

March 18, 2022
Board Room 4
9:00 a.m.

Agenda
Virginia Board of Optometry
Full Board Meeting

Call to Order – Lisa Wallace-Davis, O.D., Board President

Page 1

- Welcome
- Emergency Egress Procedures
- Mission Statement

9:05 a.m. Public Hearing – Dr. Wallace-Davis

To receive public comments on the proposed changes to the Regulations of the Virginia Board of Optometry to add cholinergic agonists to the TPA-Formulary.

Public Hearing Adjournment – Dr. Wallace-Davis

Business Meeting of the Board

Ordering of Agenda – Dr. Wallace-Davis

Public Comment – Dr. Wallace-Davis

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. Wallace-Davis

Pages 2-9

- October 8, 2021 – Regulatory Committee Meeting (pages 2-3)
- October 8, 2021 – Full Board Meeting (pages 4-7)
- February 11, 2022 – TPA-Formulary Committee Meeting (8-9)

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

Legislative/Regulatory Report – Elaine Yeatts

Pages 10-29

- 2022 Legislative Update (pages 10-19)
- Regulatory Actions (pages 20-29)
 - Waiver for Electronic Prescribing – effective 02/02/2022
 - Contact Lens Rule – in progress
 - TPA- Formulary Committee Recommendation (action needed)

Board Counsel’s Report – Charis Mitchell

President’s Report – Dr. Wallace-Davis

Board of Health Professions’ Report – Dr. Clayton-Jeter

Staff Reports

Pages 30-34

- Executive Director’s Report – Ms. Knachel
 - Statistics
-
-

-
- Outreach
 - [2022 Board Meeting Calendar](#)
 - Discipline Report – **Kelli Moss**

New Business – Dr. Wallace-Davis

Next Meeting – Dr. Wallace-Davis
August 5, 2022

Meeting Adjournment – Dr. Wallace-Davis

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.

Call to Order

The October 8, 2021, Virginia Board of Optometry (Board) Regulatory Committee meeting was called to order at 9:07 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer – Clifford Roffis, OD – Chair of the Committee

Board Members Present

Helene Clayton-Jeter, OD
Lisa Wallace-Davis, OD

Staff Present

Leslie Knachel, Executive Director
Barbara Allison-Bryan, MD, Deputy Director DHP
Elaine Yeatts, Sr. Policy Analyst DHP
Heather Pote, Discipline Case Specialist
Charis Mitchell, Assistant Attorney General, Board Counsel

Public Present

Bo Keeney, Virginia Optometric Association

Establishment of Quorum

With three committee members present, a quorum was established.

Ordering of Agenda

Agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Discussion Items

- Ms. Knachel provided information on the recommended deletion of 18VAC105-20-16(B).

A motion was made by Dr. Wallace-Davis to delete 18VAC105-20-16(B) during the next periodic review of the regulations. Dr. Clayton-Jeter properly seconded the motion. The motion carried unanimously.

- Dr. Roffis asked for additional clarification of 18VAC105-20-45 which was provided by Ms. Knachel. Dr. Roffis requested that no further action be taken.
- Ms. Yeatts and Ms. Knachel provided an update on the Federal Contact Lens Rule Amendments.

A motion was made by Dr. Clayton-Jeter to recommend to the full Board to amend the regulations by adding the requirement that patient confirmation of receipt of contact lens prescription at the end of the contact lens fitting be maintained in the patient record.

Next Steps

The Committee's recommendations will be provided to the full Board during the meeting starting at 10:00 a.m. on October 8, 2021.

Adjournment

With no objection, the meeting adjourned at 9:44 a.m.

Leslie L. Knachel, Executive Director Date



**Draft Meeting
Minutes**
Full Board Meeting
October 8, 2021

Call to Order

The October 8, 2021 Virginia Board of Optometry (Board) meeting was called to order at 10:03 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, OD, President

Board Members Present

Devon Cabot, Citizen Member, Vice-President
Helene Clayton-Jeter, OD
Evan Kaufman, OD
Clifford A. Roffis, OD
Lisa Wallace-Davis, OD

Staff Present

Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Barbara Allison-Bryan, MD, Deputy Director DHP
Elaine Yeatts, Sr. Policy Analyst DHP
Heather Pote, Sr. Discipline Case Specialist
Laura Paasch, Operations Administrative Assistant
Charis Mitchell, Assistant Attorney General, Board Counsel
Sylvia Robinson, Licensing Administrative Assistant
Melissa Moore, Discipline Case Administrator

Public Present

Bo Keeney, Virginia Optometric Association

Establishment of Quorum

With six board members present, a quorum was established.

Introduction of new Board Member and new Board staff

Dr. Goldberg introduced Dr. Evan Kaufman as the newest member of the Board of Optometry. Ms. Knachel introduced new board staff members Melissa Moore and Sylvia Robinson.

Mission Statement

Dr. Goldberg read the Department of Health Professions' mission statement. He thanked the board and staff members for their continued participation in helping to fulfill this mission.

Ordering of Agenda

The agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Approval of Meeting Minutes

Dr. Goldberg opened the floor to any edits or corrections regarding the draft minutes for the July 16, 2021 Board meeting. Hearing none, the minutes were approved as presented.

Director's Report

Dr. Allison-Bryan provided the agency report in Dr. Brown's absence. She informed the Board of the following:

- DHP is planning for a return to the office in January 2022.
- Current Covid-19 vaccination and infection rates for Virginia which are trending downward.

Policy Analyst's Report

- Ms. Yeatts presented an update on regulations for Waiver of Electronic Prescribing. Recommended adoption of final regulations to replace the emergency regulations.

A motion by Dr. Roffis to adopt the final regulations was properly seconded by Dr. Wallace-Davis. The motion carried unanimously.

- Ms. Yeatts reported that the Regulatory/Legislative Committee recommends to the full Board to amend the regulations by adding the requirement that patient confirmation of receipt of contact lens prescription at the end of the contact lens fitting be maintained in the patient record. Ms. Yeatts indicated that the recommendation from the Committee did not require another motion. A vote was taken and the motion carried unanimously.
- Ms. Yeatts presented information regarding the Electronic Meeting Policy provided by an additional handout.

A motion by Ms. Cabot to adopt the Electronic Meeting Policy final regulations was properly seconded by Dr. Clayton-Jeter. The motion carried unanimously.

Discussion Items

Guidance Documents

- 105-14 Bylaws: Ms. Knachel provided that following the repeal of Professional Designations, the Board no longer needs a Professional Designation Committee listed in Bylaws and recommends removal.

A motion Dr. Clayton-Jeter to delete the Professional Designation from the Bylaws was properly seconded by Dr. Wallace-Davis. The motion carried unanimously.

- 105-28 Instruction Manual on Use of Sanction Reference Points: Ms. Knachel indicated that the manual is under review and recommendations for updates will be forthcoming.

Board Counsel Report

Ms. Mitchell had no information to report to the Board.

Board President's Report

Dr. Goldberg thanked board members and staff for all that was accomplished during his tenure as Board President. He wished Dr. Wallace-Davis well as she begins her tenure as Board President on January 1, 2022.

Board of Health Professions Report

Dr. Clayton-Jeter reported that the Board of Health Professions has not met since the last Board of Optometry meeting. She read a letter from Dr. Brown naming Ms. Knachel as Executive Director of the Board of Health Professions.

Staff Reports

- Ms. Knachel reported on the following:
 - Thanked Board Members and staff for their work over the past year.
 - Board Statistics
 - 2022 meeting calendar
 - Reminded Board Members of the ARBO meeting in June 2022.
- Ms. Moss reported on the disciplinary caseload.

New Business

No new business

Next Meeting

The next full board meeting is scheduled for February 11, 2022.

Adjournment

With no objection, the meeting adjourned at 11:10 a.m.

Leslie L. Knachel, Executive Director Date

DRAFT

Call to Order

The February 11, 2022, TPA-Formulary Committee was called to order at 2:02 p.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer

Lisa Wallace-Davis, OD,

Members Present

Evan Kaufman, OD
Jonathan Noble, OD
Shawn Hobbs, OD
Cheryl Nelson, Pharmacist
William Bearden, MD
Suzanne Everhart, DO

Staff Present

Leslie Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Erin Barrett, Senior Policy Analyst
Laura Jackson, Board Administrator
Laura Paasch, Operations Administrative Assistant

Public Present

No public was present

Establishment of Quorum

With seven committee members present, a quorum was established.

Introduction of new Board Member and new Board staff

Members introduced themselves

Mission Statement

Dr. Wallace-Davis read the mission statement and thanked the Committee members for participating.

Ordering of Agenda

The Committee accepted the agenda as presented.

Public Comment

There were no requests to provide public comment.

Discussion Items

Dr. Wallace-Davis stated that the Committee is convening to consider the addition of two therapeutic drugs to the TPA-Formulary.

Leslie Knachel and Elaine Yeatts provided background information on the two drugs.

Drug 1: Pilocarpine hydrochloride ophthalmic solution 1.25%, a cholinergic muscarinic receptor agonist for the treatment of presbyopia in adults.

Drug 2: Varenicline solution nasal spray, a cholinergic agonist, for the treatment of signs and symptoms of dry eye disease.

The Committee discussed the two drugs including concerns about the drugs' side effects and limited trial studies.

Dr. Noble made a motion to recommend to the full board to add cholinergic agonists to the TPA-Formulary. Dr. Kaufman properly seconded the motion. The motion carried with four aye and three nay votes.

Next Steps

Dr. Wallace-Davis reviewed the next steps for the approved action taken by the Committee.

Adjournment

Hearing no objections, Dr. Wallace-Davis adjourned the meeting at 2:31 p.m.

Board of Optometry Report of the 2022 General Assembly

HB 191 Health Workforce Development; creates position of Special Advisor to the Governor.

Chief patron: Hodges

Summary as passed House:

Health workforce development; Special Advisor to the Governor for Health Workforce Development; Virginia Health Workforce Development Fund. Creates the position of Special Advisor to the Governor for Health Workforce Development (the Special Advisor) in the Office of the Governor and creates the Virginia Health Workforce Development Fund to (i) provide incentives for the removal of barriers to educating and training health workforce professionals that include increasing eligible faculty, clinical placements, and residencies; (ii) incentivize the production of health workforce credentials, degrees, and licensures based on a rigorous analysis of the need by the Office of Education and Labor Market Alignment; (iii) address regulatory barriers to entering into and staying in health professions; and (iv) provide education and training for health and health science professionals to align education and training initiatives with existing and evolving health workforce needs.

The bill also requires the Special Advisor to review and evaluate the structure and organization of the Virginia Health Workforce Development Authority (the Authority) and make recommendations regarding the long-term administrative structure and funding of the Authority to the Governor and the General Assembly by November 1, 2022.

The bill has an expiration date of July 1, 2026.

03/08/22 Senate: Passed Senate with substitute (39-Y 0-N)

03/09/22 House: Senate substitute rejected by House 22107419D-S1 (0-Y 97-N)

03/09/22 House: VOTE: Rejected (0-Y 97-N)

03/10/22 Senate: Senate insisted on substitute (40-Y 0-N)

03/10/22 Senate: Senate requested conference committee

HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.

Chief patron: Hodges

Summary as introduced:

Prescription of opioids; sunset. Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB192ER)

03/03/22 Senate: Signed by President

03/10/22 House: Enrolled Bill communicated to Governor on March 10, 2022

03/10/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

HB 213 Optometrists; allowed to perform laser surgery if certified by Board of Optometry.

Chief patron: Robinson

Summary as passed House:

Optometrists; laser surgery. Allows an optometrist who has received a certification to perform laser surgery from the Board of Optometry (the Board) to perform certain types of laser surgery of the eye and directs the Board to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he (i) is certified by the Board to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and (ii) has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry that includes training in the use of lasers for the medically appropriate and recognized treatment of the human eye as the Board may require.

The bill also requires the Board to adopt regulations (a) establishing criteria for certification of an optometrist to perform permitted laser surgeries and (b) requiring optometrists to register annually with the Board and to report information regarding any disciplinary action, malpractice judgment, or malpractice settlement against the provider and any evidence that indicates the provider may be unable to engage safely in the practice of his profession. The bill also requires optometrists certified to perform laser surgery to report certain information regarding the number any types of laser surgeries performed and the conditions treated, as well as any adverse

treatment outcomes associated with the performance of such laser surgeries to the Board, and requires the Board to report such information to the Governor and the Secretary of Health and Human Resources annually. This bill is identical to SB 375.

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB213ER)

03/02/22 House: Enrolled Bill communicated to Governor on March 2, 2022

03/02/22 Governor: Governor's Action Deadline 11:59 p.m., March 9, 2022

03/09/22 Governor: Approved by Governor-Chapter 17 (effective 7/1/22)

HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Chief patron: Bennett-Parker

Summary as introduced:

Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

03/10/22 Senate: Reading of amendment #3 waived

03/10/22 Senate: Amendment #3 by Senator Petersen agreed to

03/10/22 Senate: Engrossed by Senate - committee substitute with amendments HB444S1

03/10/22 Senate: Passed Senate with substitute with amendments (25-Y 15-N)

03/10/22 House: Senate substitute with amendments agreed to by House 22107153D-S1 (97-Y 0-N)

HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.

Chief patron: Hayes

Summary as introduced:

Health care providers; transfer of patient records in conjunction with closure, sale, or

relocation of practice; electronic notice permitted. Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB555ER)

03/09/22 House: Enrolled Bill communicated to Governor on March 9, 2022

03/09/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

HB 1323 Pharmacists; initiation of treatment with and dispensing and administration of vaccines.

Chief patron: Orrock

Summary as passed House:

Pharmacists; initiation of treatment with and dispensing and administration of vaccines.

Provides that a pharmacist may initiate treatment with, dispense, or administer to persons five years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines authorized by the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine. The bill also requires the Board of Pharmacy, together with the Board of Medicine and the Department of Health, to establish a statewide protocol for the initiation of treatment with and dispensing and administering of drugs in accordance with the provisions of the bill and directs the Board of Pharmacy to establish a work group to provide recommendations regarding development of the protocols and to adopt regulations to implement the provisions of the bill within 280 days. The provisions of the bill authorizing administration of certain vaccinations by pharmacists, pharmacy technicians and pharmacy interns shall become effective upon the expiration of the federal public health emergency related to COVID-19.

03/09/22 House: House acceded to request
03/10/22 House: Conferees appointed by House
03/10/22 House: Delegates: Orrock, Robinson, Sickles
03/10/22 Senate: Conferees appointed by Senate
03/10/22 Senate: Senators: Boysko, Ebbin, Bell

HB 1359 Health care; consent to disclosure of records.

Chief patron: Byron

Summary as passed House:

Health care; consent to services and disclosure of records. Provides that an authorization for the disclosure of health records shall remain in effect until (i) the authorization is revoked in writing to the person in possession of the health record subject to the authorization, (ii) any expiration date set forth in the authorization, or (iii) the person in possession of the health record becomes aware of any expiration event described in the authorization, whichever occurs first, and that a revocation shall not be effective to the extent that the person in possession of the health record released health records prior to such revocation.

The bill also provides that authorization for the release of health records shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record.

The bill also provides that every health care provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a spouse, parent, adult child, adult sibling, or other person identified by a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records.

03/08/22 Senate: Committee substitute agreed to 22107081D-S1
03/08/22 Senate: Engrossed by Senate - committee substitute HB1359S1
03/08/22 Senate: Passed Senate with substitute (29-Y 10-N)
03/09/22 House: Senate substitute agreed to by House 22107081D-S1 (57-Y 41-N)
03/09/22 House: VOTE: Adoption (57-Y 41-N)

SB 317 Out-of-state health care practitioners; temporary authorization to practice.

Chief patron: Favola

Summary as passed:

Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency. Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause and is identical to HB 1187.

EMERGENCY

03/04/22 Senate: Enrolled

03/04/22 Senate: Bill text as passed Senate and House (SB317ER)

03/04/22 Senate: Signed by President

03/04/22 Senate: Impact statement from DPB (SB317ER)

03/04/22 House: Signed by Speaker

SB 375 Optometrists; allowed to perform laser surgery if certified by Board of Optometry.

Chief patron: Petersen

Summary as passed Senate:

Optometrists; laser surgery. Allows an optometrist who has received a certification to perform laser surgery from the Board of Optometry (the Board) to perform certain types of laser surgery of the eye and directs the Board to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he (i) is certified by the Board to

prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and (ii) has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry that includes training in the use of lasers for the medically appropriate and recognized treatment of the human eye as the Board may require.

The bill also requires the Board to adopt regulations (a) establishing criteria for certification of an optometrist to perform permitted laser surgeries and (b) requiring optometrists to register annually with the Board and to report information regarding any disciplinary action, malpractice judgment, or malpractice settlement against the provider and any evidence that indicates the provider may be unable to engage safely in the practice of his profession. The bill also requires optometrists certified to perform laser surgery to report certain information regarding the number any types of laser surgeries performed and the conditions treated as well as any adverse treatment outcomes associated with the performance of such laser surgeries to the Board, and requires the Board to report such information to the Governor and the Secretary of Health and Human Resources annually. This bill is identical to HB 213.

03/01/22 Senate: Signed by President

03/01/22 House: Signed by Speaker

03/02/22 Senate: Enrolled Bill Communicated to Governor on March 2, 2022

03/02/22 Governor: Governor's Action Deadline 11:59 p.m., March 9, 2022

03/09/22 Governor: Approved by Governor-Chapter 16 (effective 7/1/22)

Counts: HB: 9 SB: 2

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 54.1-2400.01:1, 54.1-3200, and 54.1-3201 of the Code of Virginia and*
 3 *to amend the Code of Virginia by adding in Chapter 32 of Title 54.1 an article numbered 6,*
 4 *consisting of a section numbered 54.1-3225, relating to optometrists; laser surgery.*

5 [S 375]

6 Approved

7 **Be it enacted by the General Assembly of Virginia:**

8 **1. That §§ 54.1-2400.01:1, 54.1-3200, and 54.1-3201 of the Code of Virginia are amended and**
 9 **reenacted and that the Code of Virginia is amended by adding in Chapter 32 of Title 54.1 an**
 10 **article numbered 6, consisting of a section numbered 54.1-3225, as follows:**

11 **§ 54.1-2400.01:1. Surgery defined; who may perform surgery.**

12 A. For the purposes of this subtitle, except as used in Chapter 38 (§ 54.1-3800 et seq.) related to
 13 veterinary medicine, "surgery" means the structural alteration of the human body by the incision or
 14 cutting into of tissue for the purpose of diagnostic or therapeutic treatment of conditions or disease
 15 processes by any instrument causing localized alteration or transposition of live human tissue, but does
 16 not include the following: procedures for the removal of superficial foreign bodies from the human
 17 body, punctures, injections, dry needling, acupuncture, or removal of dead tissue. For the purposes of
 18 this section, incision shall not mean the scraping or brushing of live tissue.

19 B. No person shall perform surgery unless he is (i) licensed by the Board of Medicine as a doctor of
 20 medicine, osteopathy, or podiatry; (ii) licensed by the Board of Dentistry as a doctor of dentistry; (iii)
 21 jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner; (iv) a physician assistant
 22 acting under the supervision of a doctor of medicine, osteopathy, or podiatry; (v) a licensed midwife in
 23 the performance of episiotomies during childbirth; ~~or~~ (vi) *licensed by the Board of Optometry as an*
 24 *optometrist and certified to perform laser surgery pursuant to § 54.1-3225; or (vii) acting pursuant to*
 25 *the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy, podiatry,*
 26 *or dentistry.*

27 C. Nothing in this section shall be construed to restrict, limit, change, or expand the scope of
 28 practice in effect on January 1, 2012, of any profession licensed by any of the health regulatory boards
 29 within the Department of Health Professions.

30 **§ 54.1-3200. Definitions.**

31 As used in this chapter, unless the context requires a different meaning:

32 "Board" means the Board of Optometry.

33 "Optometrist" means any person practicing the profession of optometry as defined in this chapter and
34 the regulations of the Board.

35 "Practice of optometry" means the examination of the human eye to ascertain the presence of defects
 36 or abnormal conditions which may be corrected or relieved by the use of lenses, prisms or ocular
 37 exercises, visual training or orthoptics; the employment of any subjective or objective mechanism to
 38 determine the accommodative or refractive states of the human eye or range or power of vision of the
 39 human eye; the use of testing appliances for the purpose of the measurement of the powers of vision;
 40 the examination, diagnosis, and optometric treatment in accordance with this chapter, of conditions and
 41 visual or muscular anomalies of the human eye; the use of diagnostic pharmaceutical agents set forth in
 42 § 54.1-3224; and the prescribing or adapting of lenses, prisms or ocular exercises, visual training or
 43 orthoptics for the correction, relief, remediation or prevention of such conditions. An optometrist may
 44 treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic
 45 pharmaceutical agents only as permitted under this chapter. The practice of optometry also includes the
 46 evaluation, examination, diagnosis, and treatment of abnormal or diseased conditions of the human eye
 47 and its adnexa by the use of medically recognized and appropriate devices, procedures, or technologies.
 48 However, the practice of optometry does not include treatment through surgery, including laser surgery,
 49 other invasive modalities, or the use of injections, including venipuncture and intravenous injections,
 50 except as provided in § 54.1-3222 or for the treatment of emergency cases of anaphylactic shock with
 51 intramuscular epinephrine practice in accordance with the provisions of § 54.1-3201.

52 "TPA-certified optometrist" means an optometrist who is licensed under this chapter and who has
 53 successfully completed the requirements for TPA certification established by the Board pursuant to
 54 Article 5 (§ 54.1-3222 et seq.). Such certification shall enable an optometrist to prescribe and administer
 55 Schedule H controlled substances consisting of hydrocodone in combination with acetaminophen and
 56 Schedules III through VI controlled substances and devices as set forth in the Drug Control Act

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(§ 54.1-3400 et seq.) to treat diseases, including abnormal conditions, of the human eye and its adnexa, as determined by the Board. Such certification shall not, however, permit treatment through surgery, including, but not limited to, laser surgery, other invasive modalities, or the use of injections, including venipuncture and intravenous injections, except as provided in § 54.1-3222 or for treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

The foregoing shall not restrict the authority of any optometrist licensed or certified under this chapter for the removal of superficial foreign bodies from the human eye and its adnexa or from delegating to personnel in his personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by optometrists, if such activities or functions are authorized by and performed for such optometrists and responsibility for such activities or functions is assumed by such optometrists.

§ 54.1-3201. What constitutes practice of optometry.

A. The practice of optometry includes:

1. Examination of the human eye to ascertain the presence of defects or abnormal conditions that may be corrected or relieved by the use of lenses, prisms or ocular exercises, or visual training or orthoptics and the prescribing or adapting of lenses, prisms or ocular exercises, or visual training or orthoptics for the correction, relief, remediation, or prevention of such conditions;

2. Employment of any subjective or objective mechanism to determine the accommodative or refractive states of the human eye or range or power of vision of the human eye;

3. Use of testing appliances for the purpose of the measurement of the powers of vision;

4. Examination, diagnosis, and optometric treatment in accordance with this chapter of conditions and visual or muscular anomalies of the human eye;

5. Evaluation, examination, diagnosis, and treatment of abnormal or diseased conditions of the human eye and its adnexa by the use of medically recognized and appropriate devices, procedures, or technologies;

6. Preoperative and postoperative care related to the human eye and adnexa; and

7. Use of diagnostic pharmaceutical agents set forth in § 54.1-3221.

B. Except as provided in §§ 54.1-3222 and 54.1-3225, the practice of optometry does not include treatment through:

1. Surgery, including:

a. Retina laser procedures; laser procedures into the vitreous chamber of the eye to treat vitreous, retinal, or macular disease; laser in situ keratomileusis and photorefractive keratectomy eye surgery; or other laser surgery;

b. Penetrating keratoplasty and corneal transplants;

c. Surgery (i) related to removal of the eye; (ii) requiring a full-thickness incision or excision of the cornea or sclera; (iii) requiring physical incision of the iris and ciliary body, including the diathermy, and cryotherapy; (iv) requiring incision of the vitreous humor or retina; (v) requiring full-thickness conjunctivoplasty with a graft or flap; (vi) of the eyelid for incisional cosmetic or functional repair, or blepharochalasis, ptosis, or tarsorrhaphy treatment; (vii) of the bony orbit, including orbital implants; (viii) requiring surgical extraction of the crystalline lens; or (ix) requiring surgical anterior or posterior chamber intraocular implants; or

d. Incisional or excisional surgery of the (i) extraocular muscles; (ii) lacrimal system, other than probing or related procedures; or (iii) pterygium surgery;

2. Cryotherapy of the ciliary body;

3. Iodizing radiation;

4. The use of injections, including venipuncture and intravenous injections;

5. Administration of or surgery using general anesthesia; or

6. Other invasive modalities.

C. An optometrist may (i) treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic pharmaceutical agents as permitted under this chapter and (ii) administer intramuscular epinephrine for the treatment of emergency cases of anaphylactic shock.

D. Any person who in any way advertises himself as an optometrist or uses the title of doctor of optometry (O.D.) or any other letters or title in connection with his name which in any way conveys the impression that he is engaged in the practice of optometry shall be deemed to be practicing optometry within the meaning of this chapter.

Article 6.

Certification to Perform of Laser Surgery.

§ 54.1-3225. Certification to perform laser surgery.

A. The Board shall certify an optometrist to perform laser surgery consisting of peripheral iridotomy, selective laser trabeculoplasty, and YAG capsulotomy for the medically appropriate and recognized

118 *treatment of the human eye through revision, destruction, or other structural alteration of the tissue of*
119 *the eye using laser technology upon submission by the optometrist of evidence satisfactory to the Board*
120 *that he:*

121 *1. Is certified by the Board to prescribe for and treat diseases or abnormal conditions of the human*
122 *eye and its adnexa with therapeutic pharmaceutical agents pursuant to § 54.1-3222; and*

123 *2. Has satisfactorily completed such didactic and clinical training programs provided by an*
124 *accredited school or college of optometry that includes training in the use of lasers for the medically*
125 *appropriate and recognized treatment of the human eye as the Board may require.*


126 *B. The Board shall indicate on any license issued pursuant to this chapter to an optometrist certified*
127 *to perform laser surgery pursuant to this section that the optometrist is so certified.*

128 **2. That the Board of Optometry shall promulgate regulations establishing criteria for certification**
129 **of an optometrist to perform certain procedures limited to peripheral iridotomy, selective laser**
130 **trabeculoplasty, and YAG capsulotomy for the medically appropriate and recognized treatment of**
131 **the human eye through revision, destruction, or other structural alteration of the tissue of the eye**
132 **using approved laser technology. The regulations shall include provisions for: (i) promotion of**
133 **patient safety; (ii) identification and categorization of procedures for the purpose of issuing**
134 **certificates; (iii) establishment of an application process for certification to perform such**
135 **procedures; (iv) establishment of minimum education, training, and experience requirements for**
136 **certification to perform such procedures; (v) development of protocols for proctoring and criteria**
137 **for requiring such proctoring; and (vi) implementation of a quality assurance review process for**
138 **such procedures performed by certificate holders.**

139 **3. That the Board of Optometry (the Board) shall promulgate regulations requiring optometrists to**
140 **annually register with the Board and to report certain information as deemed appropriate by the**
141 **Board. The regulations shall include required reporting for: (i) any disciplinary action taken**
142 **against a person licensed by the Board in another state or in a federal health institution or**
143 **voluntary surrender of a license in another state while under investigation; (ii) any malpractice**
144 **judgment against a person licensed by the Board; (iii) any settlement of a malpractice claim**
145 **against a person licensed by the Board; and (iv) any evidence that indicates a reasonable belief**
146 **that a person licensed by the Board is or may be professionally incompetent, has or may have**
147 **engaged in intentional or negligent conduct that causes or is likely to cause injury to a patient or**
148 **patients, has or may have engaged in unprofessional conduct, or may be mentally or physically**
149 **unable to engage safely in the practice of his profession.**

150 **4. That an optometrist certified to perform laser surgery pursuant to § 54.1-3225 of the Code of**
151 **Virginia, as created by this act, shall report quarterly to the Board of Optometry (the Board) the**
152 **following information: (i) the number and type of laser surgeries performed by the optometrist, (ii)**
153 **the conditions treated for each laser surgery performed, and (iii) any adverse treatment outcomes**
154 **associated with such procedures that required a referral to an ophthalmologist for treatment. The**
155 **Board shall report annually to the Governor and the Secretary of Health and Human Resources**
156 **regarding the performance of laser surgery by optometrists during the previous 12-month period**
157 **and shall make such report available on the Board's website. The provisions of this enactment**
158 **shall expire on July 1, 2025.**

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of March 10, 2022)**

Board of Optometry		
Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	 Addition to the TPA formulary [Action 5917] Proposed - Register Date: 3/14/22
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Contact lens rule [Action 5862] Fast-Track - At Governor's Office for 55 days

Agenda Item: Board Action on Adoption of amendment to TPA Formulary

Included in your agenda package are:

Copy of minutes of TPA Formulary Committee

Copy of publication of proposed regulations as required by § 54.1-3223 of the Code

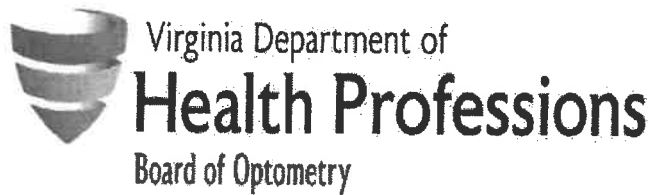
Copy of proposed regulation

Staff note:

The Code of Virginia sets out the process to be followed when amending the TPA Formulary – see 54.1-3223. The Board adopted proposed regulations at its meeting on February 1, 2022. It then posted notice of a public hearing and the proposed regulations with a 30-day period for comment. Following the comment period, the Board conducted a public hearing just prior to this meeting and before the adoption of final regulations.

Board action:

Adoption of amendments to 18VAC105-20-47 as a final exempt action



Draft Meeting Minutes

TPA Formulary Committee
February 11, 2022

Call to Order

The February 11, 2022, TPA-Formulary Committee was called to order at 2:02 p.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer

Lisa Wallace-Davis, OD,

Members Present

Evan Kaufman, OD
Jonathan Noble, OD
Shawn Hobbs, OD
Cheryl Nelson, Pharmacist
William Bearden, MD
Suzanne Everhart, DO

Staff Present

Leslie Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Erin Barrett, Senior Policy Analyst
Laura Jackson, Board Administrator
Laura Paasch, Operations Administrative Assistant

Public Present

No public was present

Establishment of Quorum

With seven committee members present, a quorum was established.

Introduction of new Board Member and new Board staff

Members introduced themselves

Mission Statement

Dr. Wallace-Davis read the mission statement and thanked the Committee members for participating.

Ordering of Agenda

The Committee accepted the agenda as presented.

Public Comment

There were no requests to provide public comment.

Discussion Items

Dr. Wallace-Davis stated that the Committee is convening to consider the addition of two therapeutic drugs to the TPA-Formulary.

Leslie Knachel and Elaine Yeatts provided background information on the two drugs.

Drug 1: Pilocarpine hydrochloride ophthalmic solution 1.25%, a cholinergic muscarinic receptor agonist for the treatment of presbyopia in adults.

Drug 2: Varenicline solution nasal spray, a cholinergic agonist, for the treatment of signs and symptoms of dry eye disease.

The Committee discussed the two drugs including concerns about the drugs' side effects and limited trial studies.

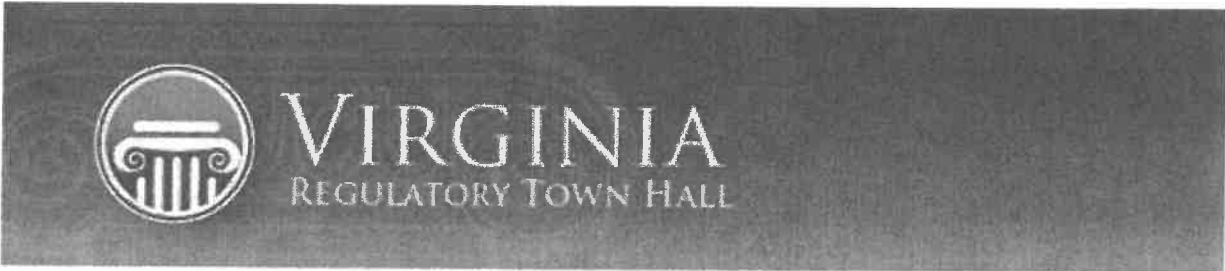
Dr. Noble made a motion to recommend to the full board to add cholinergic agonists to the TPA-Formulary. Dr. Kaufman properly seconded the motion. The motion carried with four aye and three nay votes.

Next Steps

Dr. Wallace-Davis reviewed the next steps for the approved action taken by the Committee.

Adjournment

Hearing no objections, Dr. Wallace-Davis adjourned the meeting at 2:31 p.m.



townhall.virginia.gov

Exempt Action Proposed Regulation Agency Background Document

Agency name	Board of Optometry, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC105-20
Regulation title(s)	Regulations Governing the Practice of Optometry
Action title	Addition of cholinergic agonists to TPA formulary
Date this document prepared	2/11/22

While a regulatory action may be exempt from executive branch review pursuant to § 2.2-4002 or § 2.2-4006 of the *Code of Virginia*, the agency is still encouraged to provide information to the public on the Regulatory Town Hall using this form. However, the agency may still be required to comply with the Virginia Register Act, Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations*.

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Board proposes to amend 18VAC105-20-47 to add cholinergic agonists to the TPA formulary in the category of a Schedule VI topically administered medication. At its meeting on February 11, 2022, the TPA Formulary Committee approved the amendment. A public hearing will be conducted on March 18, 2022 prior to the adoption of a final regulation.

Mandate and Impetus

Please identify the mandate for this regulatory change, and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, internal staff review, petition for rulemaking, periodic review, board decision, etc.). "Mandate" is defined as "a directive from the General Assembly, the federal

government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part.”

The impetus for this regulatory change was the approval of a new drug that optometrists can use to treat ophthalmic conditions. Amendments to the TPA formulary must follow a process prescribed in § 54.1-3223 and are exempt from the Administrative Process Act in accordance with § 2.2-4002(14).

§ 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.

§ 2.2-4002. Exemptions from chapter generally.

A. Although required to comply with § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.), the following agencies shall be exempted from the provisions of this chapter, except to the extent that they are specifically made subject to §§ 2.2-4024, 2.2-4030, and 2.2-4031:...

14. The Board of Optometry when specifying therapeutic pharmaceutical agents, treatment guidelines, and diseases and abnormal conditions of the human eye and its adnexa for TPA-certification of optometrists pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of Title 54.1.

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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]

Action: Addition to the TPA formulary**Proposed Stage**

Action 5917 / Stage 9546

 Edit Stage
 Withdraw Stage
 Go to RIS Project

Documents

<input type="radio"/> Proposed Text	2/11/2022 2:50 pm	Sync Text with RIS
<input checked="" type="checkbox"/> Agency Background Document	2/11/2022	Upload / Replace
<input type="radio"/> Registrar Transmittal	2/11/2022	

Status

Incorporation by Reference	No
Exempt from APA	Yes, this action is exempt from Article 2 of the <i>Administrative Process Act</i> . The normal executive branch review process is not required.
Virginia Registrar	Submitted on 2/11/2022 The Virginia Register of Regulations Will be published on 3/14/2022 Volume: 38 Issue: 15
Comment Period	No comment period held for this exempt action/stage.

Contact Information

Name / Title:	Leslie L. Knachel / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	leslie.knachel@dhp.virginia.gov
Telephone:	(804)597-4130 FAX: (804)527-4471 TDD: (-)

This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 02/11/2022 at 2:50pm

This stage was last edited by Elaine J. Yeatts on 02/11/2022 at 2:50pm

BOARD OF OPTOMETRY

Addition to TPA formulary

18VAC105-20-47. Therapeutic pharmaceutical agents.

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

1. Oral analgesics - Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedule III, IV, and VI narcotic and nonnarcotic agents.
2. Topically administered Schedule VI agents:
 - a. Alpha-adrenergic blocking agents;
 - b. Alpha-adrenergic agonists;
 - c. Cholinergic agonists;
 - e- d. Anesthetic (including esters and amides);
 - e- e. Anti-allergy (including antihistamines and mast cell stabilizers);
 - d- f. Anti-fungal;
 - e- g. Anti-glaucoma (including carbonic anhydrase inhibitors and hyperosmotics);
 - f- h. Anti-infective (including antibiotics and antivirals);
 - g- i. Anti-inflammatory;
 - h- j. Cycloplegics and mydriatics;

i. k. Decongestants; and

j. l. 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. Schedule 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.

Optometry Monthly Snapshot for January 2022

Optometry closed more cases in January than received. Optometry closed 2 patient care cases and 3 non-patient care cases for a total of 5 cases.

Cases Closed	
Patient Care	2
Non-Patient Care	3
Total	5

Optometry has received 0 patient care cases and 1 non-patient care case for a total of 1 case.

Cases Received	
Patient Care	0
Non-Patient Care	1
Total	1

As of January 31, 2022 there were 15 patient care cases open and 2 non-patient care cases open for a total of 17 cases.

Cases Open	
Patient Care	15
Non-Patient Care	2
Total	17

There are 1,822 Optometry licensees as of January 31, 2022. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Optometrist	77
TPA Certified Optometrist	1,745
Total for Optometry	1,822

There were 9 licenses issued for Optometry for the month of January. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
TPA Certified Optometrist	9
Total for Optometry	9

Association of Regulatory Boards of Optometry



Association of Regulatory Boards of Optometry, Inc.

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Charlotte, NC 28202

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Releases Call for Comment on Proposed Course Format Changes

To: ARBO Member Boards, COPE Administrators/Providers and Instructors
From: Council on Optometric Practitioner Education (COPE)
Date: February 25, 2022
Re: Proposed COPE Course Format Changes

As part of COPE's ongoing commitment to accredit top quality, outcomes-based continuing education, the COPE Governing Committee has completed an extensive review of the current course format options and the effectiveness of these formats within optometry and healthcare education as a whole. Based on the committee's research into CE/CME in numerous healthcare professions, COPE has determined that the overall quality of education is more important than the location of the course. Continuing education delivery methods have changed since the COVID-19 pandemic and technology now allows for immediate interaction with a course instructor regardless of learners being present in the same room. During the past two years, COPE CE Administrators have planned and executed numerous synchronous virtual COPE Accredited CE activities, and many optometrist learners have reported learning just as much, or more, in a virtual environment than they previously did in an in-person environment.

The COPE Governing Committee's recommendations for updating and modernizing the COPE course formats are attached. Table 1 shows the current COPE course format options. Table 2 lists the proposed NEW COPE course format options. Additional updated information regarding outcomes measurements and Continuing Education with Examination (CEE) is also included. We welcome your feedback on the proposed changes. **Comments will be accepted through March 31, 2022.** After the comment period closes, all comments will be reviewed by the COPE Governing Committee and the ARBO Board of Directors. COPE's final recommendations for course formats will be presented to the ARBO Member Boards at the Annual Meeting in June 2022.

Please send your comments to Lisa Fennell, ARBO Executive Director, at lfennell@arbo.org. We look forward to receiving your feedback.

Table 1. Current COPE Course Formats

Format	Definitions	Examples
1. Live	<p>A live format is when the instructor is in the same room with the participants, even if other formats are used as audiovisual aids for teaching the course. The instructor is face-to-face with the audience and can touch the participants.</p> <p>1. CE: There is no post-course test. 2. CEE (Continuing Education with Examination): There is a post-course test.</p>	<ul style="list-style-type: none"> • Grand Rounds • Hands-on Workshop • Lecture • Panel • Posters • Symposia
2. Interactive Distance Learning	<p>In an interactive distance learning format, the learners and the instructor attend together at the same time. Attendees must be able to have immediate interaction with the instructor. The activity can only be presented at one specified time, and once it has taken place, the learners may no longer participate in that activity.</p>	<ul style="list-style-type: none"> • Webinar • Video conference • Teleconference • Other format that allows for immediate interaction and feedback between the audience and the instructor
3. Enduring Distance Learning (Non-Interactive)	<p>In an enduring distance learning format there is no immediate interaction with the instructor and learners can choose when to participate.</p>	<ul style="list-style-type: none"> • Webcast • Podcast • Video • Journal • Website • Written • Other format that provides one-way content to the audience without immediate interaction with the instructor

Table 2. Proposed New COPE Course Formats

Format	Definitions	Examples
1. Synchronous a. In-person OR b. Virtual	Interactive: <ul style="list-style-type: none"> Lecturer and learner are together at the same time Real time communication between the instructor and the learner Learners can receive immediate feedback Fixed schedule; learning takes place only once at a specific date and time 	<ul style="list-style-type: none"> In-person <ul style="list-style-type: none"> Face-to-face Hands on workshop Interactive posters with authors present Remote/Virtual <ul style="list-style-type: none"> Interactive webinars in real time Videoconferences Interactive posters with authors present <p><i>*Post-course tests will not be required for courses presented in a synchronous format unless the course is for CEE credit. See CEE definition below.</i></p>
2. Asynchronous a. Distance	Non-Interactive: <ul style="list-style-type: none"> Lecturer and learner are not together at the same time No real time communication between the instructor and the learner Learners do not receive immediate feedback Content is created and made available for attendance at a later date No fixed schedule, learner-paced 	<ul style="list-style-type: none"> Recorded webinar without instructor interaction Journal article Webcast/podcast <p><i>*Post-course tests will be required for all courses presented in an asynchronous format.</i></p>

Continuing Education with Examination (CEE) is also known as Transcript Quality (TQ) or Certified CE. This type of continuing education is required to be in-person, be a minimum of 2 hours in length and include a post-course test to verify learning. Learners must score a minimum of 70% on the test in order to receive CEE credit.

As noted above, COPE is proposing not requiring a post-course test for synchronous (non-CEE) CE courses. The COPE Governing Committee has developed a menu of outcomes measurement tools that CE providers can use for synchronous courses. A preliminary list is below. This list may be modified based on feedback received.

Outcomes Measurement Mechanism for Synchronous Courses (Non-CEE)	Description
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.
Written Responses	Learners write down what they learned and indicate commitment to change or maintain an element of practice.

Audience Response System (ARS)	Learners select answers to provocative questions using the ARS. The ARS must be traceable to the individual learner.
Table-Top Exercise	Learners write down next steps in an evolving case at various set points.
Simulation	Learners demonstrate strategy/skill in a simulated setting- could be role-play or formal simulation lab.
Review of Manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.
Test Item Writing	Learners write test items that are evaluated by committee chair and peers.
Learning from Teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled in order to teach the material.