

July 16, 2021
Board Room 4
9:00 a.m.

Agenda
Virginia Board of Optometry
Full Board Meeting

Call to Order – Fred E. Goldberg, O.D., Board President

- Welcome
- Emergency Egress Procedures
- Mission Statement

Ordering of Agenda – Dr. Goldberg

Public Comment – Dr. Goldberg

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. Goldberg

Pages 2-9

- October 16, 2020 – Full Board Meeting (includes Public Hearing)
- October 16, 2020 – Formal Hearing (Case Nos. 188889 & 203955)
- June 7, 2021 – Public Hearing

Director’s Report – David E. Brown, D.C., Director

Regulatory Actions – Elaine Yeatts

Pages 10-28

- Update on 2022 Legislation Submission (pages 10 – 18)
- Status of Proposed Regulations for Waiver of Electronic Prescribing – Comment Period Ends 07/23/2021 (page 19)
- Consideration of Pack petition to add investigational drug to TPA formulary (pages 20 – 28)

Discussion Items

Pages 29-70

- 2021 Optometry Healthcare Workforce Data Center Report (pages 29 –56)
Elizabeth Carter/Yetty Shobo
- Amendments to the Federal Contact Lens Rule (effective 10/16/2020; pages 57 – 64) – **Leslie Knachel**
- Review Guidance Document 105-9 Guidelines for Processing Applications for Licensure (page 65) – **Ms. Knachel**
- Request for Continuing Education Credit for COVID-19 Vaccinator Training (pages 66 – 67) – **Ms. Knachel**
- Request to add Continuing Education Requirement for Cultural Competency Training (pages 68 – 70) – **Ms. Knachel**

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Goldberg

Board of Health Professions Report – Dr. Clayton-Jeter

Staff Reports

Pages 71-76

- Executive Director's Report – **Ms. Knachel**
 - Statistics (pages 71 – 72)
 - Outreach (pages 73 – 76)
 - 2022 Calendar
- Discipline Report – **Kelli Moss**

New Business – Dr. Goldberg

Next Meeting – Dr. Goldberg

October 8, 2021

Meeting Adjournment – Dr. Goldberg

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

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**BOARD OF OPTOMETRY
FULL BOARD MEETING
October 16, 2020**

TIME AND PLACE: The Virginia Board of Optometry (Board) meeting was called to order at 10:33 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

PRESIDING OFFICER: Fred E. Goldberg, O.D., President

BOARD MEMBERS PRESENT: Lisa Wallace-Davis, O.D., Vice-President
Devon Cabot, Citizen Member
Steven A. Linas, O.D.
Clifford A. Roffis, O.D.

BOARD MEMBERS ABSENT: Helene Clayton-Jeter, O.D.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Barbara Allison-Bryan, DHP Chief Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Amy Davis, Executive Assistant
Celia Wilson, Operations Administrative Assistant

OTHERS PRESENT: Mark Hickman, Virginia Society of Eye Physicians and Surgeons

ESTABLISHMENT OF A QUORUM: There were five (5) Board Members present constituting a quorum for conducting Board business.

PUBLIC HEARING: At 10:36 a.m. Dr. Goldberg stated “in accordance with §54.1-3223 of the *Code of Virginia*, a public hearing is being held to receive comments on proposed amendments to include alpha-adrenergic agonists in the categories of topically administered Schedule VI agents in the TPA-Formulary. The proposed amendment was published in the notice of public hearing. If adopted by the Board after the public hearing today, the final amendment to the TPA-Formulary will become effective upon filing with the Registrar.”

As there was no one present to speak, the public hearing was concluded.

ORDERING OF AGENDA:

Ms. Knachel requested that continuing education requirements be added to “Discussion Items.”

Dr. Wallace-Davis moved to accept the changes to the agenda. Ms. Cabot seconded the motion. The motion carried with a unanimous aye vote.

PUBLIC COMMENT:

There was no public comment on agenda items.

APPROVAL OF MINUTES:

Ms. Cabot moved to approve the minutes of the following:
July 13, 2020 – Board Member Virtual Training
July 17, 2020 – Virtual Board Meeting
September 14, 2020 – Virtual TPA-Formulary Committee Meeting

Dr. Roffis seconded the motion. The motion carried with a unanimous aye vote.

DIRECTORS REPORT:

Dr. Allison-Bryan provided information on the following:

- Appreciation to the board members for attending the in-person meeting and for adapting to the new process required to conduct in-person meetings observing COVID-19 precautions;
- Activities of the Board of Health Professions;
- Approximately 75% of DHP staff are teleworking and essential functions are being met;
- DHP has no jurisdiction on complaints received about practitioners not following the Governor’s Executive Order regarding COVID-19 precautions; however, DHP worked with VDH to send a letter to licensees with reminders of the precautions;
- Three workgroups related to cannabis; and
- Participation in the group discussing the distribution and administration of a COVID-19 vaccine once available.

REGULATORY ACTIONS:

Adoption of Proposed Regulations for Waiver of Electronic Prescribing

Elaine Yeatts provided information regarding the regulatory action to replace emergency regulations with final regulations.

Dr. Linas moved to adopt the proposed regulations for waiver of electronic prescribing to preplace emergency

regulations. Ms. Cabot seconded the motion. The motion passed with a unanimous aye vote.

Repeal of 18VAC105-20-50 Professional Designations

Ms. Yeatts stated the effective date of the repeal of Professional Designations is October 29, 2020. Ms. Knachel stated the application has been removed from the website and a mass email will be sent to licensees notifying them of the repeal.

Adoption of Exempt Action on Addition to the TPA-Formulary

Ms. Yeatts presented the regulatory action for the Board's consideration.

Dr. Roffis moved to adopt the exempt action to add alpha-adrenergic agonists to the TPA-Formulary. Dr. Wallace-Davis seconded the motion. The motion passed with a unanimous aye vote.

DISCUSSION ITEMS:

Amendments to the Federal Contact Lens Rule

Ms. Knachel reviewed the information regarding amendments to the Federal Contact Lens Rule that became effective on October 16, 2020. After discussion, the Board took no regulatory action and asked for the item to be on the agenda for the next board meeting.

Continuing Education

At its last meeting, the Board requested that the issue of continuing education be on the agenda for the discussion at the next meeting. Ms. Knachel highlighted the minutes from the July 17, 2020, board meeting where the Board determined that no action would be taken to modify CE requirements for the current licensure period. The Board again discussed that no action would be taken because there are numerous opportunities for licensees to attend online courses where the licensee and the lecturer may communicate with one another as required by regulations. The Board agreed that Ms. Knachel should send out a mass email indicating that no changes are being made to the CE requirements and to highlight the regulatory requirements.

BOARD COUNSEL REPORT:

Ms. Mitchell had no information to report.

PRESIDENT REPORT:

Dr. Goldberg stated that it has been a positive, active year for the Board.

**BOARD OF HEALTH
PROFESSIONS REPORT:**

Dr. Allison-Bryan provided a report during the Director's Report in the absence of Dr. Clayton-Jeter.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reviewed information on the following:

- Statistics
- Outreach activities
- Ms. Knachel will send a mass email to licensees regarding the addition to the TPA-Formulary
- NBEO update
- Discipline Report

NEW BUSINESS:

There was no new business to discuss.

NEXT MEETING:

The next meeting is scheduled for February 12, 2021.

ADJOURNMENT:

Dr. Goldberg adjourned the meeting at 11:57 a.m.

Fred Goldberg, O.D.
Chair

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

**VIRGINIA BOARD OF OPTOMETRY
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
OCTOBER 16, 2020**

CALL TO ORDER: The meeting of the Virginia Board of Optometry (Board) was called to order at 12:51 p.m., on October 16, 2020, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Lisa G. Wallace-Davis, OD, Vice President

MEMBERS PRESENT: Fred E. Goldberg, OD, President
Devon B. Cabot, Citizen Member
Steven A. Linas, OD
Clifford A. Roffis, OD

MEMBERS ABSENT: Helene Clayton-Jeter, OD

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

STAFF PRESENT: Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Celia Wilson, Operations Administrative Assistant

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Cherryl Maddox, Cherryl Maddox Reporting

PARTIES ON BEHALF OF THE COMMONWEALTH: James E. Schliessmann, Sr. Assistant Attorney General
Claire C. Foley, Adjudication Specialist, Administrative Proceedings Division

COMMONWEALTH WITNESSES: Me-Lien B. Chung, Former Senior Investigator, Enforcement Division
Tracey Guard, MS, CSOTP, ASAT, Resident-in-Counseling

RESPONDENT WITNESSES: Ms. Guard
Kaye Dillah, OD
Joseph F. Rosana, OD

OTHERS PRESENT:

Madeline Holder, Investigator, DHP

MATTER SCHEDULED:

**Joseph F. Rosana, OD, Reinstatement Applicant
License No.: 0618-001577 (Suspended)
Case No.: 188889 & 203955**

Dr. Rosana appeared before the Board in accordance with a Notice of Formal Hearing dated September 18, 2020 and was represented by counsel, Michael L. Goodman, Esquire and Nora T. Ciancio, Esquire. The Board received evidence from the Commonwealth and Dr. Rosana regarding the allegations in the Notice.

CLOSED SESSION:

Ms. Cabot moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of **Joseph F. Rosana, OD**. Additionally, she moved that Ms. Mitchell and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

Ms. Cabot moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

DECISION:

Ms. Cabot moved to reinstate the license of Joseph F. Rosana, OD, and to place his license on probation for a period of not less than two years on certain terms and conditions; and to issue a reprimand to Dr. Rosana. The basis for this decision will be set forth in a final Board Order that will be sent to Dr. Rosana at his address of record. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Formal Hearing adjourned at 5:23 p.m.

Lisa Wallace-Davis, OD, Vice President and Chairperson

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

**BOARD OF OPTOMETRY
VIRTUAL PUBLIC HEARING ON PROPOSED REGULATIONS
DEPARTMENT OF HEALTH PROFESSIONS
June 7, 2021**

TIME AND PLACE: The Public Hearing was called to order at 10:00 a.m. via WebEx. The purpose of the hearing was to receive public comment on the proposed regulations from the periodic review.

BOARD MEMBERS PRESENT VIRTUALLY Fred E. Goldberg, O.D.

STAFF PRESENT VIRTUALLY Leslie L. Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Amy Davis, Administrative Assistant

OTHERS PRESENT: No others were present.

CALL TO ORDER: Ms. Knachel called the meeting to order.

PUBLIC HEARING No public comment was presented.

ADJOURNMENT: With no further comment received, the hearing adjourned at 10:05 a.m.

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

Date

Agenda Item: Legislative Proposal

Included in your agenda package are:

Copy of draft legislation

Staff note:

There are several provisions in the Optometry law that are outdated and no longer valid. This “clean-up” of Chapter 30 has been included in the DHP package of legislation in previous years but not yet introduced in the General Assembly.

Board action:

To recommend to the Governor inclusion of revisions to Chapter 30, Optometry laws.

Department of Health Professions

2022 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending §§ 54.1-3202, 54.1-3211, 54.1-3213, 54.1-3215, 54.1-3221, 54.1-3222, and 54.1-3223, and by repealing § 54.1-3220 to update and clarify statutory provisions governing the practice of optometry.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3202, 54.1-3211, 54.1-3213, 54.1-3215, 54.1-3221, 54.1-3222, and 54.1-3223 of the *Code of Virginia* are amended and reenacted as follows:

§ 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.

§ 54.1-3219. 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.

B. Of the 20 hours of continuing education relating to optometry required pursuant to subsection A:

1. 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;

2. No more than two hours may consist of courses related to recordkeeping, 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; and

3. For TPA-certified optometrists, at least 10 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.

C. Nothing in this subsection shall prevent or limit the authority of the Board to require additional hours or types of continuing education as part or in lieu of disciplinary action.

§ 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.

2. That § 54.1-3220 of the *Code of Virginia* is repealed.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of July 9, 2021)**

Board of Optometry			
Chapter	Action / Stage Information		
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry		
	<table border="1"> <tr> <td>Waiver for e-prescribing [Action 5438]</td> </tr> <tr> <td>Proposed - Register Date: 5/24/21 Comment period: 5/24/21 to 7/23/21</td> </tr> </table>	Waiver for e-prescribing [Action 5438]	Proposed - Register Date: 5/24/21 Comment period: 5/24/21 to 7/23/21
Waiver for e-prescribing [Action 5438]			
Proposed - Register Date: 5/24/21 Comment period: 5/24/21 to 7/23/21			

Agenda Item: Decision on Petition for rule-making

Included in your agenda package:

Copy of notice of comment and petition

Copies of comments posted on Townhall

Copy of TPA-formulary regulations

Copy of TPA- formulary law

Board action:

To initiate rulemaking by convening the TPA-Formulary Committee; OR

To not initiate rulemaking at this time

Comment on a Petition for Rulemaking

Promulgating Board: **Board of Optometry**

Elaine J. Yeatts

Regulatory Coordinator: (804)367-4688

elaine.yeatts@dhp.virginia.gov

Agency Contact: Leslie L. Knachel
Executive Director

(804)597-4130

leslie.knachel@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18 vac 105 - 20: **Regulations of the Virginia Board of Optometry**

Statutory Authority: State: Chapter 32 of Title 54.1

Date Petition Received 05/06/2021

Petitioner Weston Pack

Petitioner's Request

To add an investigative ophthalmic drop to the approved formulary of drugs that may be prescribed by an optometrist

Agency Plan

In accordance with Virginia law, the petition has been filed with the Register of Regulations and will be published on June 7, 2021. Comment on the petition may be sent by email, regular mail or posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov; comment will be requested until July 7, 2021. Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its next meeting scheduled for July 16, 2021, and the petitioner will be informed of the Board's decision after that meeting.

Publication Date 06/07/2021 *(comment period will also begin on this date)*

Comment End Date 07/07/2021



COMMONWEALTH OF VIRGINIA

Board of Optometry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

(804) 367-4508 (Tel)
(804) 527-4466 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Pack, Weston, D

Street Address

1 N. Waukegan Road

Area Code and Telephone Number

(919) 271-7319

City

North Chicago

State

IL

Zip Code

60064

Email Address (optional)

weston.pack@abbvie.com

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Addition of a new investigative ophthalmic drop for the treatment of the symptoms of presbyopia to the approved list of medications that can be prescribed by optometrists in the state of Virginia (pending FDA approval).

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

AGN-190584 (pilocarpine 1.25%) is an investigational optimized formulation of pilocarpine, a cholinergic muscarinic receptor agonist, which activates muscarinic receptors located at smooth muscles such as the iris sphincter muscle and ciliary muscle and is being investigated for the treatment of presbyopia as a topical, once-daily drop delivered by a proprietary vehicle. The proposed mechanism of action of AGN-190584 is through contraction of the iris sphincter muscle, constricting the pupil to enhance the depth of focus and improve near and intermediate visual acuity while maintaining some pupillary response to light. AGN-190584 also contracts the ciliary muscle, facilitating accommodation.

In the Phase 3 clinical trials, AGN-190584 met the primary endpoint reaching statistical significance with 3-line or greater improvement in near vision in mesopic (in low light) conditions without a loss of distance vision vs. the vehicle. The majority of secondary endpoints were also met in both studies, including a significant improvement in patient-reported outcomes (PROs) such as an increase in vision-related reading ability, and reductions in the impact of presbyopia on daily life and use of coping behaviors to manage presbyopia. There were no treatment emergent serious adverse events observed in any AGN-190584 treated participants.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Leslie L. Knachel, M.P.H.
Executive Director
Board of Optometry

Signature:

Weston Pack

Date: 05/04/2021

Leslie Knachel

From: Pack, Weston D <weston.pack@abbvie.com> on behalf of Pack, Weston D
Sent: Monday, March 22, 2021 12:49 PM
To: leslie.knachel@dhp.virginia.gov
Subject: Allergan investigational presbyopia drop description

Good afternoon Leslie,

My colleague Justin Rienzo asked me to send you an email with a description of our investigational ophthalmic drop for Presbyopia. Here is a summary that we have provided to meet the requests of other state boards:

AGN-190584 (pilocarpine 1.25%) is an investigational optimized formulation of pilocarpine, a cholinergic muscarinic receptor agonist, which activates muscarinic receptors located at smooth muscles such as the iris sphincter muscle and ciliary muscle and is being investigated for the treatment of presbyopia as a topical, once-daily drop delivered by a proprietary vehicle. The proposed mechanism of action of AGN-190584 is through contraction of the iris sphincter muscle, constricting the pupil to enhance the depth of focus and improve near and intermediate visual acuity while maintaining some pupillary response to light. AGN-190584 also contracts the ciliary muscle, facilitating accommodation.

In the Phase 3 clinical trials, AGN-190584 met the primary endpoint reaching statistical significance with 3-line or greater improvement in near vision in mesopic (in low light) conditions without a loss of distance vision vs. the vehicle. The majority of secondary endpoints were also met in both studies, including a significant improvement in patient-reported outcomes (PROs) such as an increase in vision-related reading ability, and reductions in the impact of presbyopia on daily life and use of coping behaviors to manage presbyopia. There were no treatment emergent serious adverse events observed in any AGN-190584 treated participants.

I'm happy to assist if you require any further information.

Weston



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Agency

Department of Health Professions

Board

Board of Optometry

Chapter

Regulations of the Virginia Board of Optometry [18 VAC 105 - 20]

3 comments

6/10/21 8:26 am

Commenter: David R Rose, OD Virginia Optometric Associatio,

In favor

I am in favor of this of this new drug being added to the TPA formulary for Virginia optometrists. Optometrists in Virginia are capable and should be allowed to practice to the full scope of our training.

CommentID: 99083

6/14/21 12:39 pm

Commenter: Cynthia Hites

In support of petition

I support granting this petition

CommentID: 99106

6/22/21 11:31 pm

Commenter: Jacqueline Theis, OD, Virginia Optometric Association Board of Trustees

I am in support of this petition.

I am in support of this petition as it relates to optometrists practicing to the full scope of their state license

CommentID: 99238

Regulations for TPA

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 Schedules III, IV, and VI narcotic and nonnarcotic agents.

2. Topically administered Schedule VI agents:

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

g. Decongestants; and

h. Immunosuppressive agents.

B. Schedules I, II, and V drugs are excluded from the list of therapeutic pharmaceutical agents with the exception of controlled substances in Schedule II consisting of hydrocodone in combination with acetaminophen and gabapentin in Schedule V.

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.

Code of Virginia

§ 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 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.

DRAFT

Virginia's Optometrist Workforce: 2021

Healthcare Workforce Data Center

April 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466 (fax)
E-mail: HWDC@dhp.virginia.gov

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

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 1,400 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

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
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The Optometrist Workforce At a Glance:

The Workforce

Licenses:	1,717
Virginia's Workforce:	1,273
FTEs:	1,018

Background

Rural Childhood:	26%
HS Degree in VA:	33%
UG Degree in VA:	31%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	72%
Satisfied?:	96%

Survey Response Rate

All Licenses:	83%
Renewing Practitioners:	94%

Residency Program

Ocular Disease:	8%
Primary Eye Care:	5%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	69%

Demographics

% Female:	58%
Diversity Index:	49%
Median Age:	47

Finances

Median Inc.:	\$120k-\$130k
Health Benefits:	55%
Under 40 w/ Ed. Debt:	68%

Time Allocation

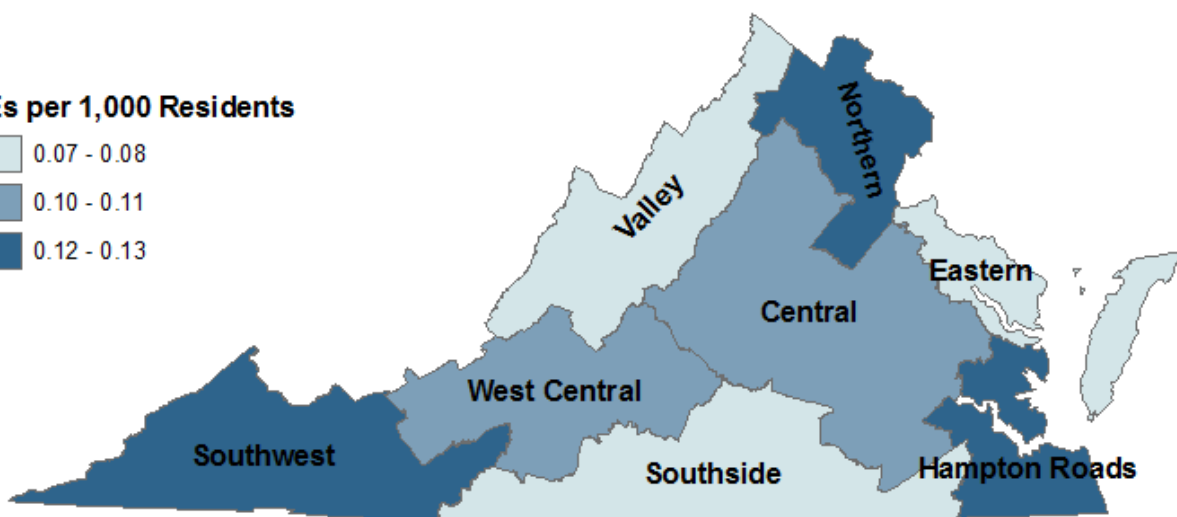
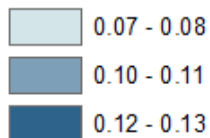
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center

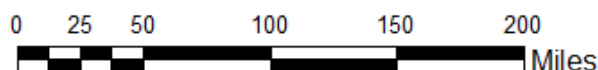
Full-Time Equivalency Units Provided by Optometrists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2021 Optometrist Workforce Survey. More than 1,400 optometrists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every March for optometrists. These respondents represents 83% of the 1,717 optometrists licensed in the state and 94% of renewing practitioners.

The HWDC estimates that 1,273 optometrists participated in Virginia's workforce during the survey time 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 1,018 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly 60% of Virginia's optometrists are female, including 76% of those who are under the age of 40. In a random encounter between two optometrists, there is a 49% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those optometrists who are under the age of 40, this diversity index increases to 54%. Both of these values are below the comparable diversity index of 57% for Virginia's population as a whole. More than one-quarter of all optometrists grew up in a rural area, and 22% of this group of professionals currently work in non-metro areas of the state. In total, 9% of all optometrists work in non-metro areas of Virginia.

Nearly all optometrists are currently employed in the profession, 72% hold one full-time job, and 43% work between 40 and 49 hours per week. Meanwhile, 14% of all optometrists have experienced involuntary unemployment at some point over the past year. At the same time, 3% of optometrists have experienced underemployment. The vast majority of optometrists work in the private sector, including 92% who are employed in the for-profit sector. Nearly two-thirds of optometrists work in either a group or solo private practice. The typical optometrist earns between \$120,000 and \$130,000 per year, and 77% of wage or salaried optometrists receive at least one employer-sponsored benefit. Nearly all optometrists are satisfied with their current work situation, including 63% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for this year are compared to the 2016 optometrist workforce. The number of licensed optometrists has increased by 11% (1,717 vs. 1,548). In addition, the size of the optometrist workforce has also increased by 11% (1,273 vs. 1,151), and the number of FTEs provided by this workforce has increased by 4% (1,018 vs. 977). Virginia's optometrists who are renewing their licenses are more likely to respond to this survey (94% vs. 87%).

Virginia's optometrists are more likely to be female (58% vs. 51%), and this is also the case among those optometrists who are under the age of 40 (76% vs. 72%). At the same time, the overall optometry workforce is also becoming more diverse (49% vs. 46%), although the comparable diversity index among optometrists who are under the age of 40 has fallen (54% vs. 58%). Optometrists are more likely to have grown up in a rural area (26% vs. 23%), and this group of professionals is more likely to work in non-metro areas of Virginia (22% vs. 18%). In total, the percentage of all optometrists who work in non-metro areas of the state has increased as well (9% vs. 7%).

Although optometrists are slightly less likely to be currently employed in the profession (96% vs. 97%), they are more likely to hold one full-time job (72% vs. 68%) and work between 40 and 49 hours per week (43% vs. 42%). Meanwhile, the effects of the coronavirus pandemic likely led to a significant increase in the rate of involuntary unemployment over the past year among Virginia's optometrists (14% vs. 1%).

The median annual income of Virginia's optometrists has increased (\$120k-\$130k vs. \$110k-\$120k), and more optometrists receive this income in the form of a salary (59% vs. 51%) instead of from a business or practice (25% vs. 32%). Although optometrists who are under the age of 40 are considerably less likely to carry education debt (68% vs. 85%), the median debt burden among those with education debt has increased (\$110k-\$120k vs. \$100k-\$110k). There has been no change in the percentage of optometrists who indicated that they are satisfied with their current work situation (96%). However, the percentage who indicated that they are "very satisfied" has fallen (63% vs. 65%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,459	85%
New Licensees	129	8%
Non-Renewals	129	8%
All Licensees	1,717	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than nine out of every ten renewing optometrists submitted a survey. These represent 83% of all optometrists who held a license at some point in the past year.

At a Glance:

Licensed Optometrists

Number: 1,717
 New: 8%
 Not Renewed: 8%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 94%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	37	76	67%
30 to 34	39	168	81%
35 to 39	26	198	88%
40 to 44	40	178	82%
45 to 49	26	171	87%
50 to 54	40	179	82%
55 to 59	22	143	87%
60 and Over	56	318	85%
Total	286	1,431	83%
New Licenses			
Issued in Past Year	66	63	49%
Metro Status			
Non-Metro	23	91	80%
Metro	147	934	86%
Not in Virginia	116	406	78%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	1,431
Response Rate, All Licensees	83%
Response Rate, Renewals	94%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in March 2021.
- Target Population:** All optometrists who held a Virginia license at some point between April 2020 and March 2021.
- 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 the past year.

At a Glance:

Workforce

Optometrist Workforce: 1,273
 FTEs: 1,018

Utilization Ratios

Licensees in VA Workforce: 74%
 Licensees per FTE: 1.69
 Workers per FTE: 1.25

Source: Va. Healthcare Workforce Data Center

Definitions

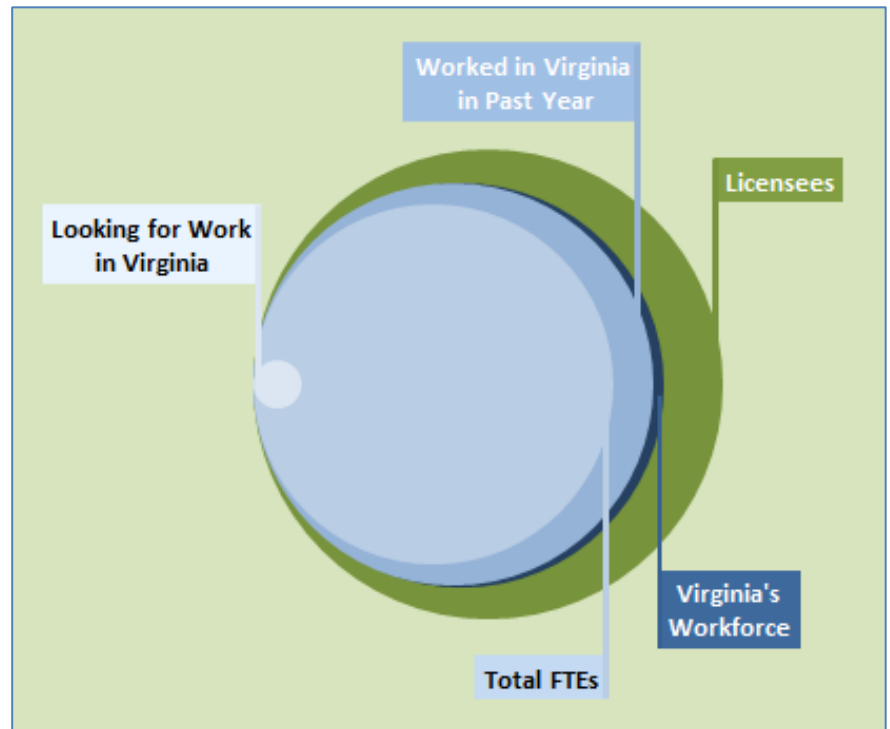
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks with 2 weeks off) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s workforce.
- 4. Licensees per FTE:** An indication of the number of licensees 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.

Optometrist Workforce

Status	#	%
Worked in Virginia in Past Year	1,254	99%
Looking for Work in Virginia	19	1%
Virginia's Workforce	1,273	100%
Total FTEs	1,018	
Licensees	1,717	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	20	23%	66	77%	86	9%
30 to 34	24	19%	100	81%	124	13%
35 to 39	39	29%	94	71%	133	14%
40 to 44	32	32%	68	68%	100	11%
45 to 49	45	44%	58	56%	103	11%
50 to 54	36	31%	80	69%	116	12%
55 to 59	46	53%	41	47%	86	9%
60 and Over	157	83%	32	17%	189	20%
Total	398	43%	538	58%	937	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	61%	632	68%	211	62%
Black	19%	49	5%	14	4%
Hispanic	10%	19	2%	10	3%
Asian	7%	189	20%	89	26%
Two or More Races	3%	17	2%	9	3%
Other Race	0%	25	3%	6	2%
Total	100%	932	100%	339	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

More than one-third of all optometrists are under the age of 40, and 76% of this group of professionals are female. In addition, there is a 54% chance that two randomly chosen optometrists from this age group would be of different races or ethnicities.

At a Glance:

Gender

% Female: 58%
% Under 40 Female: 76%

Age

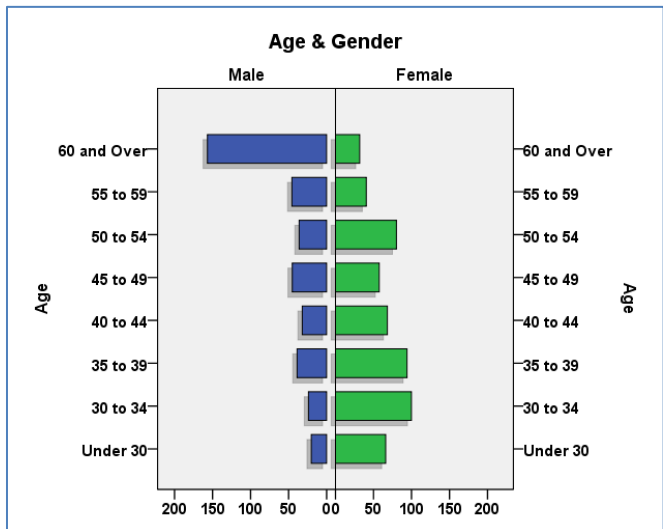
Median Age: 47
% Under 40: 37%
% 55 and Over: 29%

Diversity

Diversity Index: 49%
Under 40 Div. Index: 54%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two optometrists, there is a 49% chance that they would be of different races or ethnicities (a measure known as the diversity index).



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 12%
 Rural Childhood: 26%

Virginia Background

HS in Virginia: 33%
 UG Education in VA: 31%
 HS/UG Edu. in VA: 36%

Location Choice

% Rural to Non-Metro: 22%
 % Urban/Suburban to Non-Metro: 4%

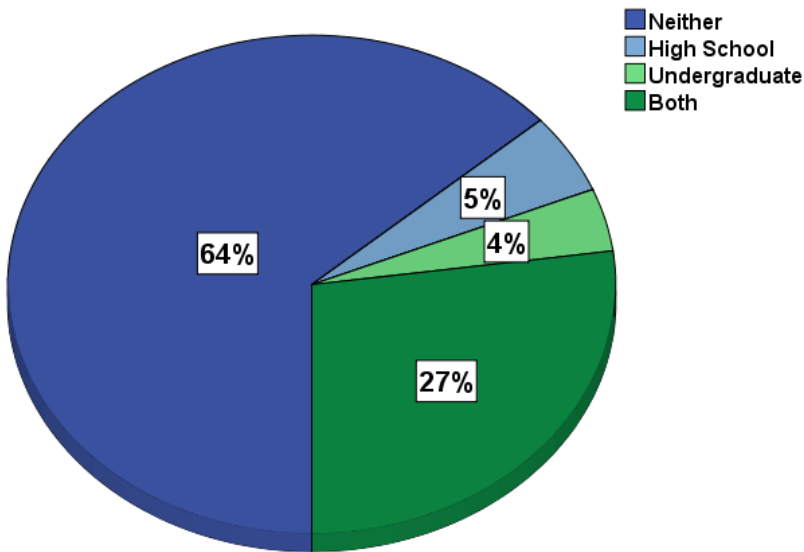
Source: Va. Healthcare Workforce Data Center

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%	69%	13%
2	Metro, 250,000 to 1 Million	46%	46%	9%
3	Metro, 250,000 or Less	32%	56%	13%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	42%	53%	5%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	50%	45%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	8%	4%
8	Rural, Metro Adjacent	67%	17%	17%
9	Rural, Non-Adjacent	50%	50%	0%
Overall		26%	63%	12%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all optometrists grew up in a self-described rural area, and 22% of this group of professionals currently work in non-metro counties. In total, 9% of all optometrists work in non-metro counties of Virginia.

Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	301	Pennsylvania	296
2	Pennsylvania	93	Tennessee	129
3	New York	72	Massachusetts	82
4	Maryland	62	Illinois	56
5	North Carolina	34	Florida	53
6	Ohio	32	Indiana	49
7	California	31	New York	47
8	Outside U.S./Canada	30	Ohio	41
9	Florida	28	Texas	37
10	Indiana	22	Alabama	34

Source: Va. Healthcare Workforce Data Center

One-third of all optometrists received their high school degree in Virginia, while 32% 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, 32% received their high school degree in Virginia, while 34% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	76	Pennsylvania	81
2	Pennsylvania	32	Massachusetts	27
3	Maryland	17	Tennessee	24
4	California	12	Florida	18
5	New York	11	New York	15
6	Michigan	9	Texas	14
7	North Carolina	8	Indiana	13
8	Illinois	7	Illinois	12
9	Florida	7	California	12
10	Indiana	6	Puerto Rico	7

Source: Va. Healthcare Workforce Data Center

More than one-quarter of licensed optometrists did not participate in Virginia's workforce in the past year. More than 90% of these optometrists worked at some point in the past year, including 87% who currently work as optometrists.

At a Glance:

Not in VA Workforce

Total:	444
% of Licensees:	26%
Federal/Military:	20%
VA Border State/DC:	28%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Residency Programs		
Area	#	% of Workforce
Ocular Disease	101	8%
Primary Eye Care	65	5%
Low Vision Rehabilitation	23	2%
Cornea and Contact Lenses	16	1%
Pediatric Optometry	13	1%
Vision Therapy and Rehabilitation	11	1%
Family Practice Optometry	10	1%
Refractive and Ocular Surgery	9	1%
Geriatric Optometry	5	0%
Brain Injury Vision Rehabilitation	4	0%
Other	7	1%
At Least One Program	183	14%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Residency Programs

Ocular Disease: 8%
 Primary Eye Care: 5%
 Low Vision Rehab.: 2%

Education Debt

Carry Debt: 44%
 Under Age 40 w/ Debt: 68%
 Median Debt: \$110k-\$120k

Source: Va. Healthcare Workforce Data Center

More than 10% of all optometrists have completed at least one residency program, including 8% who have completed a residency program in ocular diseases.

More than 40% of all optometrists currently have education debt, including 68% of those who are under the age of 40. For those optometrists with education debt, the median debt burden is between \$110,000 and \$120,000.

Education Debt				
Amount Carried	All Optometrists		Optometrists Under 40	
	#	%	#	%
None	427	56%	87	32%
Less than \$20,000	15	2%	2	1%
\$20,000-\$39,999	28	4%	11	4%
\$40,000-\$59,999	39	5%	10	4%
\$60,000-\$79,999	31	4%	8	3%
\$80,000-\$99,999	27	4%	5	2%
\$100,000-\$119,999	36	5%	15	5%
\$120,000 or More	164	21%	138	50%
Total	767	100%	276	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 72%
 2 or More Positions: 12%

Weekly Hours:

40 to 49: 43%
 60 or More: 4%
 Less than 30: 15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in an Optometry-Related Capacity	880	96%
Employed, NOT in an Optometry-Related Capacity	7	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	< 1%
Voluntarily Unemployed	20	2%
Retired	5	1%
Total	914	100%

Source: Va. Healthcare Workforce Data Center

Nearly all licensed optometrists are currently employed in the profession, 72% hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	27	3%
One Part-Time Position	119	13%
Two Part-Time Positions	34	4%
One Full-Time Position	636	72%
One Full-Time Position & One Part-Time Position	56	6%
Two Full-Time Positions	4	0%
More than Two Positions	8	1%
Total	884	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	27	3%
1 to 9 Hours	17	2%
10 to 19 Hours	35	4%
20 to 29 Hours	77	9%
30 to 39 Hours	247	28%
40 to 49 Hours	378	43%
50 to 59 Hours	63	7%
60 to 69 Hours	17	2%
70 to 79 Hours	8	1%
80 or More Hours	7	1%
Total	876	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	2	0%
Less than \$40,000	33	5%
\$40,000-\$59,999	34	5%
\$60,000-\$79,999	47	7%
\$80,000-\$99,999	85	13%
\$100,000-\$119,999	108	17%
\$120,000-\$139,999	131	20%
\$140,000-\$159,999	85	13%
\$160,000-\$179,999	37	6%
\$180,000-\$199,999	22	3%
\$200,000 or More	63	10%
Total	647	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$120k-\$130k

Benefits
Health Insurance: 55%
Retirement: 60%

Satisfaction
Satisfied 96%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	554	63%
Somewhat Satisfied	290	33%
Somewhat Dissatisfied	26	3%
Very Dissatisfied	13	2%
Total	883	100%

Source: Va. Healthcare Workforce Data Center

The typical optometrist earns between \$120,000 and \$130,000 per year. In addition, 77% of wage or salaried optometrists receive at least one employer-sponsored benefit at their primary work location.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	461	52%	69%
Retirement	423	48%	60%
Health Insurance	391	44%	55%
Paid Sick Leave	292	33%	43%
Dental Insurance	270	31%	40%
Group Life Insurance	192	22%	30%
Signing/Retention Bonus	73	8%	11%
At Least One Benefit	562	64%	77%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	179	14%
Work Two or More Positions at the Same Time?	128	10%
Switch Employers or Practices	71	6%
Experience Voluntary Unemployment?	70	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	39	3%
Experienced at Least One	377	30%

Source: Va. Healthcare Workforce Data Center

Over the past year, 14% of optometrists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 6.9%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	12	1%	7	3%
Less than 6 Months	51	6%	25	11%
6 Months to 1 Year	72	8%	36	16%
1 to 2 Years	136	16%	41	18%
3 to 5 Years	146	17%	45	20%
6 to 10 Years	142	16%	29	13%
More than 10 Years	305	35%	40	18%
Subtotal	864	100%	224	100%
Did Not Have Location	20		1,041	
Item Missing	389		7	
Total	1,273		1,273	

Source: Va. Healthcare Workforce Data Center

Nearly 60% of all optometrists receive a salary or work on commission at their primary work location. Another 25% receive income from a business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 14%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 6%
New Location: 21%
Over 2 Years: 69%
Over 2 Yrs., 2nd Location: 51%

Employment Type

Salary/Commission: 59%
Business/Practice Inc.: 25%

Source: Va. Healthcare Workforce Data Center

Nearly 70% of all optometrists have been employed at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	387	59%
Business/Practice Income	164	25%
Hourly Wage	83	13%
By Contract	19	3%
Unpaid	1	0%
Subtotal	655	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 5.1% and a high of 11.0%. At the time of publication, the unemployment rate from March 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	40%
Top 3 Regions:	77%
Lowest Region:	1%

Locations

2 or More (Past Year):	26%
2 or More (Now*):	25%

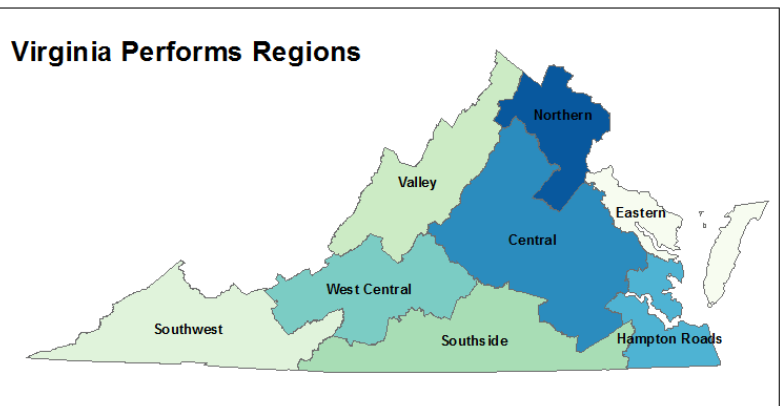
Source: Va. Healthcare Workforce Data Center

More than three-quarters of all optometrists work in Northern Virginia, Hampton Roads, and Central Virginia.

A Closer Look:

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	349	40%	90	39%
Hampton Roads	163	19%	38	17%
Central	153	18%	34	15%
West Central	66	8%	17	7%
Southwest	43	5%	15	7%
Valley	32	4%	8	4%
Southside	30	3%	3	1%
Eastern	9	1%	2	1%
Virginia Border State/D.C.	14	2%	11	5%
Other U.S. State	8	1%	10	4%
Outside of the U.S.	0	0%	0	0%
Total	867	100%	228	100%
Item Missing	385		4	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

One-quarter of all optometrists currently have multiple work locations, while 26% have had multiple work locations over the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	19	2%	27	3%
1	635	72%	639	72%
2	153	17%	149	17%
3	52	6%	51	6%
4	10	1%	7	1%
5	3	0%	2	0%
6 or More	12	1%	9	1%
Total	884	100%	884	100%

*At the time of survey completion: March 2021.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	728	92%	199	95%
Non-Profit	23	3%	1	0%
State/Local Government	4	1%	5	2%
Veterans Administration	13	2%	2	1%
U.S. Military	19	2%	0	0%
Other Federal Government	1	0%	2	1%
Total	788	100%	209	100%
Did Not Have Location	20		1,041	
Item Missing	465		22	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

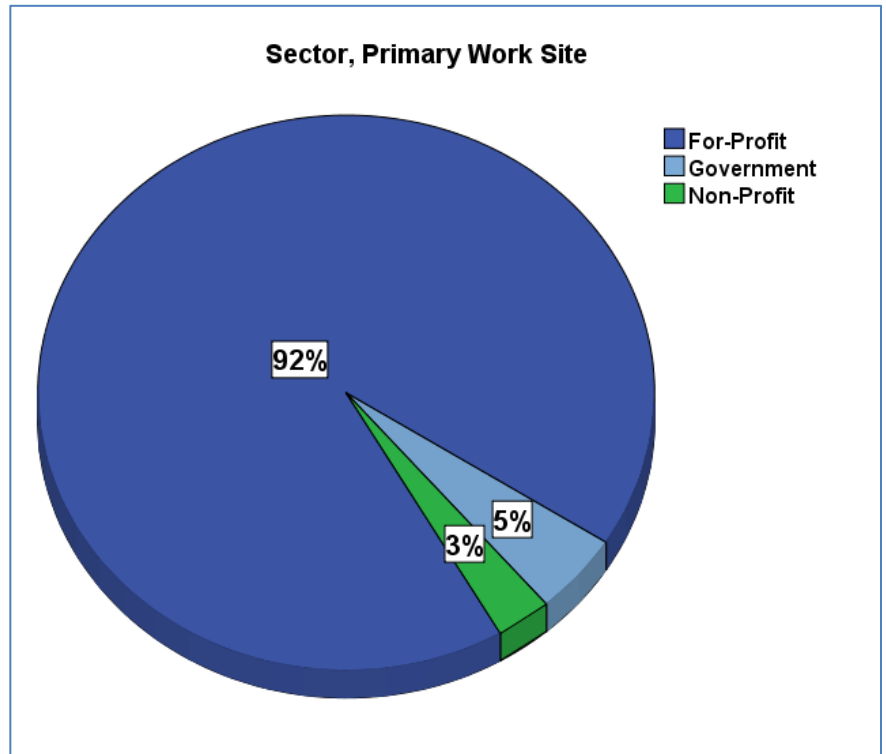
For-Profit:	92%
Federal:	4%

Top Establishments

Private Practice, Group:	43%
Private Practice, Solo:	21%
Optical Goods Store:	19%

Source: Va. Healthcare Workforce Data Center

The vast majority of optometrists work in the private sector, including 92% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	326	43%	109	52%
Private Practice, Solo	157	21%	38	18%
Optical Goods Store	143	19%	36	17%
Physician Office	32	4%	6	3%
Outpatient/Community Clinic	25	3%	1	0%
General Hospital, Outpatient Department	21	3%	2	1%
Academic Institution	3	0%	4	2%
General Hospital, Inpatient Department	2	0%	1	0%
Other	49	6%	11	5%
Total	758	100%	208	100%
Did Not Have a Location	20		1,041	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all optometrists work in a private practice, including 43% who work in a group private practice.

Nearly two-thirds of optometrists work at an establishment that accepts cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's optometry workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	798	63%
Private Insurance	758	60%
Medicare	675	53%
Medicaid	454	36%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

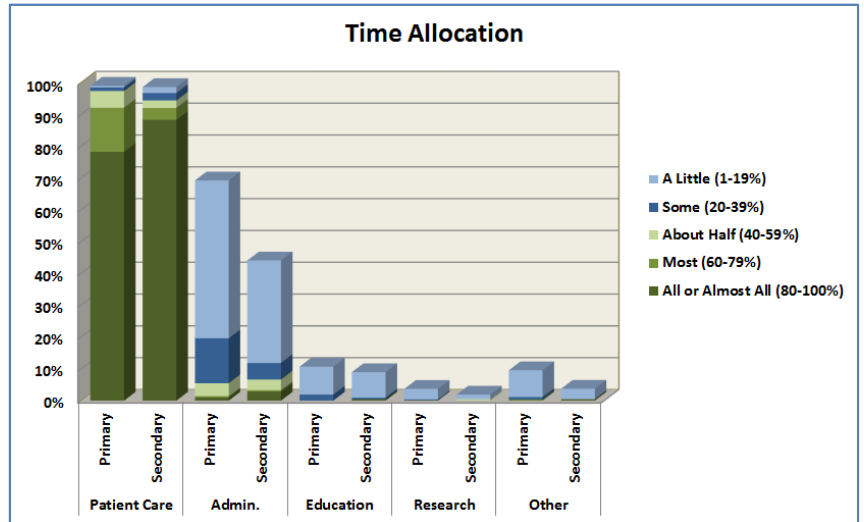
Patient Care: 92%
Administration: 1%

Patient Care Optometrists

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Optometrists typically spend most of their time treating patients. In fact, 92% of all optometrists fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	78%	88%	1%	3%	0%	0%	0%	0%	0%	0%
Most (60-79%)	14%	4%	0%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	2%	4%	3%	0%	0%	0%	0%	0%	0%
Some (20-39%)	1%	2%	14%	5%	2%	0%	0%	0%	1%	0%
A Little (1-19%)	1%	2%	50%	32%	9%	8%	3%	1%	8%	3%
None (0%)	1%	1%	31%	55%	89%	91%	96%	98%	90%	96%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists 50 and Over	
	#	%	#	%
Under Age 50	17	2%	-	-
50 to 54	21	3%	2	1%
55 to 59	79	10%	16	5%
60 to 64	203	27%	54	17%
65 to 69	238	32%	112	35%
70 to 74	116	15%	73	23%
75 to 79	32	4%	28	9%
80 or Over	14	2%	13	4%
I Do Not Intend to Retire	35	5%	22	7%
Total	755	100%	320	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Optometrists

Under 65: 42%
Under 60: 15%

Optometrists 50 and Over

Under 65: 23%
Under 60: 6%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 24%
Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

More than 40% of optometrists expect to retire before the age of 65. Among optometrists who are age 50 and over, 23% still expect to retire by the age of 65.

Within the next two years, 9% of Virginia's optometrists expect to increase their patient care hours, and 3% expect to pursue additional educational opportunities.

Future Plans

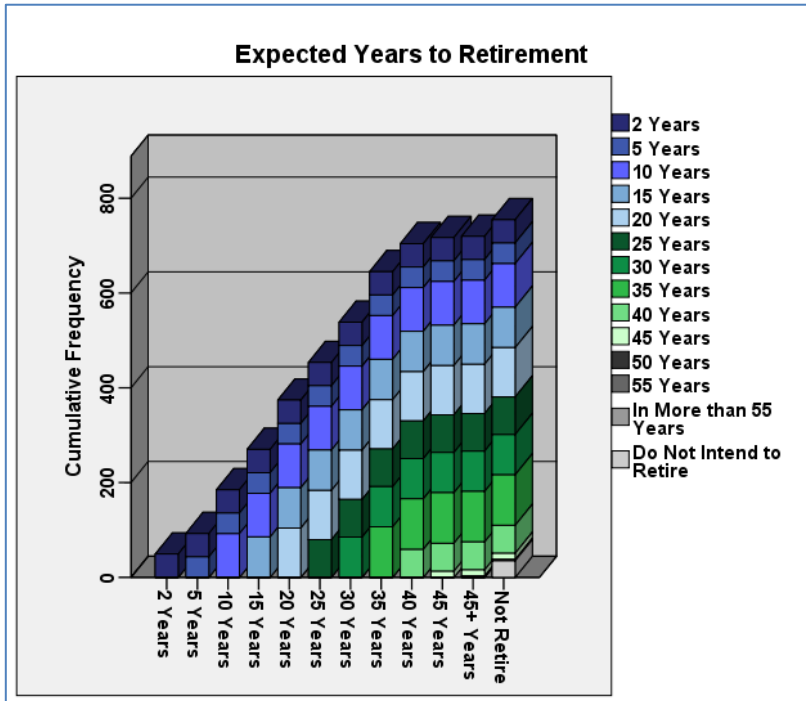
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	87	7%
Leave Virginia	24	2%
Leave Profession	9	1%
Decrease Teaching Hours	1	0%
Increase Participation		
Increase Patient Care Hours	119	9%
Pursue Additional Education	41	3%
Increase Teaching Hours	25	2%
Return to Virginia's Workforce	9	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for optometrists. While only 6% of optometrists expect to retire in the next two years, 24% expect to retire within the next decade. More than half of the current workforce expect to retire by 2046.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	49	6%	6%
5 Years	43	6%	12%
10 Years	92	12%	24%
15 Years	85	11%	36%
20 Years	104	14%	49%
25 Years	79	10%	60%
30 Years	85	11%	71%
35 Years	107	14%	85%
40 Years	59	8%	93%
45 Years	13	2%	95%
50 Years	3	0%	95%
55 Years	0	0%	95%
In More than 55 Years	0	0%	95%
Do Not Intend to Retire	35	5%	100%
Total	755	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2031. Retirement will peak at 14% of the current workforce around 2056 before declining to under 10% again around 2061.

At a Glance:

FTEs

Total: 1,018
 FTEs/1,000 Residents²: 0.119
 Average: 0.81

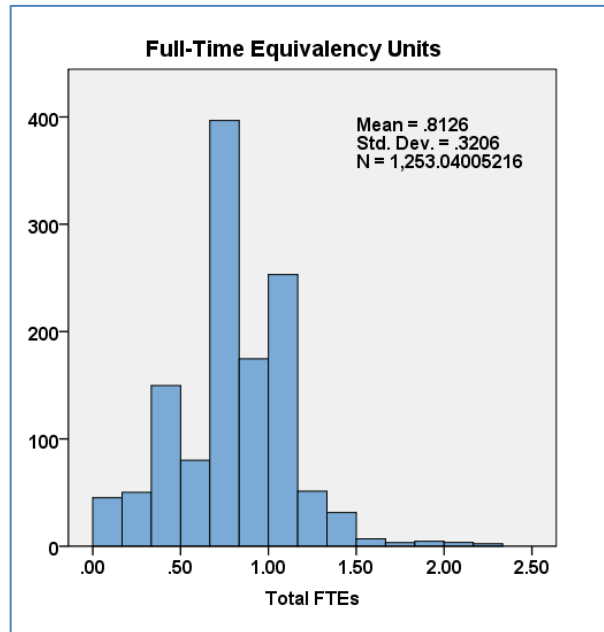
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

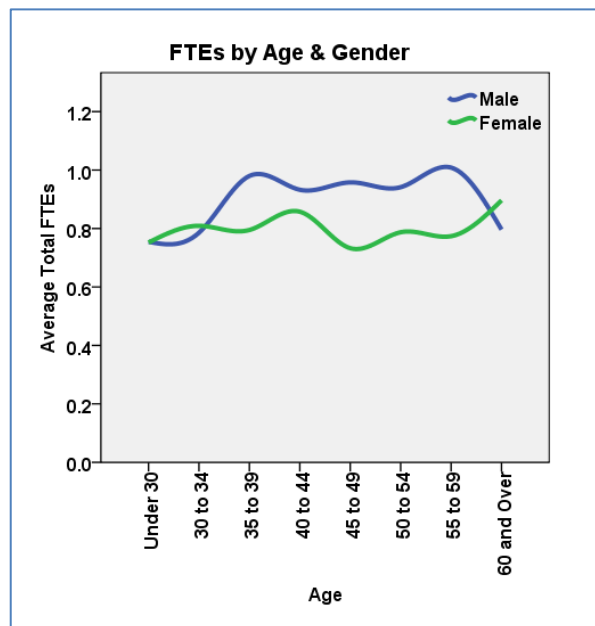


Source: Va. Healthcare Workforce Data Center

The typical (median) optometrist provided 0.80 FTEs in the past year, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.76	0.80
30 to 34	0.81	0.80
35 to 39	0.90	1.07
40 to 44	0.85	0.80
45 to 49	0.82	0.80
50 to 54	0.83	0.80
55 to 59	0.87	0.78
60 and Over	0.72	0.58
Gender		
Male	0.88	0.93
Female	0.80	0.82

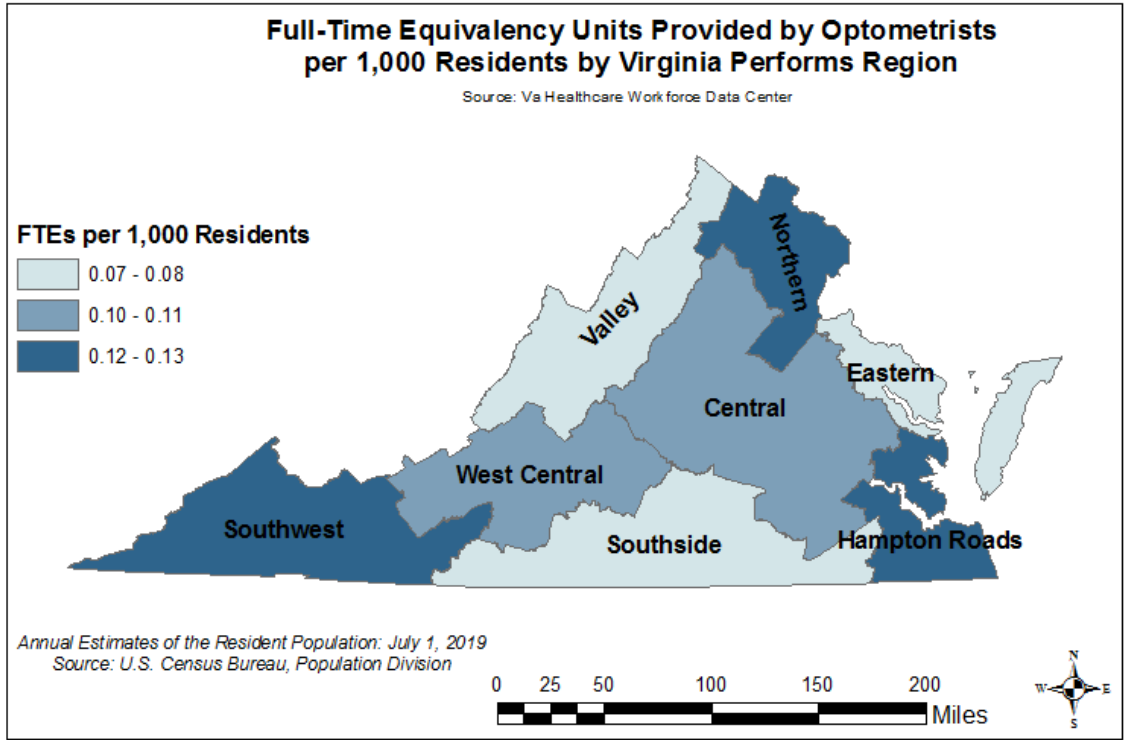
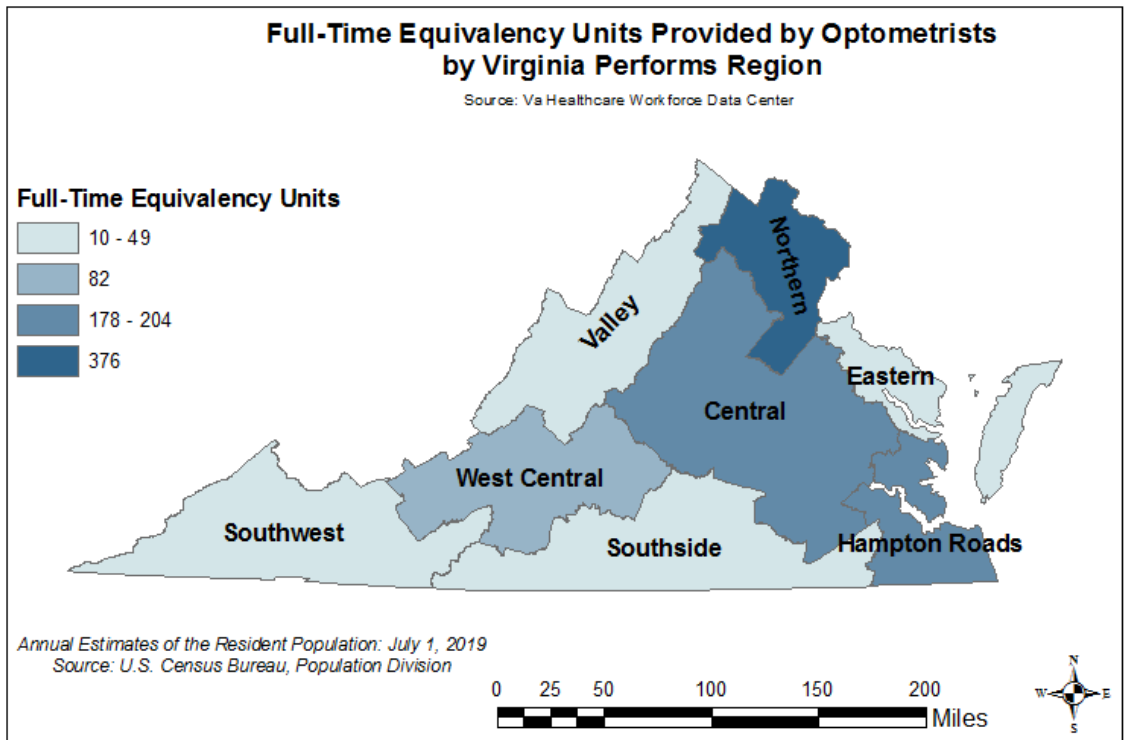
Source: Va. Healthcare Workforce Data Center

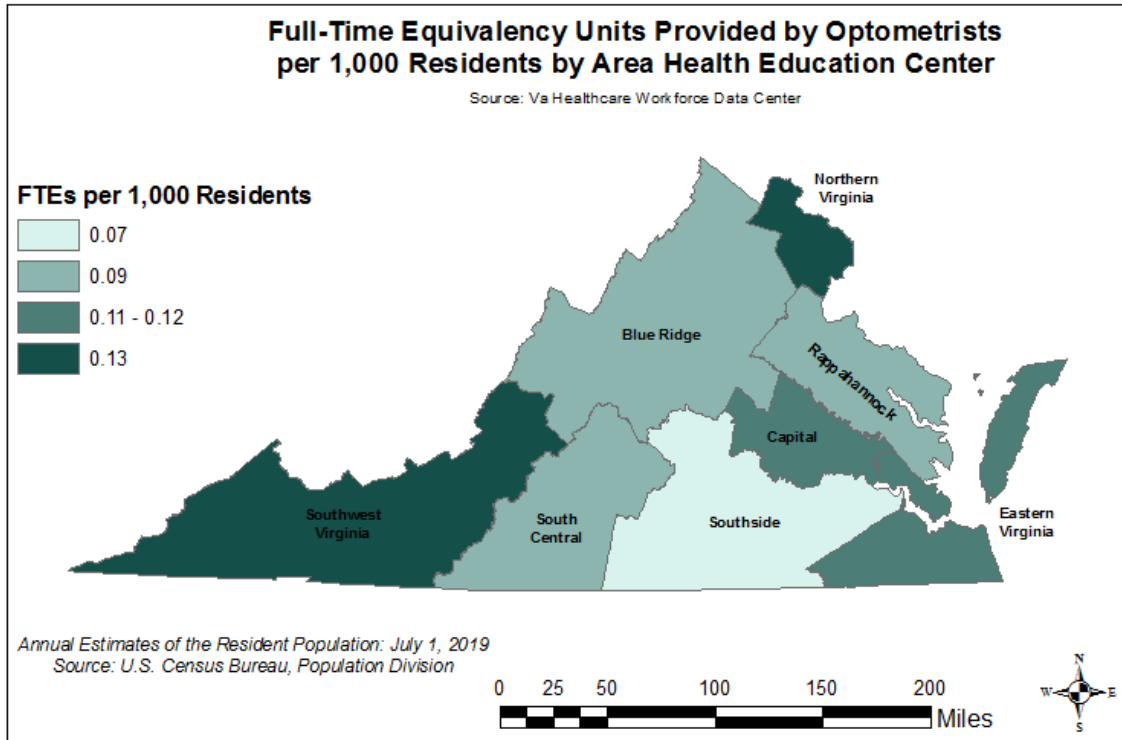
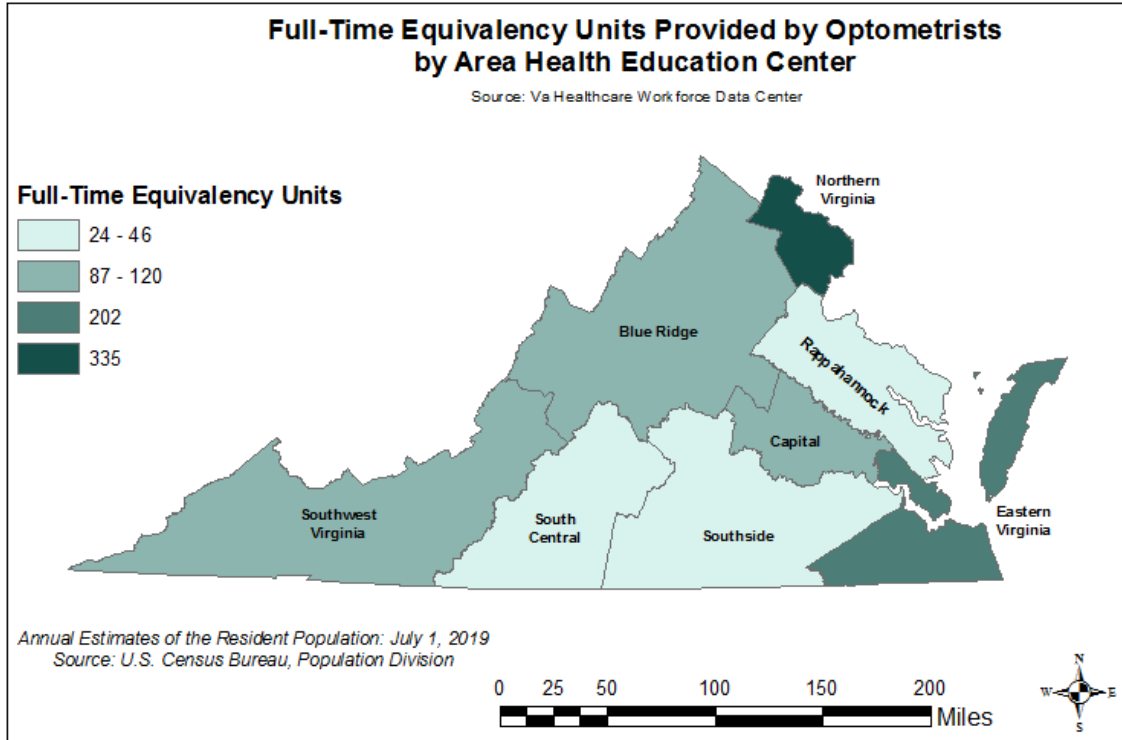


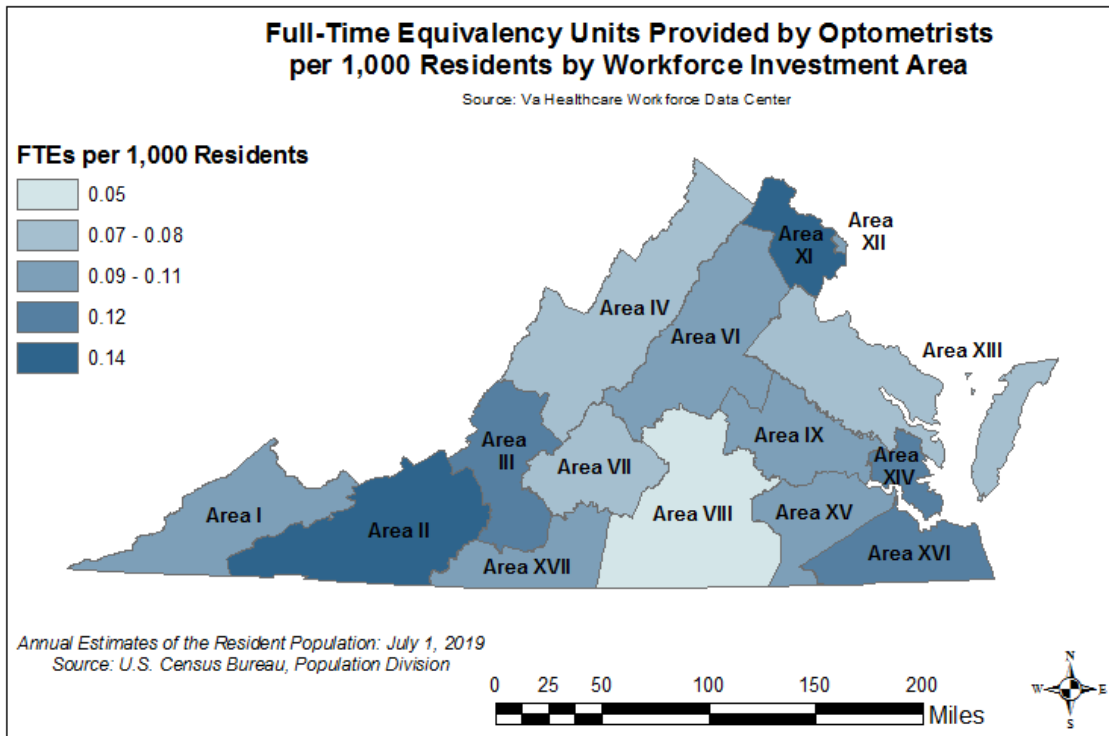
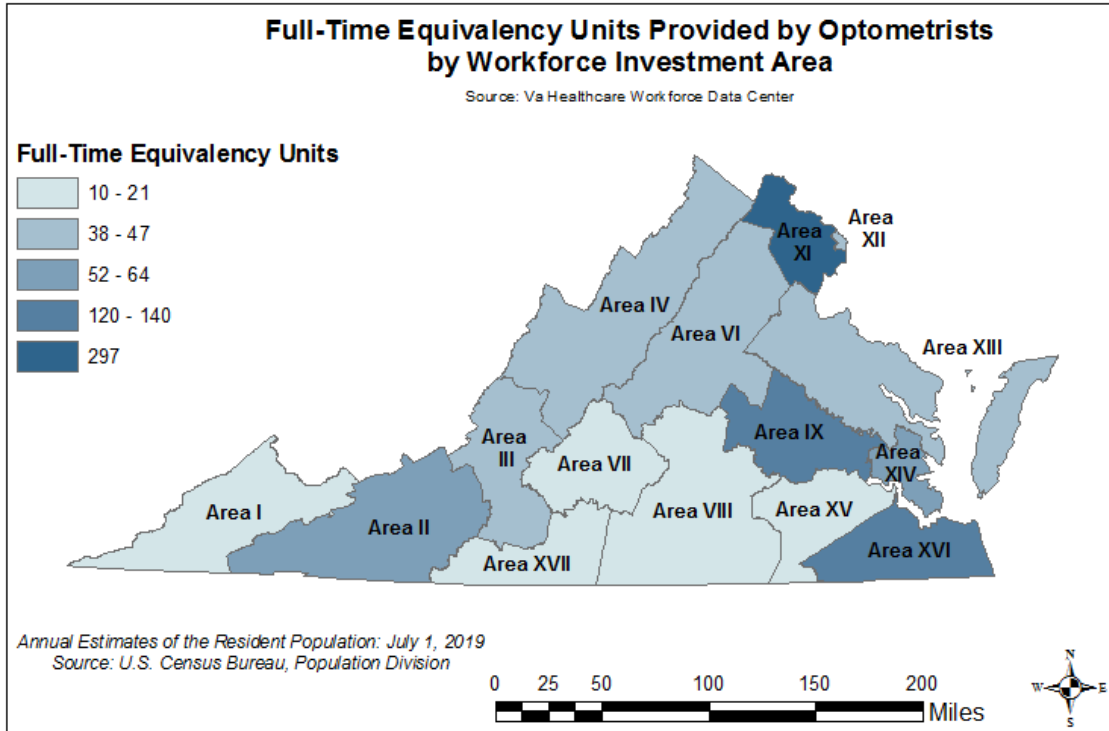
Source: Va. Healthcare Workforce Data Center

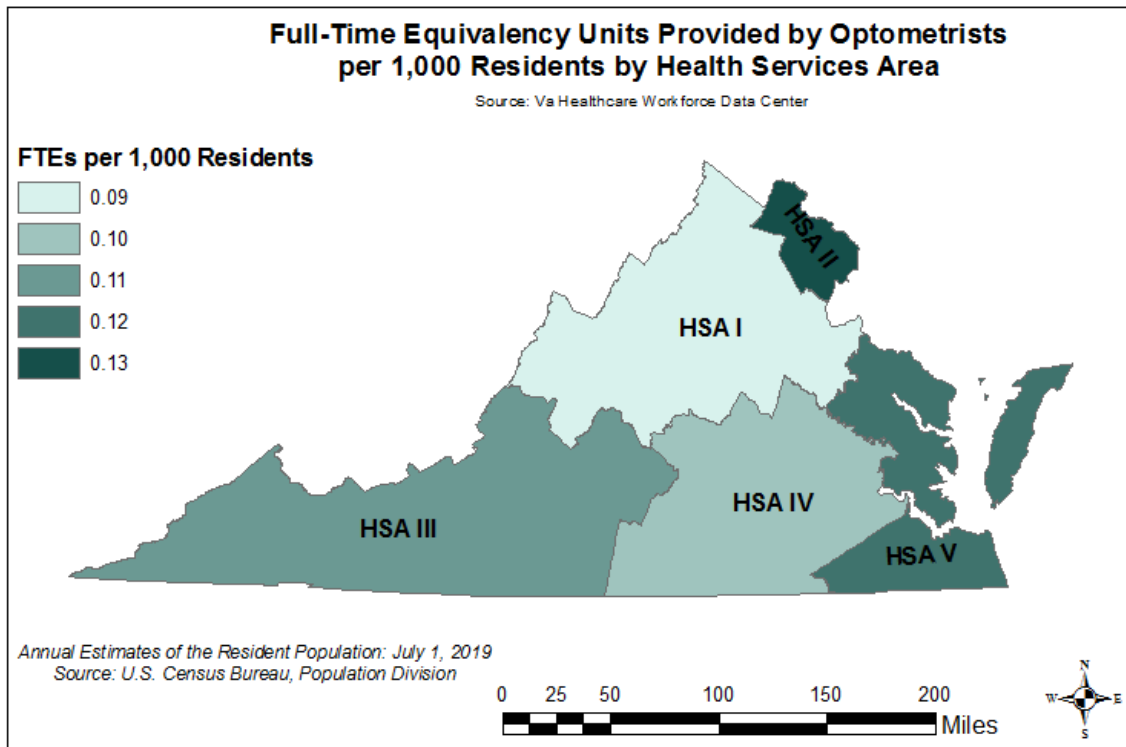
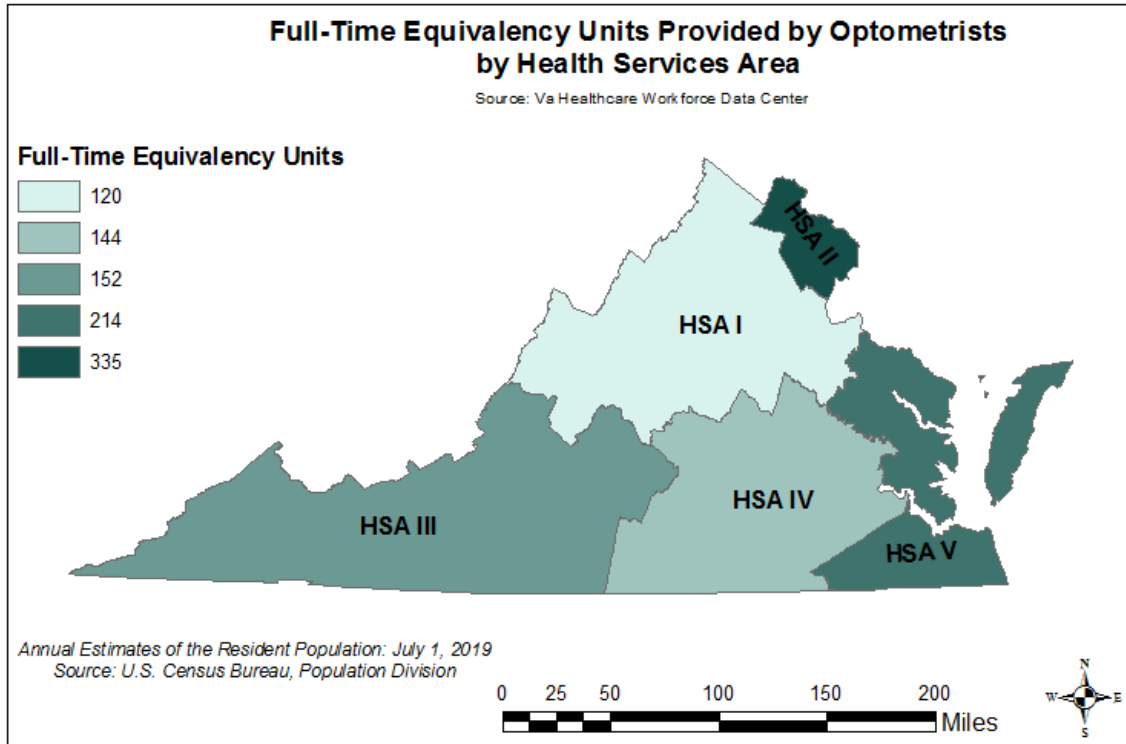
² Number of residents in 2019 was used as the denominator.

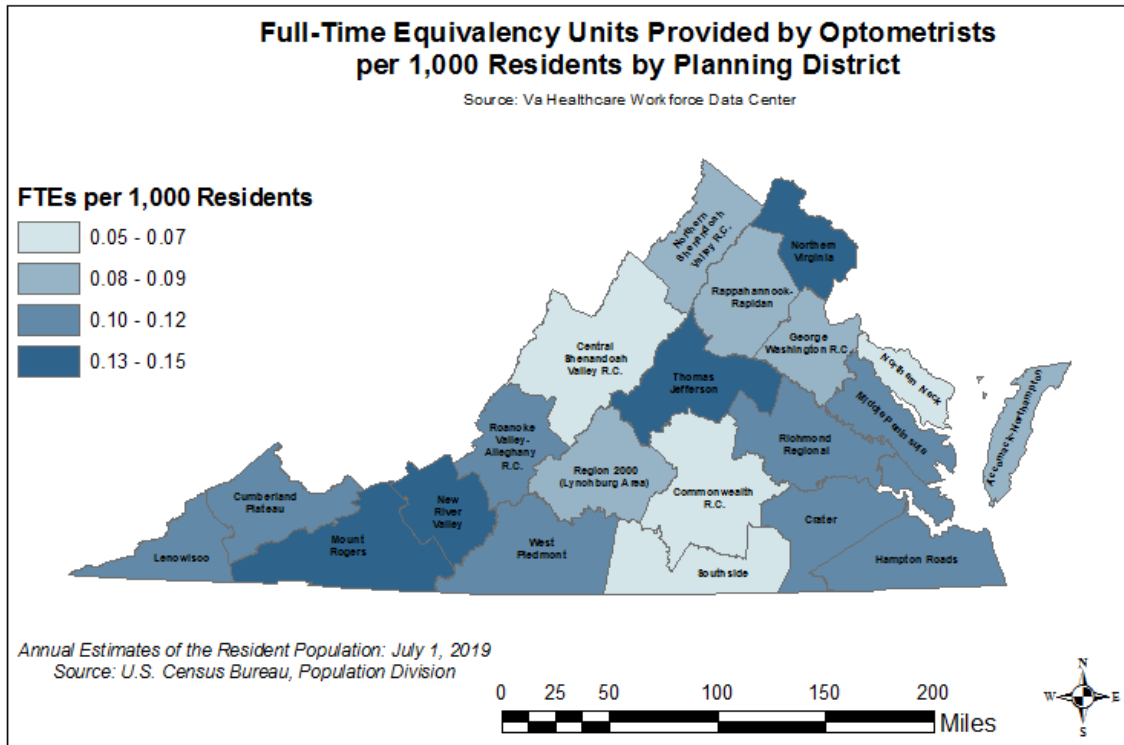
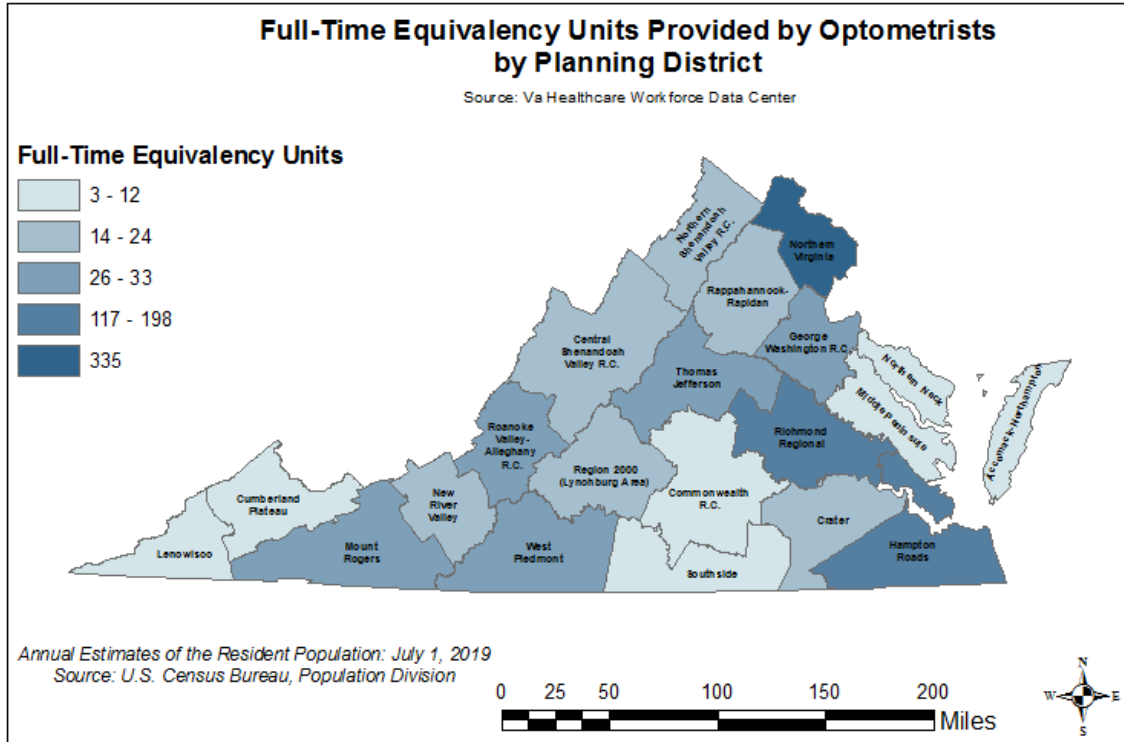
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	877	86.55%	1.155	1.089	1.432
Metro, 250,000 to 1 Million	85	87.06%	1.149	1.083	1.423
Metro, 250,000 or Less	119	84.87%	1.178	1.111	1.460
Urban, Pop. 20,000+, Metro Adj.	11	90.91%	1.100	1.037	1.123
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	39	79.49%	1.258	1.186	1.559
Urban, Pop. 2,500-19,999, Non-Adj.	34	79.41%	1.259	1.187	1.560
Rural, Metro Adj.	23	78.26%	1.278	1.205	1.583
Rural, Non-Adj.	7	71.43%	1.400	1.320	1.429
Virginia Border State/D.C.	231	83.55%	1.197	1.129	1.483
Other U.S. State	291	73.20%	1.366	1.288	1.693

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	113	67.26%	1.487	1.423	1.693
30 to 34	207	81.16%	1.232	1.180	1.403
35 to 39	224	88.39%	1.131	1.037	1.320
40 to 44	218	81.65%	1.225	1.123	1.429
45 to 49	197	86.80%	1.152	1.056	1.344
50 to 54	219	81.74%	1.223	1.171	1.428
55 to 59	165	86.67%	1.154	1.058	1.314
60 and Over	374	85.03%	1.176	1.078	1.372

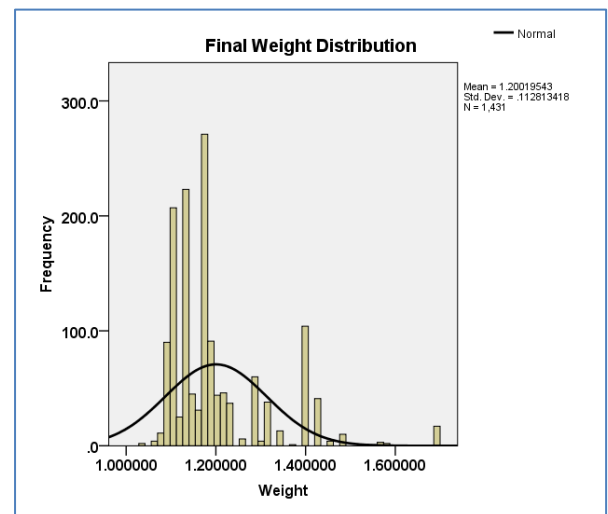
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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: 0.833430



Source: Va. Healthcare Workforce Data Center

THE CONTACT LENS RULE: A GUIDE FOR PRESCRIBERS AND SELLERS

TAGS:

- [Advertising and Marketing](#)
- [Health Claims](#)
- [contact lenses](#)

Consumers have the right to shop around when buying contact lenses – and prescribers and sellers have specific legal obligations. Are you complying with the Contact Lens Rule?

Changes to the Rule go into effect October 16, 2020.

The Fairness to Contact Lens Consumers Act gives people certain rights, including the right to shop around when buying contact lenses. The Act also imposes duties on contact lens prescribers and sellers, and requires the Federal Trade Commission (FTC) to develop and enforce implementing rules. In 2004, the FTC issued the [Contact Lens Rule](#) to spell out the Act’s requirements. In 2020, the FTC amended the Rule, which you can find [here](#).

The [Contact Lens Rule](#) requires prescribers to give patients a copy of their contact lens prescriptions at the end of a contact lens fitting, even if the patient doesn’t ask for it. A patient who wants to buy contact lenses from another seller may give the prescription to that seller. If a patient doesn’t give his prescription to that seller, the seller must get that information from the patient and send it to a prescriber to verify before selling the lenses.

The verification process works like this: the patient gives information about her prescription (e.g., the manufacturer or brand, power, diameter) to the seller, who then submits it to the prescriber in a request to verify that information. The prescriber has eight business hours to respond. If the prescriber does not respond within that time, the prescription is verified automatically, and the seller may provide contact lenses to the consumer.

FOR PRESCRIBERS

According to the Rule, “prescriber” refers to anyone permitted under state law to issue prescriptions for contact lenses – including ophthalmologists, optometrists, and licensed opticians who also are permitted under state law to fit contact lenses (sometimes called “dispensing opticians”).

All prescribers must:

- give a copy of the contact lens prescription to the patient at the end of the contact lens fitting – even if the patient doesn’t ask for it. You may provide the prescription digitally if the patient

Website: <https://www.ftc.gov/tips-advice/business-center/guidance/contact-lens-rule-guide-prescribers-sellers>

agrees to get it digitally instead of on paper, and if the patient also agrees to the specific method (for example, e-mail, text, or portal), *and* if the electronic means can be accessed, downloaded, and printed by the patient. You also must keep records or proof that a patient agreed to digital delivery for at least three years.

In addition, if you are a prescriber who sells lenses or with a direct or indirect financial interest in the sale of contact lenses, you have to:

- ask patients to sign a statement confirming they got their prescription. They'd confirm by signing an acknowledgment of receipt, a prescriber-retained copy of a contact lens prescription, or a prescriber-retained copy of the examination receipt. Keep those confirmations for at least three 3 years. If a patient refuses to sign the confirmation, note the refusal, sign it, and keep it.
- if you provided a digital copy of the prescription, keep records or proof for at least three years that it was sent, received, or made accessible, downloadable and printable.
- give the contact lens prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers, within 40 business hours.

In any response to a verification request, you have to correct any inaccuracy in the prescription, inform the seller if it's expired, and give the reason if it's invalid.

You cannot require patients to:

- buy contact lenses
- pay additional fees or
- sign a waiver or release in exchange for a copy of the contact lens prescription.

You may require a patient to pay for the eye exam, fitting, and evaluation before giving them a copy of the contact lens prescription, but only if you also require immediate payment from a patient whose eye exams show no need for glasses, contact lenses, or other corrective eye care products. Proof of valid insurance coverage counts as payment for purposes of this requirement.

You cannot disown liability or responsibility for the accuracy of an eye examination.

Prescription expiration

The Rule sets a floor, or minimum, expiration date of one year unless there is a legitimate medical reason for setting a shorter expiration date. If a prescriber's state law specifies an expiration date of more than one year, that law would govern for those prescribers. Even if a prescriber's state law does not set an expiration date of more than the one-year minimum required by the Rule, prescribers are free to set a date of more than one year if they feel it is appropriate. The Rule merely prohibits prescribers from setting an expiration date of less than a year unless there is a medical justification for a shorter duration. If the prescriber has such a medical justification, the prescriber must document the medical reason for the shorter expiration date with enough detail to allow for review by a qualified medical professional, and maintain the records for at least three years.

For Sellers

Website: <https://www.ftc.gov/tips-advice/business-center/guidance/contact-lens-rule-guide-prescribers-sellers>

You may provide contact lenses only when the customer presents his prescription in person, by fax, or by email if the prescription has been scanned and attached to the email. The customer also can give you permission to verify the prescription by “direct communication” with the prescriber.

What is direct communication?

It’s a completed communication by phone, fax, or email.

Direct communication by phone requires reaching and speaking to the intended recipient, or leaving an electronic voice message for the intended recipient.

Direct communication by fax or email requires that the intended recipient actually get the fax or email message.

For more details about compliance, see [FAQs: Complying with the Contact Lens Rule](#) at business.ftc.gov.

Verification

When verifying a contact lens prescription, you have to give this information to the prescriber using direct communication:

- patient’s full name and address
- contact lens power, manufacturer, base curve or appropriate designation, and diameter when appropriate
- quantity of lenses ordered
- date of patient order
- date and time of verification request
- a contact person for the seller, including name, fax and phone numbers, and
- a clear statement of the prescriber’s regular Saturday business hours if the seller is counting those hours as business hours under the Rule.

Under the Rule, a prescription is verified if the prescriber:

- confirms its accuracy to the seller via direct communication
- informs the seller that the prescription is inaccurate and provides accurate information to the seller via direct communication, or
- fails to communicate with the seller within eight business hours of getting a complete verification request. During the eight business hour period, the seller must give the prescriber a reasonable opportunity to verify the prescription.

When using automated phone calls for verification, you have to:

- record the entire call

Website: <https://www.ftc.gov/tips-advice/business-center/guidance/contact-lens-rule-guide-prescribers-sellers>

- begin the call by identifying it as a request for prescription verification made in accordance with the Contact Lens Rule,
- deliver the information required by the Rule in a slow and deliberate manner and at a reasonably understandable volume, and
- make the information required by the Rule repeatable at the prescriber's option

Record-keeping

You have to keep prescriptions presented to you; prescription verification requests, including the recording of automated calls containing verification requests; and prescriber responses to the verification requests. If you count a prescriber's Saturday business hours, you also have to keep a record of what those hours are and how you learned of them. Keep these records for at least three years.

THE FINE PRINT

What practices are not allowed?

You must not:

- fill a prescription unless you have a copy of it or have verified it, as required by the Rule
- fill a prescription if the prescriber tells you by direct communication within eight business hours after getting a complete verification request that the prescription is inaccurate, expired, or otherwise invalid
- alter prescriptions. If you submit a verification request for a brand that is not the customer's prescribed brand, you may be violating the Rule by altering the prescription. The only exception is if you've submitted a verification request for a brand that the customer told you is listed on their prescription. To qualify for this exception, you must ask the customer to give you the manufacturer or brand listed on their prescription, and the customer must have told you that information. For private label lenses, however, you can substitute identical contact lenses made by the same manufacturer and sold under a different name
- suggest or state that customers can get contact lenses without a prescription

What's a business hour?

Prescriptions are verified automatically if the prescriber doesn't respond to the seller's verification request within eight business hours. A business hour is defined as one hour between 9 a.m. and 5 p.m., Monday through Friday, excluding federal holidays, in the prescriber's time zone. If a seller determines that a particular prescriber has regular Saturday business hours, the seller also may count those Saturday hours as business hours under the Rule.

How is the "eight business hour" verification period calculated?

When calculating eight business hours, begin the verification period the first business hour **after** the prescriber gets a complete verification request and end it eight business hours later.

For example, if the prescriber gets a request at 10 a.m. Monday, he has to respond by 10 a.m. Tuesday. If there's no response, you can provide the contact lenses at 10:01 a.m. Tuesday. If the

Website: <https://www.ftc.gov/tips-advice/business-center/guidance/contact-lens-rule-guide-prescribers-sellers>

verification request is received at 10 p.m. Monday, the response would be due by 5 p.m. Tuesday. If there's no response, you can provide the lenses at 5:01 p.m. Tuesday.

[contact lenses](#)

YOUR OPPORTUNITY TO COMMENT

The National Small Business Ombudsman and 10 Regional Fairness Boards collect comments from small businesses about federal compliance and enforcement activities. Each year, the Ombudsman evaluates the conduct of these activities and rates each agency's responsiveness to small businesses. Small businesses can comment to the Ombudsman without fear of reprisal. To comment, call toll-free 1-888-REGFAIR (1-888-734-3247) or go to www.sba.gov/ombudsman.

June 2020

Excerpt from [Regulations of the Virginia Board of Optometry](#)

18VAC105-20-45. Standards of practice.

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;
6. If an expiration date is placed on a prescription for ophthalmic goods, the date shall not be less than one year unless the medical reason for a shorter expiration date is documented in the patient record; and
7. Any special instructions.

C. Contact lens.

1. Sufficient information for complete and accurate filling of an established contact lens prescription shall include (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 does not 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 lenses, pay additional fees, or sign a waiver or release in exchange for a copy of the contact lens prescription.
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 six years following the last patient encounter with the following exceptions:

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.

G. For the purpose of prescribing spectacles, eyeglasses, lenses, or contact lenses to a patient, a licensee shall establish a bona fide provider-patient relationship in accordance with requirements of § 54.1-2400.01:2 of the Code of Virginia.

Virginia Board of Optometry

Guidelines for Processing Applications for Licensure

The Executive Director for the Board of Optometry is delegated authority to issue an initial license, renew a license or reinstate a license for those applicants who meet the qualifications as set forth in the law and regulations, provided no grounds exist pursuant to § 54.1-2400 (7) and § 54.1-3204 or §54.1-3215 of the *Code of Virginia* and 18VAC105-20-40 of the *Regulations Governing of the Virginia Board of Optometry*.

An affirmative response to any question on an application for licensure related to grounds for the Board to refuse to issue a license shall be referred to the Board President to determine how to proceed.

An applicant whose license has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure in Virginia unless the license has been reinstated by the jurisdiction which revoked or suspended it. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.

Leslie Knachel

From: Jared Quesenberry [REDACTED]
Sent: Thursday, February 25, 2021 11:59 PM
To: optbd@dhp.virginia.gov
Subject: CE credit for COVID vaccine training

Dear colleagues,

I was wondering if the board would consider allowing the training courses from the Virginia Department of Health (required to become credentialed to administer the COVID-19 vaccine) to count towards our CE requirements? The courses are listed below. Thank you for your consideration.

NON-TRADITIONAL VACCINATOR (No Recent Vaccinating Experience)

Healthcare professionals (MD, DO, PA, NP, RN, LPN, Pharmacist, Pharm Tech) who **do NOT have routine vaccination experience** in the last year, must complete the following:

1. Provide a copy of completion of Airborne and Bloodborne Pathogens training from employers OR take [Airborne Pathogens](#) TRAIN Course ID #1087669 (20 minutes) AND TRAIN [Bloodborne Pathogens](#) TRAIN Course ID #1028520 (20 minutes).
2. [Vaccinating in a COVID-19 Pandemic Environment](#) TRAIN Course ID #1095195 (15 minutes).
3. [How to use an EpiPen](#) TRAIN Course ID#1095208 (10 minutes).
4. [VDH: Safe Use of Multidose Vials](#) TRAIN Course ID #1095260 (20 minutes).
5. [Administering the Moderna COVID-19 Vaccine](#) TRAIN Course ID #1095345 (15 minutes) AND [Pfizer BioNTech Vaccine Preparation and Administration Video](#) TRAIN Course ID #1095215 (25 minutes)

Leslie Knachel

From: Carol Brubaker <cbrubaker@opted.org> on behalf of Carol Brubaker
Sent: Tuesday, April 20, 2021 1:40 PM
To: leslie.knachel@dhp.virginia.gov
Subject: Request to Make Cultural Competency Training a Mandatory Part of Licensure
Attachments: Virginia State Board.pdf

Dear Ms. Knachel,

Attached please find a letter to your organization from the leadership of the Association of Schools and Colleges of Optometry (ASCO). We are reaching out to you today, requesting that the state board of optometry consider requiring cultural competence training for all optometrists in the United States as part of your licensure process. Please review this letter and feel free to reach out to Ms. LaShawn Sidbury on the ASCO staff via email at lsidbury@opted.org should you have any questions.

Thank you for your careful consideration of our letter.

Sincerely,

Carol Brubaker

Manager, Professional Affairs, ASCO

cbrubaker@opted.org



I have a part-time schedule -- T/W/Th's; e-mail is typically the best way to reach me.

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Via Email
leslie.knachel@dhp.virginia.gov

April 19, 2021

Leslie Knachel, MPH
Executive Director
Virginia Board of Optometry
9960 Maryland Drive
Suite 300
Henrico, VA 23233-1463

Dear Leslie Knachel,

The Association of Schools and Colleges is the national the academic leadership organization committed to advancing optometric education and research to enhance the health and well-being of the public. Since 1941, ASCO has pursued this mission by representing the interests of institutions of optometric education and by enhancing the efforts of these institutions as they prepare highly qualified graduates for entrance into the profession of optometry in order to best serve the public's eye and vision needs. ASCO proudly represents all accredited schools and colleges of optometry in the United States.

Like most organizations looking to find new ways to address our nation's call for the removal of racial disparities in all parts of society, ASCO has been very engaged the last few months in developing educational programs to build awareness of the important of cultural competency and racial bias within our organization and member institutions. We are dedicated to developing an applicant pool, student community, faculty body, and profession that reflects the diversity of the U.S. population, while preparing future optometric clinicians for practicing in a multicultural and global society.

One of the important initiatives ASCO is working to achieve is requiring Cultural Competence Continuing Education training for all practicing optometrists. According to the Department of Health & Human Services, several [states](#) (i.e. California, Washington, Indiana, New Jersey) requires mandatory cultural competency training for some health professions and several other states have proposals for such mandates. Unfortunately, most states that have a cultural competency training mandate do not require this of the optometric profession. Currently, [Oregon](#) serves as a great model for such an initiative. The Oregon Board of Optometry, as mandated by the Oregon Health Authority, requires 1 hour of culturally competency education each year for license renewal.

We are reaching out to you today, at the request of ASCO's Diversity and Cultural Competency Committee (DCCC) and with the full support of the ASCO Board of Directors, to request that the Virginia Board of Optometry do what it can to help alleviate the burden of racial inequities in the practice of optometry by requiring diversity training be a component of required continuing education needed for licensure/re-licensure in your state.

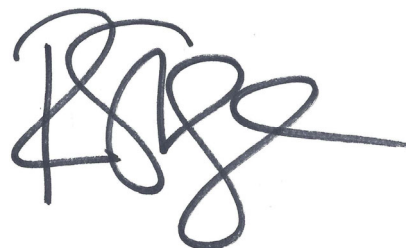
We realize that proposing mandatory cultural competency training for the optometric profession is a huge undertaking, but it is not impossible. Many other health professions (medicine, nursing, and dentistry) are fully aware that cultural competence only enhances the patient care experience and improves health outcomes, and are moving to put these mandates in place. We all must play a part in reducing health care disparities. We need to excel as technically, cognitively, and culturally competent and sensitive clinicians.

We hope that you will join us in making this important initiative a reality for our profession.

Respectfully,



John Flanagan, PhD, DSc(hon), FCOptom, FAAO, FARVO
ASCO President
and
Dean
University of California at Berkeley School of Optometry
University



Ruth Shoge, OD, MPH
Chair, ASCO Diversity & Cultural Competency
Committee (DCCC)
Assistant Professor
Pennsylvania College of Optometry at Salus



Dawn Mancuso, MAM, CAE, FASAE
Executive Vice President and CEO
Association of Schools and Colleges of Optometry

Optometry Monthly Snapshot for March 2021

Optometry received more cases in March than closed. Optometry closed 2 patient care cases and 0 non-patient care cases for a total of 2 cases.

Cases Closed	
Patient Care	2
Non-Patient Care	0
Total	2

Optometry received 3 patient care cases and 0 non-patient care cases for a total of 3 cases.

Cases Received	
Patient Care	3
Non-Patient Care	0
Total	3

As of March 31, 2021 there were 18 patient care cases open and 15 non-patient care cases open for a total of 33 cases.

Cases Open	
Patient Care	18
Non-Patient Care	15
Total	33

There are 1,808 Optometry licensees as of April 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Optometrist	88
TPA Certified Optometrist	1,720
Total	1,808

There were 8 licenses issued for Optometry for the month of March. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
TPA Certified Optometrist	8
Total	8

Virginia Department of Health Professions
Cash Balance
As of April 30, 2021

	<u>105- Optometry</u>
Board Cash Balance as June 30, 2020	\$ 342,500
YTD FY21 Revenue	349,085
Less: YTD FY21 Direct and Allocated Expenditures	<u>343,060</u>
Board Cash Balance as April 30, 2021	<u><u>\$ 348,525</u></u>



ABOUT US > [DEA Meetings & Events](#)

DEA Meetings & Events

Upcoming Seminars

Virtual Session Opioid and Diversion Awareness: The Current State of the Opioid Epidemic

1st Session - Thursday, July 8, 2021

2nd Session - Wednesday, July 14, 2021

Registration has closed for this event. The same conference will be offered again on September 7 & 16, 2021.

See [Agenda](#) for further details.

Virtual Practitioner Opioid Symposium

Sunday, July 18, 2021 & Monday, July 19, 2021 | 8:00AM to 12:15PM CST both days

Registration will be on a first-come, first-served basis. There is no registration fee for this symposium. See [Agenda](#) for further details.

[Register Now](#)

A [WebEx](#) link will be provided to all registered attendees a week prior to the event.

Any questions regarding this conference may be directed to: DallasDiversionOutreach@usdoj.gov

Conference Materials and Resources

View and download supplementary conference materials.

Past Meeting Reports and Presentations

[2015 Washington Medicine Take-Back Summit](#)

[Dangers of Designer Synthetic Drugs](#)

[Distributor Conference](#)

[Chemical Industry Conference](#)

[Electronic Prescriptions for Controlled Substances Meetings](#)

[Importer/Exporter Conference](#)

[Manufacturer/Importer/Exporter Conference](#)

[Methadone Alert Conference](#)

[National Conference on Pharmaceutical and Chemical Diversion](#)

[Pharmacy Diversion Awareness Conference](#)

[Pharmaceutical Industry Conference](#)

[Pharmaceutical Training Seminars](#)

[Practitioner Diversion Awareness Conference](#)

[Public Meeting on Drug Disposal](#)

[Researcher Training Conference](#)

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Reverse Distributor Meeting**Non-DEA Meetings and Events (Presentations)****National Association Chain Drug Stores (PDF)**

August 24, 2015 - Denver, CO

American Veterinary Medical Association (PDF)

July 13, 2015 - Boston, Massachusetts

California State Board Pharmacy Board Meeting (PDF)

June 24, 2015 - Sacramento, California

Alaska Pharmacist Association Annual Meeting (PDF)

February 15-24, 2015 - Anchorage, Alaska

National Association of State Controlled Substance Authorities (NASCA) - 2014 (PDF)

October 21-24, 2014 - Savannah Georgia

American Society of Interventional Pain Physicians (ASIPP) (PDF)

June 9, 2012 - Crystal City, Virginia

Arizona Pharmacists Association (AZPA) (PDF)

June 30, 2012 - Phoenix, Arizona

Criminal Justice Coordinating Council (CJCC) (PDF)

February 19, 2013 - Washington, D.C.

Healthcare Distribution Management Association (HDMA) (PDF)

March 4, 2013 - Tampa, Florida

National Association of State Controlled Substance Authorities (NASCA) - 2013 (PDF)

October 24, 2013 - Kansas City, Missouri

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REPORTING

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BCM Online
Chemical Import/Export Declarations
CSOS (Controlled Substances Ordering System)
Theft/Loss Reporting
Import/Export
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Registrant Record of Controlled Substances Destroyed
Quotas
Reports Required by 21 CFR
Submit a Tip to DEA
Year-End Reports

RESOURCES

Cases Against Doctors
Chemical Control Program
CMEA (Combat Meth Epidemic Act)
Controlled Substance Schedules
COVID-19 Information
DATA Waived Physicians
DEA TOX Toxicology Testing Program
Drug Disposal Information
Drug and Chemical Information
E-commerce Initiatives
Federal Agencies & Related Links
Federal Register Notices

National Prescription Drug Take Back Day
NFLIS
Publications & Manuals
Questions & Answers
Significant Guidance Documents
Synthetic Drugs
Title 21 Code of Federal Regulations
Title 21 USC Codified CSA



U.S. DEPARTMENT OF JUSTICE • DRUG ENFORCEMENT ADMINISTRATION
Diversion Control Division • 8701 Morrisette Drive • Springfield, VA 22152 • 1-800-882-9539

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From: Virginia Board of Optometry
Date: March 5, 2021
Subject: Scam Alert



Virginia Board of Optometry Scam Alert 3/5/2021

Please be advised that the Department of Health Professions (DHP) has been made aware that some licensees have received fraudulent communications from individuals claiming to be from one of our licensing boards or another agency, such as the DEA. They fabricate official looking letterhead and call or text and make it appear as though the number is that of the Virginia Board of Optometry. Please know that the Board will never contact you to ask for money or personal information. If you are the recipient of any communication of which you are skeptical, contact the Board of Optometry for confirmation that it was sent by the Board or that it came from a scammer.

The communications, often by phone, may threaten arrest or license suspension, demand personal information, or require the payment of fines. Please note:

- Phone calls may “spoof” DHP or a Board and appear to be from our number;
- If you need to verify the identity of a DHP investigator or inspector, call the Enforcement Division at (804) 367-4691 or email enfcomplaints@dhp.virginia.gov;
- DHP will never demand that you provide personally identifying information, such as social security number, date of birth, bank or credit card account numbers over the phone;
- These types of licensing scams are a problem nationwide.

If you believe you are the recipient of a fraudulent communication claiming to be from DHP:

- Notify DHP’s Enforcement Division at 804-367-4691, or email enfcomplaints@dhp.virginia.gov;
- Report the communication to local law enforcement or the Virginia State Police;
- The Federal Trade Commission also accepts reports about “Imposter Scams” through the [FTC Complaint Assistant](#), or at 1-877-382-4357. These reports are used to aid ongoing investigations.

The Drug Enforcement Administration also has warned of imposters posing as DEA agents. Information and reporting of these scams can be found at [this DEA website](#). You may also contact the Board directly at 804-597-4132 or optbd@dhp.virginia.gov with any concerns.

From: **Virginia Board of Optometry** <optbd@dhp.virginia.gov>

Date: October 29, 2020

Subject: Updates on Professional Designations and Continuing Education



Virginia Board of Optometry

Updates

Repeal of Professional Designations

Effective October 29, 2020, [18VAC105-20-50. Professional Designations](#) of the [Regulations of the Virginia Board of Optometry](#) is **repealed**. The [regulatory action](#) is available for review on the Virginia Regulatory Town Hall. An optometrist is no longer required to register or renew a professional designation.

Continuing Education

The Board has made no changes to the [continuing education requirements](#) due to the health emergency during the current licensure period of April 1, 2020 to March 31, 2021. The minutes from the [July 17, 2020](#) and [October 16, 2020](#) board meetings are available for review and state the following:

July 17, 2020

[Board office] received numerous inquiries about whether the Board will change any of its current CE requirements because of the COVID-19 pandemic. The consensus of the Board is that it is too early in the licensure period to make changes and there are opportunities for licensees to attend online courses where the licensee and the lecturer may communicate with one another as required by the regulations.

October 16, 2020

The Board again discussed that no action would be taken because there are numerous opportunities for licensees to attend online courses where the licensee and the lecturer may communicate with one another as required by regulations.

Questions may be directed to optbd@dhp.virginia.gov

[Board of Optometry](#)