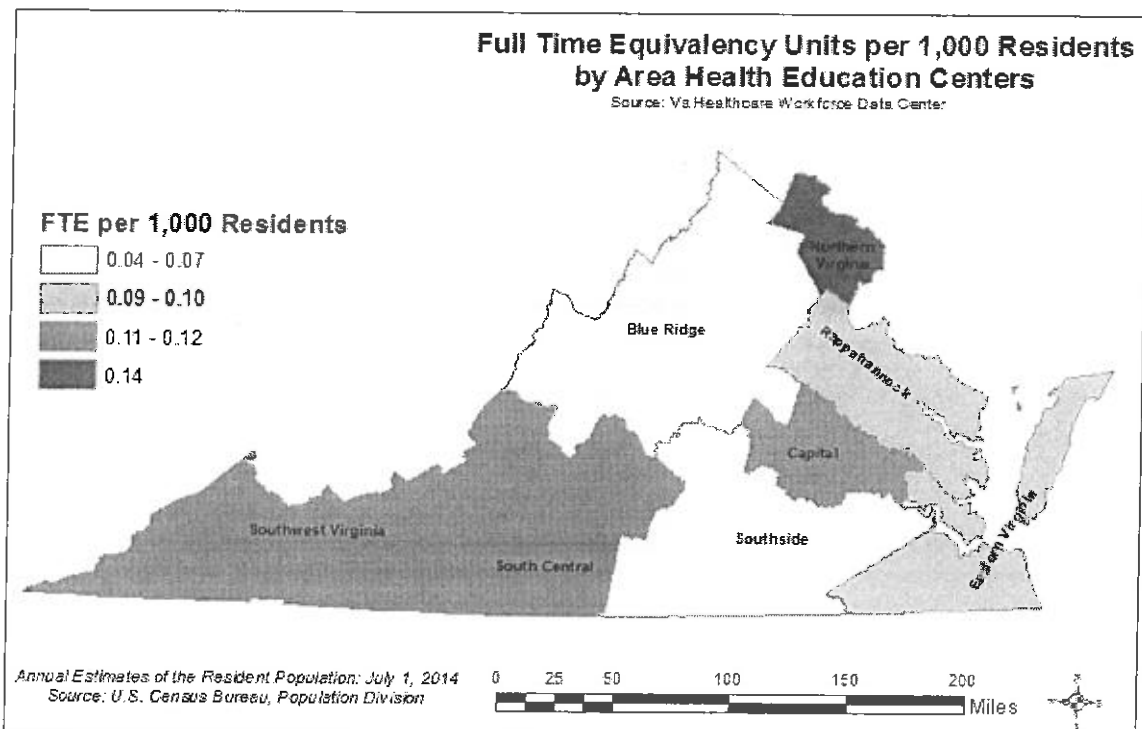
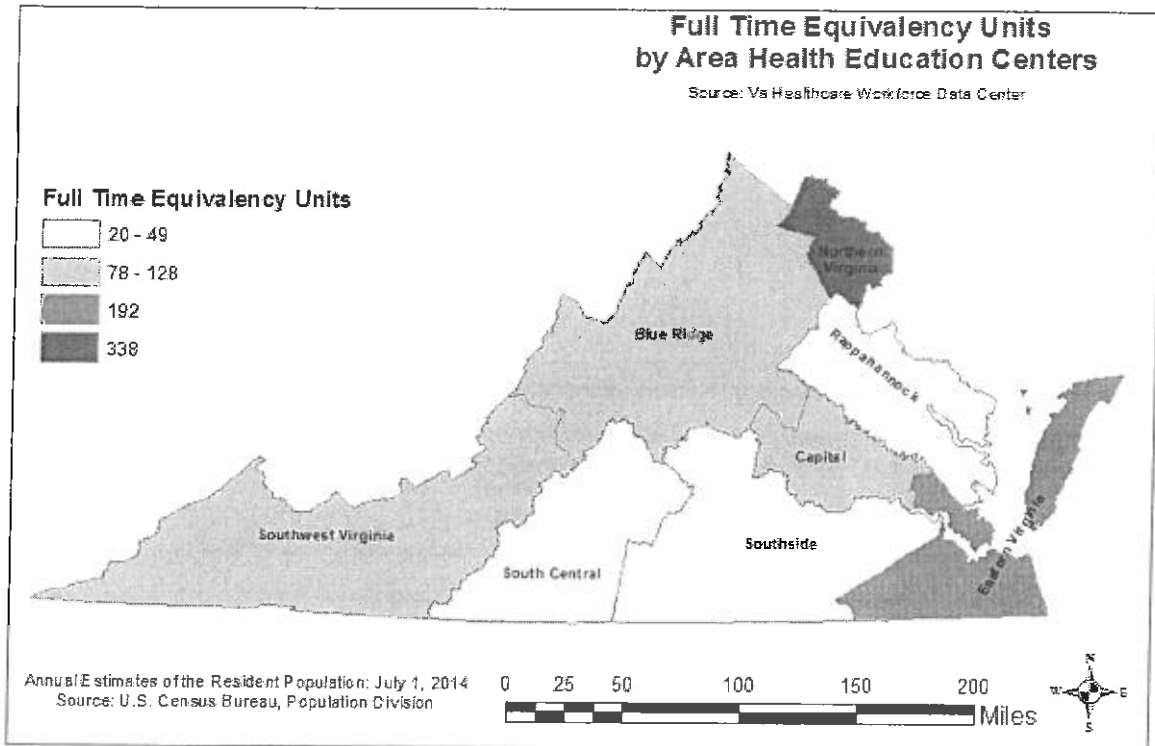


Source: Va. Healthcare Workforce Data Center

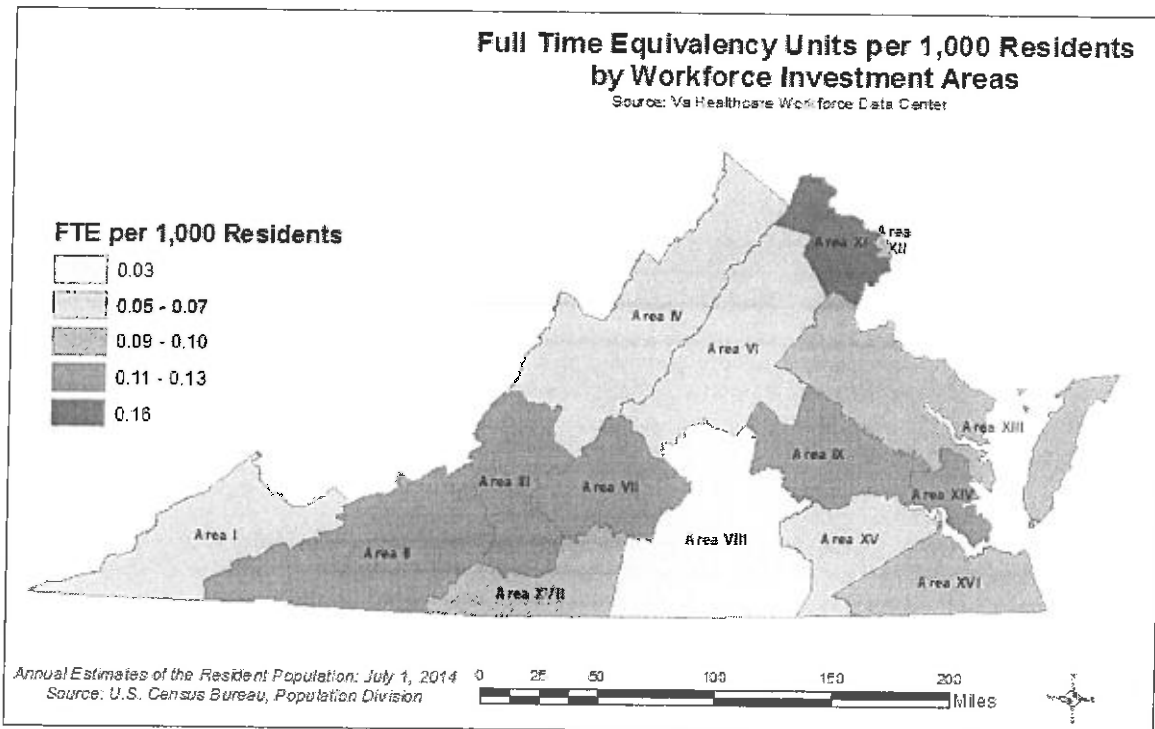
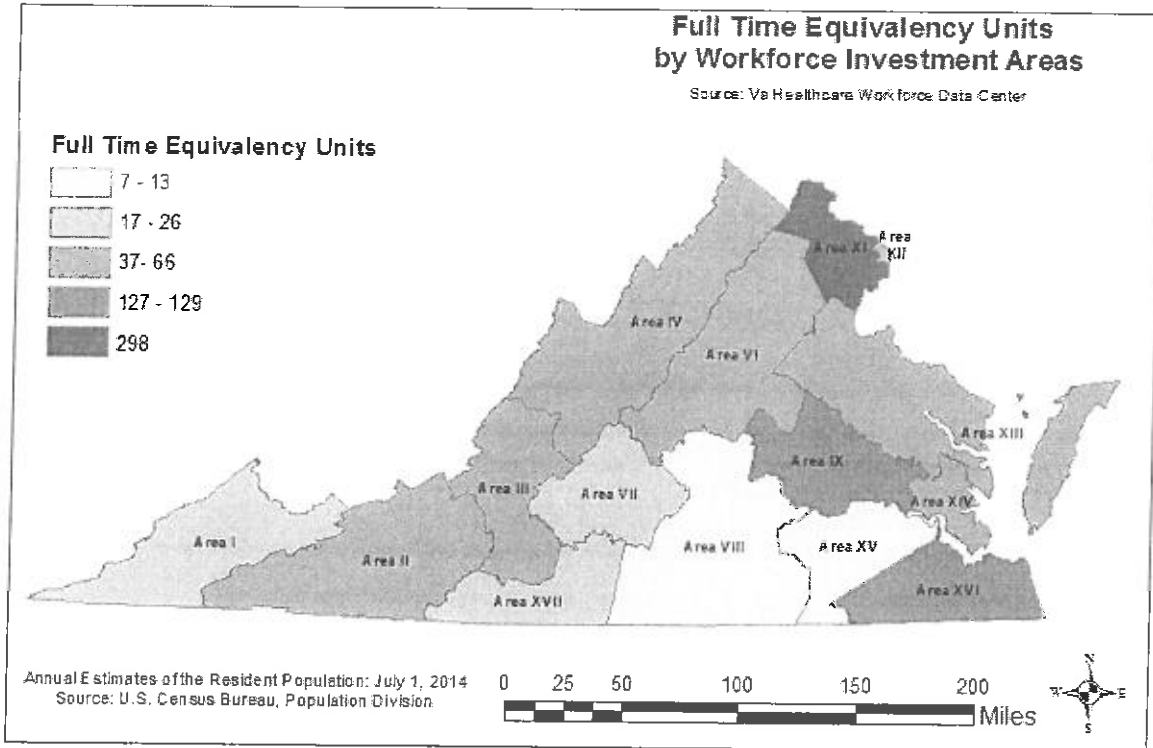
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

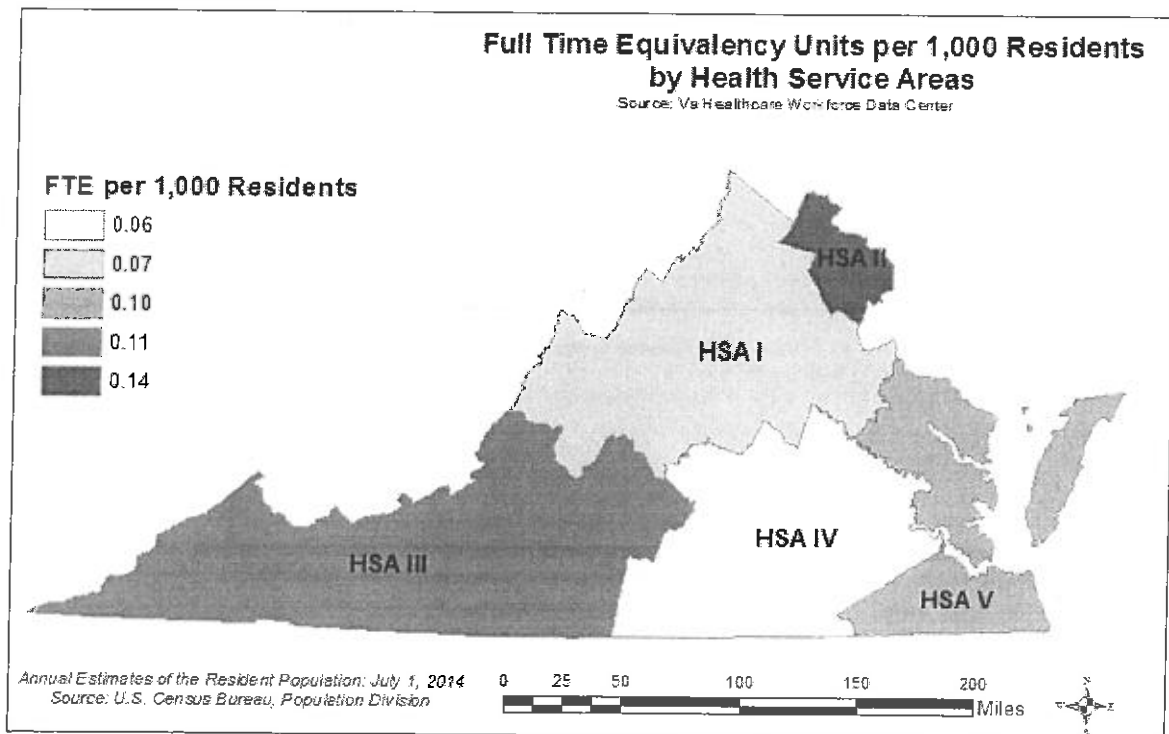
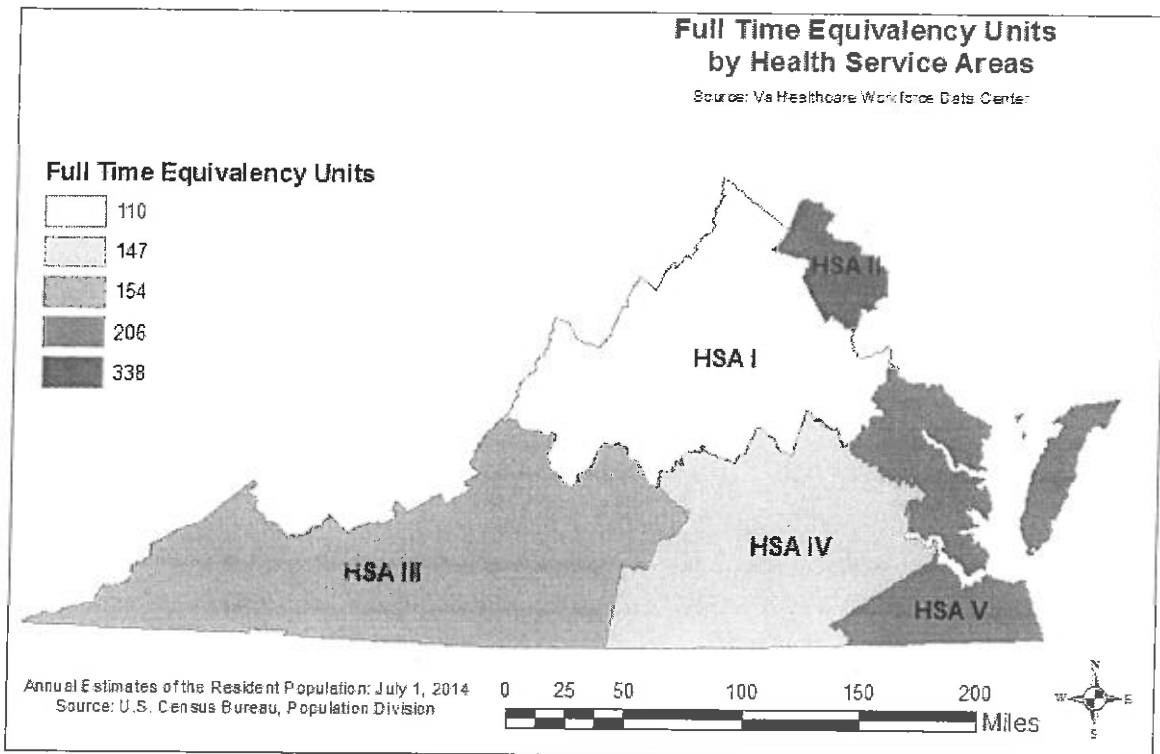


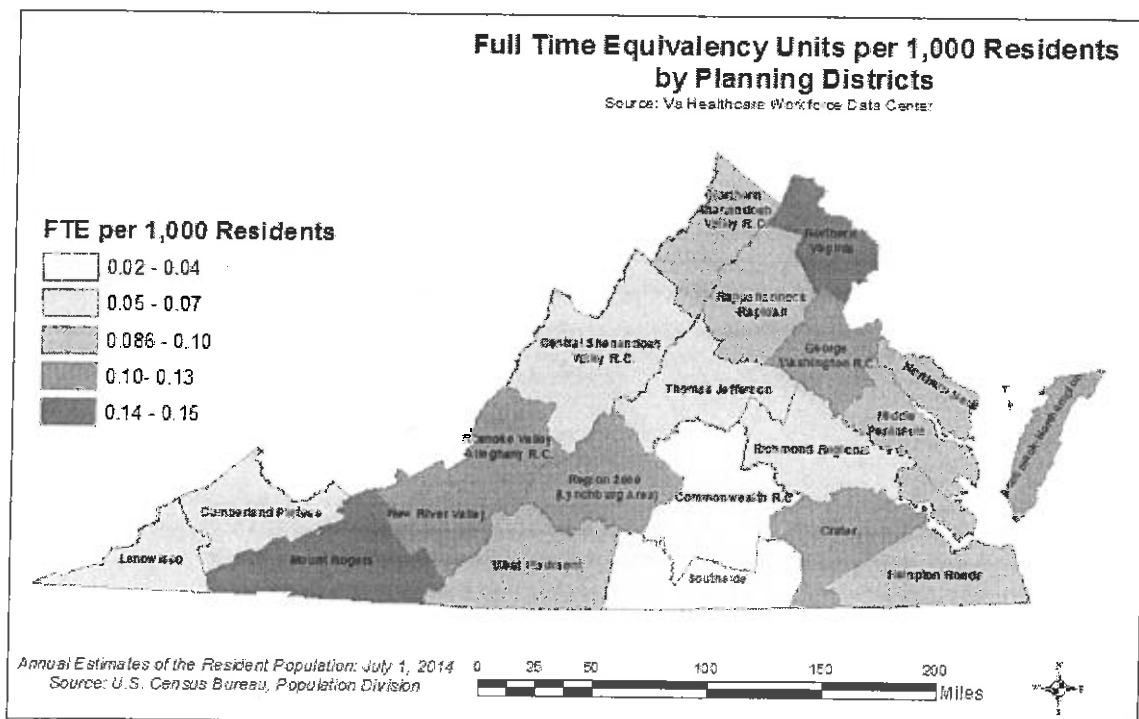
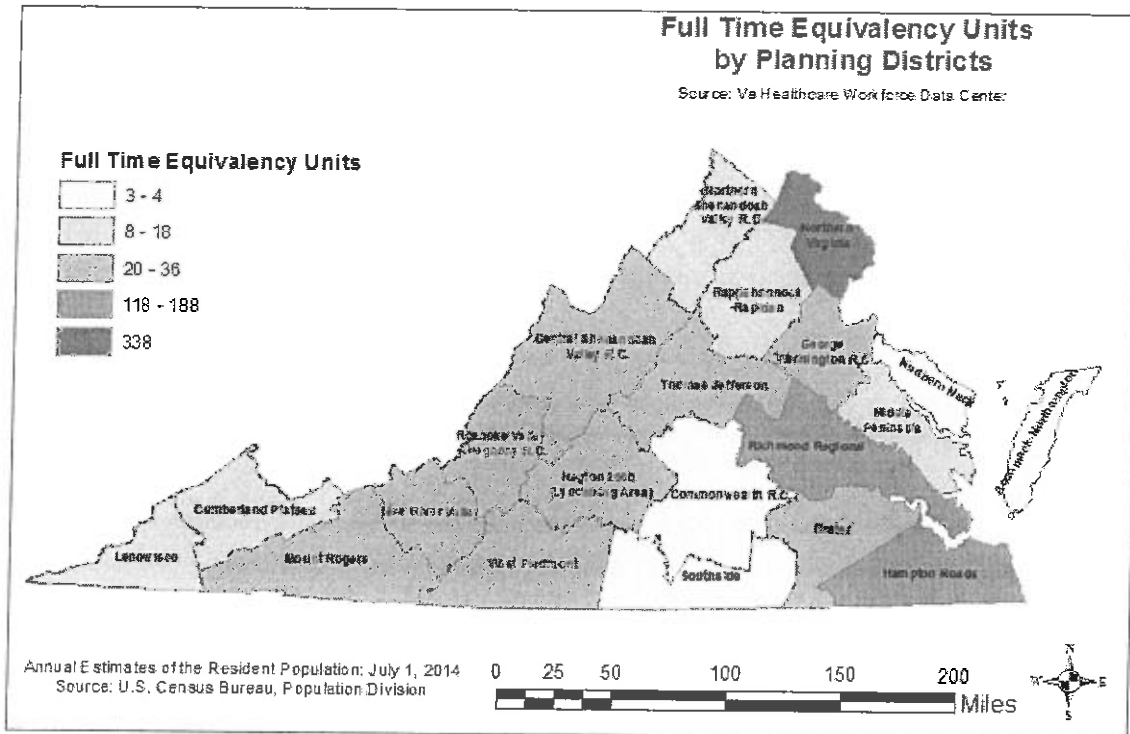
Area Health Education Center Regions



Workforce Investment Areas







Appendices

Weights

Detail	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	881	81.84%	1.221914	1.167707	1.38047
Metro, 250,000 to 1 million	92	85.87%	1.164557	1.112894	1.315671
Metro, 250,000 or less	104	77.88%	1.283951	1.226991	1.450557
Urban pop 20,000+, Metro adj	18	88.89%	1.125	1.091765	1.189977
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	36	88.89%	1.125	1.075092	1.270981
Urban pop, 2,500-19,999, nonadj	25	88.00%	1.136364	1.085951	1.201997
Rural, Metro adj	17	76.47%	1.307692	1.24968	1.32421
Rural, nonadj	2	100.00%	1	0.970458	1.012631
Virginia border state/DC	210	83.81%	1.193182	1.140249	1.34801
Other US State	163	70.55%	1.417391	1.354512	1.601313

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	64	71.88%	1.391304348	1.270981	1.601313
30 to 34	209	83.25%	1.201149425	1.097271	1.382455
35 to 39	198	76.77%	1.302631579	1.189977	1.499256
40 to 44	207	82.13%	1.217647059	1.112342	1.401443
45 to 49	212	80.19%	1.247058824	1.012631	1.435295
50 to 54	173	84.97%	1.176870748	1.075092	1.354512
55 to 59	147	83.67%	1.195121951	0.970458	1.375518
60 and Over	338	81.36%	1.229090909	1.122796	1.414614

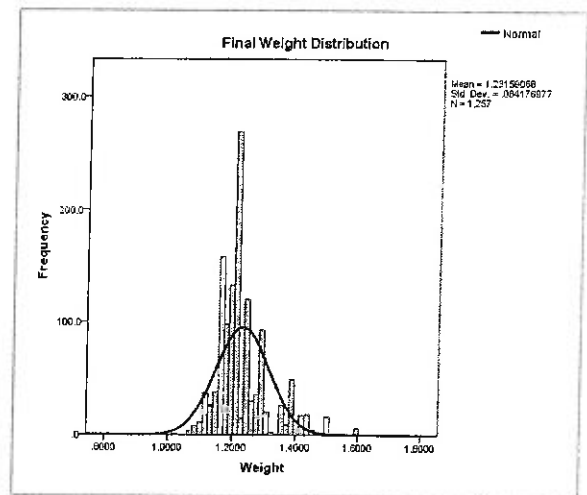
See the Methods section on the HWDC website for details on HWDC Methods:

<http://www.hwdc.org>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.81202



Expert admissibility standards to consider:

Traditional Virginia Standard:

To qualify to serve as an expert witness, an individual:

must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience.

Virginia Medical Malpractice Standard:

To qualify to serve as an expert witness, an individual:

[a]ny health care provider who is licensed to practice in Virginia shall be presumed to know the statewide standard of care in the specialty or field of practice in which he is qualified and certified....A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action.

§ 54.1-3219. Continuing education.

A. As a prerequisite to renewal of a license or reinstatement of a license, each optometrist shall be required to complete 20 hours of continuing education relating to optometry, as approved by the Board, each year. A licensee who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle. The courses shall include, but need not be limited to, the utilization and application of new techniques, scientific and clinical advances, and new achievements of research. The Board shall prescribe criteria for approval of courses of study. The Board may approve alternative courses upon timely application of any licensee. Fulfillment of education requirements shall be certified to the Board upon a form provided by the Board and shall be submitted by each licensed optometrist at the time he applies to the Board for the renewal of his license. The Board may waive individual requirements in cases of certified illness or undue hardship.

**VIRGINIA BOARD OF OPTOMETRY
BY-LAWS**

Article I. Officers of the Board

A. Election of officers.

1. The officers of the Board of Optometry (Board) shall be a President and a Vice-President.
2. At the first meeting of the organizational year, the Board shall elect its officers. Nominations for office shall be selected by open ballot. Voting will be by roll-call ballot and require a majority.
3. The organizational year for the Board shall be from July 1st through June 30th. During the first quarter of the organizational year, the Board shall elect its officers with an effective date of the next regularly scheduled board meeting. The term of office shall be one year.
4. A vacancy occurring in any office shall be filled during the next meeting of the Board.

B. Duties of the Officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the Board members. The President shall appoint all committees unless otherwise ordered by the Board.

2. Vice-President.

The Vice President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. In the absence of the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

Article II. Meetings

A. Number and organization of meetings.

1. For purposes of these bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting; with the exception that one meeting shall take place annually.
2. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

C. Order of Business.

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public Comment.
3. Approval of minutes.
4. The Executive Director and the President shall collaborate on the remainder of the agenda.

Article III. Committees

A. Standing committees.

1. Special Conference Committee.

This committee shall consist of two Board members who shall review information regarding alleged violations of the optometry laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate another Board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled

conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Credentials Committee.

The committee shall consist of two or more Board members. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.

3. Continuing Education Committee.

This committee shall consist of two or more Board members who shall meet as required to review matters related to continuing education.

4. Regulatory/Legislative Committee.

The committee shall consist of two or more board members. The Board delegates to the Regulatory/Legislative Committee to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the drafting of responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor; and any other tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full board prior to publication. The Board delegates the authority to develop proposals for legislative initiatives of the Board. Any proposed draft legislation and response to public comment shall be reviewed and approved by the full Board prior to publication.

5. Professional Designation (PD) Committee.

The committee shall consist of two or more Board members. The members of the committee shall review PD applications to determine if the requested PD name complies with the regulations.

6. Current Procedural Terminology (CPT) Codes Committee.

The committee shall consist of two or more Board members. The members of the committee shall review changes to the CPT codes to determine if new guidance information is needed.

B. Ad Hoc Committees.

There may be Ad Hoc Committees, appointed as needed and shall consist of two or more persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

Article IV. General Delegation of Authority

A. The Board delegates to Board staff the authority to issue and renew licenses and registrations for which statutory and regulatory qualifications have been met.

B. The Board delegates to the Executive Director the authority to reinstate licenses and registrations when the reinstatement is due to the lapse of the license or registration rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

C. The Board delegates to the Executive Director the authority to grant long-term continuing education waivers on a case-by-case basis to licensees with a verified long-standing illness and an attestation of not practicing. The Executive Director shall inform the licensee of the appropriate statute and shall direct the licensee to notify the Board if their situation changes, in which case the waiver may be extended, reconsidered or withdrawn.

D. The Board delegates to the Executive Director authority to grant an extension for good cause of up to 90 days for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.

E. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a board member.

~~EF.~~ The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulation with at least one board member on a rotating basis to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

~~FG.~~ The Board delegates to the Executive Director the authority to conduct an annual continuing education audit and take action as prescribed in any guidance document adopted by the Board on continuing education audits.

~~GH.~~ The Board delegates to the Executive Director the authority to take action as prescribed in any guidance document adopted by the Board on practicing with an expired license.

~~HI.~~ The Board delegates to the Executive Director the authority to negotiate consent orders with the Chair of a Special Conference Committee or formal administrative hearing.

IJ. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.

JK. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

KL. The Board delegates to the Executive Director, the authority to provide guidance to the agency's Enforcement Division in any situation in which a complaint is of questionable jurisdiction and an investigation may not be necessary. The Executive Director will provide a quarterly report on such situations, if any.

LM. The Board delegates to the President the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required, and a meeting is not feasible.

MN. Delegated tasks shall be summarized and reported to the board at each regularly scheduled meeting.

NO. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when a probable cause review indicates a disciplinary proceeding will not be instituted.

OP. The Board delegates authority to the Executive Director to accept from a licensee or registrant, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

Article V. Amendments.

A board member or staff personnel may propose an amendment to these bylaws by presenting the amendment in writing to the Executive Director for distribution to all Board members, the Board's legal counsel and staff personnel prior to any regularly scheduled meeting of the Board. An amendment to the bylaws shall be adopted, upon favorable vote of at least two-thirds of the Board members present at said meeting.

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Optometry

Board	Occupation	State	License Status	License Count
Optometry				
	Optometrist			
	Optometrist	Virginia	Current Active	27
	Optometrist	Out of state	Current Active	90
	Total for Optometrist			117
Professional Designation				
	Professional Designation	Virginia	Current Active	265
	Professional Designation	Out of state	Current Active	1
	Total for Professional Designation			266
TPA Certified Optometrist				
	TPA Certified Optometrist	Virginia	Current Active	1,150
	TPA Certified Optometrist	Out of state	Current Active	392
	Total for TPA Certified Optometrist			1,542
Total for Optometry				1,925

License Type	FY2011	FY2012	FY2013	FY2014	FY2015	2016	FY2017
Optometrist	185	163	150	143	131	124	117
Optometrist - Volunteer	0	0	0	0	0	0	0
Profession Designation	225	230	245	251	250	247	266
TPA Certified Optometrist	1384	1434	1480	1512	1527	1486	1538
Total	1794	1827	1875	1906	1908	1857	1921

Virginia Department of Health Professions
Cash Balance
As of May 31, 2017

	<u>105- Optometry</u>
Board Cash Balance as of June 30, 2016	\$ 529,791
YTD FY17 Revenue	348,430
Less: YTD FY17 Direct and In-Direct Expenditures	<u>320,868</u>
Board Cash Balance as May 31, 2017	<u><u>557,353</u></u>

BOARD OF OPTOMETRY

2018 CALENDAR

FEBRUARY 27, 2018 (Tuesday)	BR 3 9:00 a.m.	BOARD MEETING
FEBRUARY 27, 2018 (Tuesday)	BR 3/HR 6	HEARINGS
MAY 15, 2018	TR 2/HR 6	HEARINGS
JULY 10, 2018 (Tuesday)	BR 4 9:00 a.m.	BOARD MEETING
AUGUST 14, 2018 (Tuesday)	TR 2/HR 6	HEARINGS
NOVEMBER 1, 2018 (Thursday)	BR 32 9:00 a.m.	BOARD MEETING
NOVEMBER 1, 2018 (Thursday)	BR 3/HR 6	HEARINGS