

**August 26, 2022**  
**Board Room 4**  
**9:00 a.m.**

**Agenda**  
**Virginia Board of Optometry**  
**Full Board Meeting**

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

**Page 1**

- Welcome
- Emergency Egress Procedures
- Introduction of New Board Member
- Mission Statement

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**Ordering of Agenda – Dr. Wallace-Davis**

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**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.

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**Approval of Minutes – Dr. Wallace-Davis**

**Pages 2-12**

- March 18, 2022 – Full Board Meeting (pages 2-4)
- March 18, 2022 – Public Hearing (pages 5-6)
- August 5, 2022 – Regulatory Advisory Panel – Scope Expansion Meeting (pages 7-12)

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

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**Legislative/Regulatory Report – Erin Barrett**

**Pages 13-59**

- 2023 Legislative Update
- Regulatory Update
  - Current Regulatory Action (page 13)
  - Notice of Intended Regulatory Action – Reporting Requirement for All Licensees (pages 14 -29)
  - Notice of Intended Regulatory Action – Laser Surgery Regulations (pages 30-52)
    - Review of the regulatory promulgation process (page 31)
    - Review of draft regulations for laser surgery certification process (pages 32-34)
- Guidance Document Review
  - 105-10 Guidance on End of a Contact Lens Fitting (pages 53-56)
  - 105-13 Guidance on Performing Free Eye Screenings (pages 57-59)

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**Discussion – Dr. Wallace-Davis/Leslie Knachel**

**Pages 60-88**

- Documentation requirement for 18VAC105-20-16. Requirements for TPA Certification. (page 60)
  - 2022 Optometry Healthcare Workforce Data Center Report – Dr. Yetty Shobo (pages 61-88)
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**Board Counsel’s Report – Charis Mitchell**

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**President’s Report – Dr. Wallace-Davis**

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**Board of Health Professions’ Report – Ms. Knachel**

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**Staff Reports – Dr. Wallace-Davis**

**Pages 89-92**

- Executive Director – **Ms. Knachel**
    - Statistics (pages 89- 90)
    - Outreach (pages 91-92)
    - 2023 Calendar
  - Discipline - **Kelli Moss**
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**New Business – Dr. Wallace Davis**

**Page 93**

Officer Elections (page 93)

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**Next Meeting – Dr. Wallace-Davis/Ms. Knachel**

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**Meeting Adjournment – Dr. Wallace-Davis**

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

# MISSION STATEMENT

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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 March 18, 2022 Virginia Board of Optometry meeting was called to order at 9:01 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### **Presiding Officer**

Lisa G. Wallace-Davis, O.D., President

### **Members Present**

Devon B. Cabot, Citizen Member, Vice-President

Helene Clayton-Jeter, O.D.

Fred E. Goldberg, O.D.

Clifford A. Roffis, O.D.

### **Members Absent**

Evan J. Kaufman, O.D.

### **Staff Present**

Leslie L. Knachel, Executive Director

David E. Brown, D.C., Agency Director

Kelli Moss, Deputy Executive Director

Erin Barrett, Senior Policy Analyst DHP

Charis Mitchell, Assistant Attorney General, Board Counsel

Laura Jackson, Board Administrator

Laura Paasch, Licensing & Operations Administrative Specialist

### **Public Present**

Bo Keeney, Virginia Optometric Association

### **Establishment of Quorum**

With four board members out of six present, a quorum was established. (Note: Dr. Clayton-Jeter arrived at 9:10 a.m. increasing the number of board members present to five.)

### **Mission Statement**

Dr. Wallace-Davis read the Department of Health Professions' mission statement.

## **Public Hearing**

Dr. Wallace-Davis paused the board meeting to conduct the public hearing. The board meeting reconvened at 9:06 a.m.

## **Ordering of Agenda**

Dr. Wallace-Davis opened the floor to any changes to the agenda. Ms. Knachel requested to add Guidance Document 105-11 Disposition of Disciplinary Cases for Optometrists Involving Practicing with an Expired License to the agenda.

Dr. Goldberg made a motion for the addition to the agenda, which was seconded by Ms. Cabot. The motion carried unanimously.

## **Public Comment**

There were no requests to provide public comment.

## **Approval of Minutes**

Dr. Wallace-Davis opened the floor to any additions or corrections regarding the draft minutes for the two meetings on October 8, 2021, the Full Board meeting and the Regulatory Committee meeting, and the February 11, 2022, TPA-Formulary Committee meeting. Hearing none, the minutes were approved as presented.

## **Agency Director's Report**

Ms. Knachel stated that Dr. Brown was attending another meeting and asked to move his report to later in the meeting.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

## **Legislative/Regulatory Report**

Ms. Barrett provided updates on the 2022 General Assembly & Regulatory Actions. She indicated that the scope expansion legislation, HB213 and SB375, for TPA-Certified Optometrists becomes effective on July 1, 2022. The Board of Optometry will convene a Regulatory Advisory Panel after the effective date to develop regulations related to the scope expansion.

Ms. Barrett presented the TPA-Formulary Committee's recommendations.

Dr. Roffis made a motion to accept the recommendation from the TPA-Formulary Committee to amend the regulations to add cholinergic agonists to the TPA-Formulary, which was seconded by Dr. Goldberg. The motion carried unanimously.

## **Agency Director's Report**

Dr. Brown reported that Dr. Allison-Bryan retired as of March 1<sup>st</sup>. He stated that due to

declining cases of COVID-19, the agency starts its “new normal” on April 4, 2022. He indicated that conference center and security upgrades will be implemented in the near future.

Dr. Brown recognized Dr. Clayton-Jeter for her years of service on the Board of Optometry, the Board of Health Professions and to the Commonwealth.

### **Guidance Document Update**

Ms. Knachel provided information on amendments to Guidance Document 150-11, Disposition of Disciplinary Cases for Optometrists Involving Practicing with an Expired License.

Dr. Goldberg made a motion to adopt Guidance Document 150-11, Disposition of Disciplinary Cases for Optometrists Involving Practicing with an Expired License as presented, which was seconded by Ms. Cabot. The motion carried unanimously.

### **Board Counsel Report**

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

### **President’s Report**

Dr. Wallace-Davis provided comments.

### **Board of Health Professions’ Report**

Dr. Clayton-Jeter reported that she was not able to attend the Board of Health Professions’ meeting held on December 2, 2021. She provide an update from the minutes and Ms. Knachel offered additional information about the meeting.

### **Staff Reports**

Ms. Knachel stated that the licensure renewal period is underway. She commented that several CE extensions have been requested.

Ms. Moss provided an update on open and closed discipline cases.

### **New Business**

No new business was reported.

### **Next Meeting**

The next full board meeting is scheduled for August 5, 2022.

### **Adjournment**

Hearing no objections, Dr. Wallace-Davis adjourned the meeting at 10:01 a.m.

**Call to Order**

The March 18, 2022 Virginia Board of Optometry Public Hearing, 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, was called to order at 9:05 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

**Presiding Officer**

Lisa G. Wallace-Davis, O.D., President

**Members Present**

Devon B. Cabot, Citizen Member, Vice-President  
Fred E. Goldberg, O.D.  
Clifford A. Roffis, O.D.

**Members Absent**

Helene Clayton-Jeter, O.D.  
Evan J. Kaufman, O.D.

**Staff Present**

Leslie L. Knachel, Executive Director  
Kelli Moss, Deputy Executive Director  
Erin Barrett, Senior Policy Analyst DHP  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Laura Jackson, Board Administrator  
Laura Paasch, Licensing & Operations Administrative Specialist

**Public Present**

None

**Establishment of Quorum**

With four board members out of six present, a quorum was established.

**Public Comment**

There were no requests to provide public comment.

**Adjournment**

With no objection, Dr. Wallace-Davis adjourned the meeting at 9:06 a.m.





DRAFT

**Meeting Minutes**  
Regulatory Advisory Panel –  
Scope Expansion  
August 5, 2022

**Call to Order**

The August 5, 2022, Board of Optometry RAP-Scope Expansion Meeting was called to order at 12:01 p.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia 23233.

**Chair for the RAP**

Devon Cabot, Citizen Member of the Board of Optometry

**Members Present**

Jeffrey Michaels, OD, Virginia Optometric Association Representative  
Lisa Wallace-Davis, OD, President, Board of Optometry  
Harold Bernstein, MD, Medical Society of Virginia Representative  
Jonathan Noble, OD  
Jen Weigel, OD

**Staff Present**

Leslie Knachel, Executive Director  
Erin Barrett, Senior Policy Analyst  
Laura Jackson, Board Administrator  
Laura Paasch, Licensing & Operations Specialist

**Public Present**

Bo Keeney, Keeney Group  
Lisa Gontarek, Virginia Optometric Association  
Amanda Umlandt  
Cal Whitehead  
Trevor Mancuse

**Establishment of Quorum**

With six RAP members present, a quorum was established.

**Mission Statement**

Ms. Cabot read the mission statement and thanked the RAP members for participating.

- Dr. Michaels made a motion to add new paragraph *B. 2.* under *18VAC105-20-90 Requirements for proctoring*, that a laser surgery certified optometrist may proctor sessions within the Commonwealth when a model eye is used. Dr. Noble seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.
- Dr. Michaels made a motion to strike *1 and 2* under *18VAC105-20-110 Quality assurance review process* and to include a random yearly audit after July 1,2025. The motion was seconded by Dr. Noble.

Dr. Noble made an amended motion to strike only *2* under *18VAC105-20-110 Quality assurance review process*, and conduct random audits. The motion was seconded by Dr. Wallace-Davis. The motion carried with 5 aye and 1 nay from Dr. Michaels.

A vote on the main motion with the amendment was taken. The motion carried with 5 aye and 1 nay from Dr. Michaels.

A comment was made that the definition of “proctored session” would require a change to the regulatory reference, which was noted by staff.

- Dr. Noble made a motion to forward the recommended draft regulations to the full board. Dr. Wallace-Davis seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.

Ms. Knachel stated that the recommended changes to the draft regulations would be forwarded to the RAP for review to ensure all changes were made.

### **Adjournment**

Hearing no objections, Ms. Cabot adjourned the meeting at 3:01 p.m.



August 5, 2022

Lisa Wallace-Davis, O.D.  
President, Board of Optometry  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

Re: Board of Optometry Regulatory Advisory Panel

Dear Dr. Wallace-Davis,

These comments are submitted on behalf of the Virginia Optometric Association (the “VOA”).

*Background*

Chapters 16 and 17 of the 2022 Regular Session passed the General Assembly with an overwhelming vote in the House and Senate. The legislation was well-lobbied by the VOA, and passionately opposed by Medical Society of Virginia (“MSV”) and the Virginia Society of Eye Physicians and Surgeons (VSEPS). Consequently, the legislature was well-aware of the respective positions of the interested parties when it adopted the legislation.

In addition to reorganizing the scope of practice section in § 54.1-3201, the legislation expands the scope of practice for doctors of optometry to perform a three specific laser surgery procedures upon certification by the Board of Optometry (the “Board”).

*The Requirements of the Statute*

Section 54.1-3225 obligates the Board to certify an optometrist to perform certain laser surgery procedures “upon submission by the optometrist of evidence satisfactory to the Board that he” has (i) the requisite certification pursuant to § 54.1-3222, and (ii) “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 statute clearly limits who may provide an acceptable training program and further requires the program to include training in the use of lasers for the appropriate treatment of the human eye. The Board’s role in this process is to verify that a) such a program contains the curriculum that meets the requirement of the statute (i.e. the appropriate use of lasers to treat the eye and a clinical component to the training program), and b) the course is provided (or proctored) by an accredited school or college of optometry.

It is this statutory underpinning that the Board is then granted the authority and direction to promulgate regulations, pursuant to the second enactment clause, to implement this statutory charge and to develop and oversee the application and certification process. The legislation contains three enactment clauses that should be read together to inform the Board as to the topics to address in its regulations. However, the grant of authority in the second, third and fourth enactment clauses is not a license for the Board to accomplish through the regulatory process that which was not accomplished by certain advocates through the legislative process.

All three enactment clauses work together to ensure that Board clearly states the procedural requirements that must be met to successfully process an application to perform these procedures and the reporting requirements that must be met by an optometrist upon obtaining certification to perform laser surgery.

*The Appropriateness of the Draft Regulations*

Section 18 VAC 105-20-80(1)-(3) of the proposed draft regulations is consistent with the direction given to the Board by the statute and enactment clause two. However, the proposals to require the passing of a national exam (18 VAC 105-20-80(A)(4)), or in the alternative, the requirement to perform a set number of procedures to be supervised by a Virginia a licensed ophthalmologist (18 VAC 105-20-90) exceeds the authority granted to the Board

The grant of authority to the Board to develop regulations is not broader than the confines of the statute. To the extent the proposals to require passage of a national exam or the supervision of a certain number of procedures by a Virginia licensed ophthalmologist rely upon on perceived authority from the charge given to the Board in the second enactment clause, such reliance is misplaced.

First, neither the plain language of the statute nor the second enactment clause clearly state such requirements. When the General Assembly intends to require an examination or a specific examination in the context of a health profession, it knows how to clearly state such a requirement. *See* § 54.1-3211 (“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 Board may determine a score that it considers satisfactory on any written *examination of the National Board of Examiners in Optometry.* ”); § 54.1-2709(B)(“*(iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board*”); § 54.1-2931(A)(“ *The examinations of candidates for licensure to practice medicine and osteopathy shall be those of the National Board of Medical Examiners, the Federation of State Medical Boards, the National Board of Osteopathic Medical Examiners, or such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”); § 54.1-2931(B)(“*The examination of candidates for licensure to practice chiropractic shall include the National Board of Chiropractic Examiners Examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”); and § 54.12931(C)(“*The examination of candidates for licensure to practice podiatry shall be the National Board of Podiatric Medical Examiners examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”) Emphasis added.

Second, such authority cannot be inferred or implied by the direction given to the Board in the second enactment clause. The second enactment clause of the legislation directs the Board to adopt regulations “establishing criteria for certification of an optometrist to perform certain” laser eye surgery procedures. The second enactment clause then outlines what the content of those regulations should address. The regulations that the Board is authorized to promulgate cannot override the provisions of § 54.1-3225.

Had the General Assembly desired to require the passing of an exam as proposed in the draft regulations, it could have explicitly made that requirement part of the legislation as it has done in other contexts. Instead, the General Assembly vested the Board with the obligation to verify that an applicant satisfactorily completed a training program from an accredited school or college of optometry “as the Board may require.” The Board is authorized to require sufficient evidence that an applicant has “satisfactorily completed” a training program offered by an appropriate institution.

The authority to promulgate regulations as provided in the second enactment clause does not expand the Board’s authority to issue regulations beyond what is necessary to determine that an appropriate course (from an accredited institution) was completed by the applicant.

Sections (iv) and (v) of the second enactment clause relate specifically to the requirement imposed by § 54.1-3225(A)(2). The curriculum and application criteria proposed in 18 VAC 105-20-80(A)(1)-(3) is consistent with section (iv) of the second enactment clause. However, the reference to “proctoring” in section (v) of the enactment clause is not referring to the proctoring of procedures by a Virginia licensed ophthalmologist. This section concerns the proctoring of the examination associated with completion of the training program required by 3225(A)(2).

Moreover, the language does not require the proctoring of any exam or procedure by an ophthalmologist. As such, such a requirement in the draft regulations (18 VAC 105-20-90(B)) goes beyond what the Board is authorized to promulgate.

Optometrists are independently licensed professionals. Had the General Assembly intended to require supervision of an ophthalmologist as a path to obtain certification, it would have clearly stated that requirement in the legislation. This is particularly true given the historical conflict concerning scope of practice between the two health professions.

The general charge of the quality assurance provision in section (vi) cannot be used as an end run around the requirements of the statute and the intent of the legislation. The quality assurance provision in section (vi) of the second enactment clause is fulfilled by the reporting requirements of the third and fourth enactment clauses, which require an optometrist certified to perform laser surgery to report various aspects of his performance of the allowed procedures.

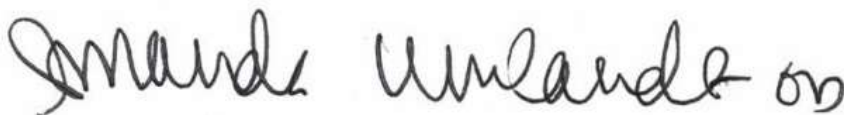
When the General Assembly intends to require supervision of optometrists by an ophthalmologist, it knows how to do clearly state that condition. *See* § 54.1-3223(A)(“In establishing standards of instruction and training, the Board shall consult with a school or college of optometry and a school or college of medicine and shall set a minimum number of hours of clinical training *to be supervised by an ophthalmologist.*”) Emphasis added. There is no similar requirement for supervision by an ophthalmologist of an optometrist for the didactic and clinical training programs for laser surgery.

In adopting this legislation, the General Assembly is presumed to have knowledge of its prior enactments, particularly when they appear within the same structure of regulation of a specific

health profession. See *Gillespie v. Commonwealth*, 272 Va. 753, 785-759, 636 S.E.2d 430, 432 (2006) (“In ascertaining legislative intent, we presume that the General Assembly, when enacting new laws, is fully aware of the state of existing law relating to the same general subject matter.” *United Masonry, Inc. v. Riggs National Bank*, 233 Va. 476, 480, 357 S.E.2d 509, 512, 3 Va. Law Rep. 2739 (1987); *Cape Henry v. Natl. Gypsum*, 229 Va. 596, 600, 331 S.E.2d 476, 479 (1985).).

In the absence of statutory language similar to that in the TPA certification process, it is clear there is no authority for the Board to require consultation, collaboration, supervision or similar oversight of a physician over an optometrist in the context of laser surgery. The Board is not specifically authorized to require a minimum number of procedures or hours of training supervised by an ophthalmologist for laser surgery. ([Va. Code 54.1-3225\(2\)](#)). Therefore, the Board has no authority to require a minimum number of proctored sessions by an ophthalmologist.

Finally, to the extent the Board chooses to adopt regulations concerning the reporting provision in the fourth enactment clause,<sup>1</sup> the regulations should, like the legislation, contain an automatic expiration date. Had the General Assembly intended this reporting requirement to be of a permanent nature, it would have not set a date certain for its expiration or it would have placed the requirement in the statute. Given that the General Assembly has spoken specifically on this reporting requirement in fourth enactment clause and provided a date certain by which the requirement will expire, the Board does not have the authority to permanently impose a reporting requirement through regulation on a topic that an Act of Assembly specifically sunsets on a date certain.



Amanda Umlandt, OD, President  
Virginia Optometric Association

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

**Board of Optometry**  
**Current Regulatory Actions**

<b>VAC</b>	<b>Stage</b>	<b>Subject Matter</b>	<b>Date submitted*</b>	<b>Office; time in office**</b>	<b>Notes</b>
18VAC105-20	Fast-track	Contact lens rule	January 13, 2022	Governor; 215 days	Conforms regulations to federal rules

\* Date submitted to current location

\*\* As of August 16, 2022

**Agenda Item: Issue notice of intended regulatory action regarding reporting requirement for all licensees**

**Included in your agenda package are:**

- Chapter 17 of the 2022 Acts of Assembly
- Board of Medicine regulations governing practitioner profiles, 18VAC85-20-280 – 30
- Practitioner profile website for the Board of Medicine
- Board of Dentistry regulations governing practitioner profiles, 18VAC60-21-320 – 340
- Practitioner profile website for the Board of Dentistry

**Board Action:**

- Motion to issue a notice of intended regulatory action to amend Chapter 20 to require optometrists to annually register with the Board and report:
  - (i) any disciplinary action taken against a person licensed by the Board in another state or in a federal health institution or voluntary surrender of a license in another state while under investigation;
  - (ii) any malpractice judgment against a person licensed by the Board;
  - (iii) any settlement of a malpractice claim against a person licensed by the Board; and
  - (iv) any evidence that indicates a reasonable belief that a person licensed by the Board is or may be professionally incompetent, has or may have engaged in intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, has or may have engaged in unprofessional conduct, or may be mentally or physically unable to engage safely in the practice of his profession.



# VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

## CHAPTER 17

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

[H 213]

Approved March 9, 2022

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

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

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

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

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

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

**§ 54.1-3200. Definitions.**

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

"Board" means the Board of Optometry.

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

"Practice of optometry" means the examination of the human eye to ascertain the presence of defects or abnormal conditions which may be corrected or relieved by the use of lenses, prisms or ocular exercises, visual training or orthoptics; the 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; the use of testing appliances for the purpose of the measurement of the powers of vision; the examination, diagnosis, and optometric treatment in accordance with this chapter, of conditions and visual or muscular anomalies of the human eye; the use of diagnostic pharmaceutical agents set forth in § 54.1-3221; and the prescribing or adapting of lenses, prisms or ocular exercises, visual training or orthoptics for the correction, relief, remediation or prevention of such conditions. An optometrist may treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic pharmaceutical agents only as permitted under this chapter. The practice of optometry also includes the 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. However, the practice of optometry does not include treatment through surgery, including laser surgery, other invasive modalities, or the use of injections, including venipuncture and intravenous injections, except as provided in § 54.1-3222 or for the treatment of emergency cases of anaphylactic shock with intramuscular epinephrine practice in accordance with the provisions of § 54.1-3201.

"TPA-certified optometrist" means an optometrist who is licensed under this chapter and who has successfully completed the requirements for TPA certification established by the Board pursuant to Article 5 (§ 54.1-3222 et seq.). Such certification shall enable an optometrist to prescribe and administer 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, including abnormal conditions, of the human eye and its adnexa, as determined by the Board. Such certification shall not, however, permit treatment through surgery,

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

1. *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 § 54.1-3222; and*

2. *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.*

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

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

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

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

## Virginia Administrative Code

### Part VII. Practitioner Profile System

18VAC85-20-280. Required information.

A. In compliance with requirements of § [54.1-2910.1](#) of the Code of Virginia, a doctor of medicine, osteopathic medicine, or podiatry licensed by the board shall provide, upon initial request or whenever there is a change in the information that has been entered on the profile, the following information within 30 days:

1. The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
2. Names of medical, osteopathic or podiatry schools and graduate medical or podiatric education programs attended with dates of graduation or completion of training;
3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association or the Council on Podiatric Medical Education of the American Podiatric Medical Association;
4. Number of years in active, clinical practice in the United States or Canada following completion of medical or podiatric training and the number of years, if any, in active, clinical practice outside the United States or Canada;
5. The specialty, if any, in which the physician or podiatrist practices;
6. Names of hospitals with which the physician or podiatrist is affiliated;
7. Appointments within the past 10 years to medical or podiatry school faculties with the years of service and academic rank;
8. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
9. Whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice;
10. Whether the physician or podiatrist participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;
11. A report on felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any;
12. Final orders of any regulatory board of another jurisdiction that result in the denial, probation, revocation, suspension, or restriction of any license or that results in the reprimand or censure of any license or the voluntary surrender of a license while under investigation in a state other than Virginia while under investigation, as well as any disciplinary action taken by a federal health institution or federal agency; and
13. Any final disciplinary or other action required to be reported to the board by health care institutions, other practitioners, insurance companies, health maintenance organizations, and professional organizations pursuant

to §§ [54.1-2400.6](#), [54.1-2908](#), and [54.1-2909](#) that results in a suspension or revocation of privileges or the termination of employment.

B. Adjudicated notices and final orders or decision documents, subject to s [54.1-2400.2](#) F of the Code of Virginia, shall be made available on the profile. Information shall be posted indicating the availability of unadjudicated notices and of orders that have not yet become final.

C. For the sole purpose of expediting dissemination of information about a public health emergency, an email address or facsimile number shall be provided, if available. Such addresses or numbers shall not be published on the profile and shall not be released or made available for any other purpose.

#### Statutory Authority

§ [54.1-2400](#) of the Code of Virginia.

#### Historical Notes

Derived from Virginia Register [Volume 16, Issue 7](#), eff. January 19, 2000; amended, Virginia Register [Volume 16, Issue 21](#), eff. August 2, 2000; [Volume 19, Issue 19](#), eff. July 2, 2003; [Volume 19, Issue 21](#), eff. July 30, 2003; [Volume 21, Issue 22](#), eff. September 26, 2005.

18VAC85-20-285. Voluntary information.

A. The doctor may provide names of insurance plans accepted or managed care plans in which he participates.

B. The doctor may provide additional information on hours of continuing education earned, subspecialties obtained, and honors or awards received.

#### Statutory Authority

§§ [54.1-2400](#) and [54.1-2910.1](#) of the Code of Virginia.

#### Historical Notes

Derived from Virginia Register [Volume 19, Issue 19](#), eff. July 2, 2003.

18VAC85-20-290. Reporting of medical malpractice judgments and settlements.

A. In compliance with requirements of § [54.1-2910.1](#) of the Code of Virginia, a doctor of medicine, osteopathic medicine, or podiatry licensed by the board shall report all medical malpractice judgments and settlements of more than \$10,000 in the most recent 10-year period within 30 days of the initial payment. A doctor shall report a medical malpractice judgment or settlement of less than \$10,000 if any other medical malpractice judgment or settlement has been paid by or for the licensee within the preceeding 12 months. Each report of a settlement or judgment shall indicate:

1. The year the judgment or settlement was paid.
2. The specialty in which the doctor was practicing at the time the incident occurred that resulted in the judgment or settlement.
3. The total amount of the judgment or settlement in United States dollars.
4. The city, state, and country in which the judgment or settlement occurred.

B. The board shall not release individually identifiable numeric values of reported judgments or settlements but shall use the information provided to determine the relative frequency of judgments or settlements described in terms of the number of doctors in each specialty and the percentage with malpractice judgments or settlements within the most recent 10-year period. The statistical methodology used will include any specialty with more than 10 judgments or settlements. For each specialty with more than 10 judgments or settlements, the top 16% of the judgments or settlements will be displayed as above average payments, the next 68% of the judgments or settlements will be displayed as average payments, and the last 16% of the judgments or settlements will be displayed as below average payments.

C. For purposes of reporting required under this section, medical malpractice judgment and medical malpractice settlement shall have the meanings ascribed in § [54.1-2900](#) of the Code of Virginia. A medical malpractice judgment or settlement shall include:

1. A lump sum payment or the first payment of multiple payments;
2. A payment made from personal funds;
3. A payment on behalf of a doctor of medicine, osteopathic medicine, or podiatry by a corporation or entity comprised solely of that doctor of medicine, osteopathic medicine, or podiatry; or
4. A payment on behalf of a doctor of medicine, osteopathic medicine, or podiatry named in the claim where that doctor is dismissed as a condition of, or in consideration of the settlement, judgment or release. If a doctor is dismissed independently of the settlement, judgment or release, then the payment is not reportable.

#### Statutory Authority

§ [54.1-2400](#) of the Code of Virginia.

#### Historical Notes

Derived from Virginia Register [Volume 16, Issue 7](#), eff. January 19, 2000; amended, Virginia Register [Volume 19, Issue 19](#), eff. July 2, 2003; [Volume 23, Issue 13](#), eff. April 4, 2007; [Volume 23, Issue 23](#), eff. August 22, 2007; [Volume 29, Issue 4](#), eff. November 21, 2012.

18VAC85-20-300. Noncompliance or falsification of profile.

A. The failure to provide the information required by [18VAC85-20-280](#) and [18VAC85-20-290](#) within 30 days of the request for information by the board or within 30 days of a change in the information on the profile may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the physician profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

#### Statutory Authority

§§ [54.1-2400](#) and [54.1-2910.1](#) of the Code of Virginia.

#### Historical Notes

Derived from Virginia Register [Volume 16, Issue 7](#), eff. January 19, 2000; amended, Virginia Register [Volume 19, Issue 19](#), eff. July 2, 2003.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

# Virginia Board of Medicine

## Practitioner Information



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Glossary



Questions

**Thank you for visiting the Virginia Board of Medicine's Practitioner Information Website. This site contains information on over 30,000 Doctors of Medicine, Osteopathic Medicine, and Podiatry licensed in the Commonwealth of Virginia.**



### About this site

The following information contained in this database is provided from the records of the Board of Medicine.

- Licensee name
- License number
- Date of issue
- Date of expiration
- Any Virginia Board of Medicine Notice or Order

The Department and the Board have taken measures to assure that the above information reflects information contained in records that it maintains consistent with its statutory responsibility to doctors of medicine, osteopathy, and podiatry.

The following information is required to be self-reported by licensees under penalty of law. This information is not verified by the Board. The Department and the Board have the authority to investigate reported inaccuracies in the displayed information and if warranted, seek correction and effect licensee compliance with the law and regulations governing the practitioner information system.

### Required information provided by doctors:

- Practice information (location(s), telephone number(s), translating services, percentage of time spent at location(s))
- Education
- Years in active clinical practice
- Board Certifications
- Hospital affiliations
- Academic appointments
- Publications
- Medicaid participation
- Actions
- Felony convictions
- Paid claims in the most recent ten years





**Optional information doctors may choose to include:**

- Insurance plans accepted or managed care plans in which they participate
- Self-Designated practice area
- Honors and awards received
- Medicare information
- Hours of continuing education
- Practice name
- Days of the week at practice location
- Maiden name
- Web site address
- Non-emergency email address

The Board does not comprehensively verify the information required to be self-reported by doctors, and therefore does not accept responsibility for the accuracy of self-reported information. The Board conducts periodic random audits of profiles as an effort to improve the accuracy and timeliness of the information.

Please note that if a practitioner's license is not active, they are under no obligation to update their profile so the information contained in that profile may not be up-to-date.

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## Part VIII. Oral and Maxillofacial Surgeons

### 18VAC60-21-320. Profile of information for oral and maxillofacial surgeons.

A. In compliance with requirements of § 54.1-2709.2 of the Code, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
2. Names of dental or medical schools with dates of graduation;
3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;
4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;
5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;
6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;
7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;
8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;
9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and
11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients.

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialties obtained, and honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

**Statutory Authority**

§ 54.1-2400 of the Code of Virginia.

**Historical Notes**

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015.

## Part VIII. Oral and Maxillofacial Surgeons

### 18VAC60-21-330. Reporting of malpractice paid claims and disciplinary notices and orders.

A. In compliance with requirements of § 54.1-2709.4 of the Code, a dentist registered with the board as an oral and maxillofacial surgeon shall report in writing to the executive director of the board all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;
2. The total amount of the paid claim in United States dollars; and
3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to § 54.1-2400.2 H of the Code, shall be made available on the profile. Information shall also be posted indicating the availability of unadjudicated notices and orders that have been vacated.

#### **Statutory Authority**

§ 54.1-2400 of the Code of Virginia.

#### **Historical Notes**

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015; Errata, 35:17 VA.R. 2098 April 15, 2019.

Virginia Administrative Code  
Title 18. Professional And Occupational Licensing  
Agency 60. Board of Dentistry  
Chapter 21. Regulations Governing the Practice of Dentistry

## Part VIII. Oral and Maxillofacial Surgeons

### 18VAC60-21-340. Noncompliance or falsification of profile.

A. The failure to provide the information required in 18VAC60-21-320 A may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

#### **Statutory Authority**

§ 54.1-2400 of the Code of Virginia.

#### **Historical Notes**

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015.

[Home > New Search](#)[Search Profiles](#)[Profiles Home](#)[Dentistry Home](#)[Questions](#)[Update your Profile](#)

## Oral and Maxillofacial Surgery Profiles

Welcome to the Virginia Board of Dentistry's web site. On this site you will find information about the dental practices of oral and maxillofacial surgeons registered in Virginia. The information on this site comes from two sources.

1) The following entries are taken from the database on licensees maintained by the DEPARTMENT OF HEALTH PROFESSIONS

- Name
- License number
- Date of issue
- Date of expiration
- Status
- Certification for cosmetic procedures
- Board of Dentistry Notices and Orders

2) The following entries are provided by the ORAL AND MAXILLOFACIAL SURGEON

A. Required information

- Practice information (location, telephone number, translating services, percentage of time spent at location(s))
- Education
- Years in active clinical practice
- Board Certifications
- Hospital affiliations
- Academic appointments
- Publications
- Medicaid participation
- Actions
- Felony convictions
- Paid claims in the most recent ten years

B. Optional information

- Non-emergency email address
- Insurance plans accepted or managed care plans in which he participates
- Hours of continuing education
- Subspecialties obtained
- Honors and awards received
- Maiden name
- Web site address
- Practice name in the practice location
- Days of the week as practice location
- Medicare information

An oral and maxillofacial surgeon is required to keep his profile current by recording any changes to the information within 30 days of the occurrence of the change. It is important to note that the Virginia Board of Dentistry does not verify the accuracy and timeliness of the information provided by the oral and maxillofacial surgeon but it will investigate any complaints about the accuracy of the profile information on current licensees. A licensee is only obligated to maintain his profile while he has a current active license.

[Begin your search.](#)

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**Agenda Item: Issue notice of intended regulatory action regarding laser surgery regulations**

**Included in your agenda package are:**

- Recommendation of the regulatory advisory panel
- Minutes of the regulatory advisory panel
- Chapter 17 of the 2022 Acts of Assembly

**Board Action:**

- Motion to issue a notice of intended regulatory action to amend Chapter 20 to adopt requirements for fee structure, issuance of a certification, requirements for certification, renewal of certification, reporting requirements, and quality assurance review process consistent with Chapter 17 of the 2022 Acts of Assembly.





Annual Table of Contents

## Regulatory Actions and Stages

### Jump down to

- [The Standard Three Stage Process](#)
- [Emergency Regulations](#)
- [The Fast-Track Process](#)
- [Exempt Actions](#)

## Standard Three Stage Process

**1. Notice of Intended Regulatory Action (NOIRA):** The public receives notification that a regulatory change is being considered, along with a description of the changes being considered. Once this stage is published in *The Virginia Register of Regulations* and appears on the Town Hall, there is at least a 30-day period during which the agency receives comments from the public. The agency reviews these comments as it develops the proposed regulation.

**2. Proposed:** The public is provided with the full text of the regulation, a statement explaining the substance of the regulatory action, and an Economic Impact Analysis (EIA) prepared by the Department of Planning and Budget. Once the proposed stage is published in *The Virginia Register of Regulations* and appears on the Town Hall, there is at least a 60-day public comment period. Based on the comments received, the agency may modify the proposed text of the regulation. The agency also provides a summary of comments that have been received during the NOIRA period, and the agency's response.

**3. Final:** The public is provided with the full text of the regulation, this time with an explanation of any changes made to the text of the regulation since the proposed stage. Once the final stage is published in *The Virginia Register of Regulations* and appears on the Town Hall, there is a 30-day final adoption period.

[More details](#) about the standard three stage process

See a [chart](#) of the standard stage process

See [section 2.2-4007 to 4017](#) of the Administrative Process act.

18VAC105-20-5. Definitions.

“Laser surgery certification” means a certification issued by the board to a Virginia licensed TPA-Certified Optometrist who has demonstrated compliance with the board’s criteria for performance of peripheral iridotomy, selective laser trabeculoplasty, and YAG capsulotomy.

“LSPE” means the Laser and Surgical Procedures Examination administered by the NBEO.

“Proctored session” means any surgery on a live patient or procedure performed on a model eye which is observed and evaluated by a proctor for the purpose of obtaining laser surgery certification pursuant to 18VAC105-20-80(A)(4)(b).

“Proctoring” means an objective evaluation of an optometrist’s clinical competence to perform laser surgery pursuant to § 54.1-3225 of the Code of Virginia.

18VAC105-20-80. Requirements for laser surgery certification.

An applicant for laser surgery certification shall submit to the board:

1. A completed application for laser surgery certification;
2. The prescribed fee;
3. An educational attestation from a dean or designee of a school of optometry or an instructor of a laser surgery certification course approved by the board which verifies that the applicant received didactic and clinical laser surgery training in the following subjects:
  - (a) Laser physics, hazards, and safety;
  - (b) Biophysics of laser;
  - (c) Laser application in clinical optometry;
  - (d) Laser tissue interactions;
  - (e) Laser indications, contraindications, and potential complications;
  - (f) Gonioscopy;
  - (g) Laser therapy for open angle glaucoma;
  - (h) Posterior capsulotomy;
  - (i) Common complications, lids, lashes, and lacrimal;
  - (j) Medicolegal aspects of anterior segment procedures;
  - (k) Peripheral iridotomy; and
  - (l) Laser trabeculoplasty.

The required attestation from the dean or designee of a school of optometry or an instructor of a laser surgery certification course approved by the board shall be submitted on a form prescribed by the board; and

4. Evidence of one of the following:

(a) Passage of the Laser Section of the LSPE by requesting submission of an official report from the NBEO of a score received on the required part of the NBEO examination; or

(b) Proctored sessions in compliance with 18VAC105-20-90, which may be obtained during educational training described in subdivision A 3 of this section.

18VAC105-20-90. Requirements for proctoring.

A. Applicants for laser surgery certification who have not provided the board with a passing score on the Laser Section of the LSPE administered by NBEO must submit evidence on a form provided by the board of proctored sessions for each of the following laser procedures: peripheral iridotomy; selective laser trabeculoplasty; and YAG capsulotomy.

B. Proctors.

1. Pursuant to § 54.1-2400.01:1(B) of the Code of Virginia, a proctored session performed within the Commonwealth to qualify a TPA-Certified Optometrist for a new or reinstated laser surgery certification which consists of surgery on a live patient must be proctored by a licensed doctor of medicine or osteopathy who specializes in ophthalmology.

2. A proctored session performed within the Commonwealth to qualify a TPA-Certified Optometrist for a new or reinstated laser surgery certification which is performed on a model eye may be proctored by any licensee in the Commonwealth or another jurisdiction authorized or certified to perform laser surgery on the eye and who does so as part of a regular course of practice.

3. The proctor must be in attendance in the room while the proctored session is performed, regardless of the jurisdiction in which the proctoring occurs.

4. Evidence of proctored sessions shall include a report by the proctor on a form provided by the board which:

- (a) Evaluates the clinical competency of the individual being proctored;
- (b) Describes the number and type of case(s) proctored; and
- (c) Includes the proctor's name, license type, license number, and state of licensure.

18VAC105-20-100. Reporting requirements.

A. An optometrist certified to perform laser surgery by the board shall report the following to the board quarterly:

- 1. The number and type of laser surgeries performed by the optometrist;
- 2. The conditions treated for each laser surgery performed; and
- 3. Any adverse treatment outcomes associated with such procedures that required a referral to an ophthalmologist for treatment.

B. The requirements of subdivision A shall expire on July 1, 2025.

18VAC105-20-110. Quality assurance review process.

Effective July 1, 2025, an optometrist certified to perform laser surgery by the board shall maintain documentation of the following for not less than three years:

1. The number and type of laser surgeries performed by the optometrist; and
2. Any adverse treatment outcomes associated with such procedures that required a referral to an ophthalmologist for treatment.

A random audit of licensees may be conducted by the board which will require that the licensee provide such documentation to the board within 30 days of the audit notification.

DRAFT



**Meeting Minutes**  
Regulatory Advisory Panel –  
Scope Expansion  
August 5, 2022

**Call to Order**

The August 5, 2022, Board of Optometry RAP-Scope Expansion Meeting was called to order at 12:01 p.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia 23233.

**Chair for the RAP**

Devon Cabot, Citizen Member of the Board of Optometry

**Members Present**

Jeffrey Michaels, OD, Virginia Optometric Association Representative  
Lisa Wallace-Davis, OD, President, Board of Optometry  
Harold Bernstein, MD, Medical Society of Virginia Representative  
Jonathan Noble, OD  
Jen Weigel, OD

**Staff Present**

Leslie Knachel, Executive Director  
Erin Barrett, Senior Policy Analyst  
Laura Jackson, Board Administrator  
Laura Paasch, Licensing & Operations Specialist

**Public Present**

Bo Keeney, Keeney Group  
Lisa Gontarek, Virginia Optometric Association  
Amanda Umlandt  
Cal Whitehead  
Trevor Mancuse

**Establishment of Quorum**

With six RAP members present, a quorum was established.

**Mission Statement**

Ms. Cabot read the mission statement and thanked the RAP members for participating.

## Ordering of Agenda

Ms. Cabot opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

## Public Comment

Bo Keeney, Amanda Umlandt and Lisa Gontarek provided public comment about the draft regulations included in the agenda package related to the laser surgery certification process. Written comments submitted by the VOA are attached to the minutes.

## Discussion Items

Devon Cabot stated that the RAP's task is to assist the Board of Optometry in meeting the legislative mandate to promulgate regulations establishing criteria for certification of an optometrist to perform certain laser surgery procedures.

Ms. Knachel and Ms. Barret provided a review of the legislation expanding the scope of practice for TPA-certified optometrists and the regulatory promulgation process.

Ms. Barrett reviewed the draft regulations. The following changes were adopted:

- Dr. Noble made a motion under *18VAC105-20-90 Requirements for proctoring, A. 1, 2, and 3* to not specify the number of required proctored sessions. Dr. Wallace-Davis seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.
- Dr. Michaels made a motion under *18VAC105-20-80 Requirements for laser surgery certification, A. 3.* to add that proctored sessions may be obtained during educational training. Dr. Noble seconded the motion. Dr. Michaels requested the motion be withdrawn.

Dr. Noble moved to add a new section under *18VAC105-20-80. Requirements for laser surgery certification, A. 4. b.,* stating proctored sessions may be obtained during education training. Dr. Wallace-Davis seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.

- Dr. Michaels made a motion to strike *B* under *18VAC105-20-80. Requirements for laser surgery certification.* Dr. Noble seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.
- Dr. Michaels made a motion to strike out paragraph *B. 2.* under *18VAC105-20-90 Requirements for proctoring.* The motion was seconded by Dr. Wallace-Davis. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.

- Dr. Michaels made a motion to add new paragraph *B. 2.* under *18VAC105-20-90 Requirements for proctoring*, that a laser surgery certified optometrist may proctor sessions within the Commonwealth when a model eye is used. Dr. Noble seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.
- Dr. Michaels made a motion to strike *1 and 2* under *18VAC105-20-110 Quality assurance review process* and to include a random yearly audit after July 1,2025. The motion was seconded by Dr. Noble.

Dr. Noble made an amended motion to strike only *2* under *18VAC105-20-110 Quality assurance review process*, and conduct random audits. The motion was seconded by Dr. Wallace-Davis. The motion carried with 5 aye and 1 nay from Dr. Michaels.

A vote on the main motion with the amendment was taken. The motion carried with 5 aye and 1 nay from Dr. Michaels.

A comment was made that the definition of “proctored session” would require a change to the regulatory reference, which was noted by staff.

- Dr. Noble made a motion to forward the recommended draft regulations to the full board. Dr. Wallace-Davis seconded the motion. The motion carried with 5 aye and 1 abstention from Dr. Bernstein.

Ms. Knachel stated that the recommended changes to the draft regulations would be forwarded to the RAP for review to ensure all changes were made.

### **Adjournment**

Hearing no objections, Ms. Cabot adjourned the meeting at 3:01 p.m.



August 5, 2022

Lisa Wallace-Davis, O.D.  
President, Board of Optometry  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

Re: Board of Optometry Regulatory Advisory Panel

Dear Dr. Wallace-Davis,

These comments are submitted on behalf of the Virginia Optometric Association (the “VOA”).

*Background*

Chapters 16 and 17 of the 2022 Regular Session passed the General Assembly with an overwhelming vote in the House and Senate. The legislation was well-lobbied by the VOA, and passionately opposed by Medical Society of Virginia (“MSV”) and the Virginia Society of Eye Physicians and Surgeons (VSEPS). Consequently, the legislature was well-aware of the respective positions of the interested parties when it adopted the legislation.

In addition to reorganizing the scope of practice section in § 54.1-3201, the legislation expands the scope of practice for doctors of optometry to perform a three specific laser surgery procedures upon certification by the Board of Optometry (the “Board”).

*The Requirements of the Statute*

Section 54.1-3225 obligates the Board to certify an optometrist to perform certain laser surgery procedures “upon submission by the optometrist of evidence satisfactory to the Board that he” has (i) the requisite certification pursuant to § 54.1-3222, and (ii) “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 statute clearly limits who may provide an acceptable training program and further requires the program to include training in the use of lasers for the appropriate treatment of the human eye. The Board’s role in this process is to verify that a) such a program contains the curriculum that meets the requirement of the statute (i.e. the appropriate use of lasers to treat the eye and a clinical component to the training program), and b) the course is provided (or proctored) by an accredited school or college of optometry.

It is this statutory underpinning that the Board is then granted the authority and direction to promulgate regulations, pursuant to the second enactment clause, to implement this statutory charge and to develop and oversee the application and certification process. The legislation contains three enactment clauses that should be read together to inform the Board as to the topics to address in its regulations. However, the grant of authority in the second, third and fourth enactment clauses is not a license for the Board to accomplish through the regulatory process that which was not accomplished by certain advocates through the legislative process.



All three enactment clauses work together to ensure that Board clearly states the procedural requirements that must be met to successfully process an application to perform these procedures and the reporting requirements that must be met by an optometrist upon obtaining certification to perform laser surgery.

*The Appropriateness of the Draft Regulations*

Section 18 VAC 105-20-80(1)-(3) of the proposed draft regulations is consistent with the direction given to the Board by the statute and enactment clause two. However, the proposals to require the passing of a national exam (18 VAC 105-20-80(A)(4)), or in the alternative, the requirement to perform a set number of procedures to be supervised by a Virginia a licensed ophthalmologist (18 VAC 105-20-90) exceeds the authority granted to the Board

The grant of authority to the Board to develop regulations is not broader than the confines of the statute. To the extent the proposals to require passage of a national exam or the supervision of a certain number of procedures by a Virginia licensed ophthalmologist rely upon on perceived authority from the charge given to the Board in the second enactment clause, such reliance is misplaced.

First, neither the plain language of the statute nor the second enactment clause clearly state such requirements. When the General Assembly intends to require an examination or a specific examination in the context of a health profession, it knows how to clearly state such a requirement. *See* § 54.1-3211 (“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 Board may determine a score that it considers satisfactory on any written *examination of the National Board of Examiners in Optometry.* ”); § 54.1-2709(B)(“*(iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board*”); § 54.1-2931(A)(“ *The examinations of candidates for licensure to practice medicine and osteopathy shall be those of the National Board of Medical Examiners, the Federation of State Medical Boards, the National Board of Osteopathic Medical Examiners, or such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”); § 54.1-2931(B)(“*The examination of candidates for licensure to practice chiropractic shall include the National Board of Chiropractic Examiners Examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”); and § 54.12931(C)(“*The examination of candidates for licensure to practice podiatry shall be the National Board of Podiatric Medical Examiners examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.*”) Emphasis added.

Second, such authority cannot be inferred or implied by the direction given to the Board in the second enactment clause. The second enactment clause of the legislation directs the Board to adopt regulations “establishing criteria for certification of an optometrist to perform certain” laser eye surgery procedures. The second enactment clause then outlines what the content of those regulations should address. The regulations that the Board is authorized to promulgate cannot override the provisions of § 54.1-3225.

Had the General Assembly desired to require the passing of an exam as proposed in the draft regulations, it could have explicitly made that requirement part of the legislation as it has done in other contexts. Instead, the General Assembly vested the Board with the obligation to verify that an applicant satisfactorily completed a training program from an accredited school or college of optometry “as the Board may require.” The Board is authorized to require sufficient evidence that an applicant has “satisfactorily completed” a training program offered by an appropriate institution.

The authority to promulgate regulations as provided in the second enactment clause does not expand the Board’s authority to issue regulations beyond what is necessary to determine that an appropriate course (from an accredited institution) was completed by the applicant.

Sections (iv) and (v) of the second enactment clause relate specifically to the requirement imposed by § 54.1-3225(A)(2). The curriculum and application criteria proposed in 18 VAC 105-20-80(A)(1)-(3) is consistent with section (iv) of the second enactment clause. However, the reference to “proctoring” in section (v) of the enactment clause is not referring to the proctoring of procedures by a Virginia licensed ophthalmologist. This section concerns the proctoring of the examination associated with completion of the training program required by 3225(A)(2).

Moreover, the language does not require the proctoring of any exam or procedure by an ophthalmologist. As such, such a requirement in the draft regulations (18 VAC 105-20-90(B)) goes beyond what the Board is authorized to promulgate.

Optometrists are independently licensed professionals. Had the General Assembly intended to require supervision of an ophthalmologist as a path to obtain certification, it would have clearly stated that requirement in the legislation. This is particularly true given the historical conflict concerning scope of practice between the two health professions.

The general charge of the quality assurance provision in section (vi) cannot be used as an end run around the requirements of the statute and the intent of the legislation. The quality assurance provision in section (vi) of the second enactment clause is fulfilled by the reporting requirements of the third and fourth enactment clauses, which require an optometrist certified to perform laser surgery to report various aspects of his performance of the allowed procedures.

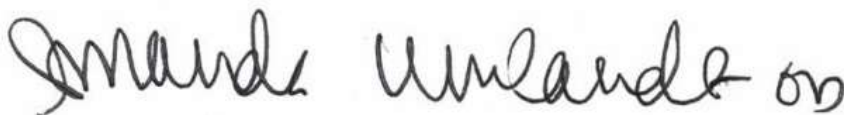
When the General Assembly intends to require supervision of optometrists by an ophthalmologist, it knows how to do clearly state that condition. *See* § 54.1-3223(A)(“In establishing standards of instruction and training, the Board shall consult with a school or college of optometry and a school or college of medicine and shall set a minimum number of hours of clinical training *to be supervised by an ophthalmologist.*”) Emphasis added. There is no similar requirement for supervision by an ophthalmologist of an optometrist for the didactic and clinical training programs for laser surgery.

In adopting this legislation, the General Assembly is presumed to have knowledge of its prior enactments, particularly when they appear within the same structure of regulation of a specific

health profession. See *Gillespie v. Commonwealth*, 272 Va. 753, 785-759, 636 S.E.2d 430, 432 (2006) (“In ascertaining legislative intent, we presume that the General Assembly, when enacting new laws, is fully aware of the state of existing law relating to the same general subject matter.” *United Masonry, Inc. v. Riggs National Bank*, 233 Va. 476, 480, 357 S.E.2d 509, 512, 3 Va. Law Rep. 2739 (1987); *Cape Henry v. Natl. Gypsum*, 229 Va. 596, 600, 331 S.E.2d 476, 479 (1985).).

In the absence of statutory language similar to that in the TPA certification process, it is clear there is no authority for the Board to require consultation, collaboration, supervision or similar oversight of a physician over an optometrist in the context of laser surgery. The Board is not specifically authorized to require a minimum number of procedures or hours of training supervised by an ophthalmologist for laser surgery. ([Va. Code 54.1-3225\(2\)](#)). Therefore, the Board has no authority to require a minimum number of proctored sessions by an ophthalmologist.

Finally, to the extent the Board chooses to adopt regulations concerning the reporting provision in the fourth enactment clause,<sup>1</sup> the regulations should, like the legislation, contain an automatic expiration date. Had the General Assembly intended this reporting requirement to be of a permanent nature, it would have not set a date certain for its expiration or it would have placed the requirement in the statute. Given that the General Assembly has spoken specifically on this reporting requirement in fourth enactment clause and provided a date certain by which the requirement will expire, the Board does not have the authority to permanently impose a reporting requirement through regulation on a topic that an Act of Assembly specifically sunsets on a date certain.



Amanda Umlandt, OD, President  
Virginia Optometric Association

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

# VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

## CHAPTER 17

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

[H 213]

Approved March 9, 2022

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

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

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

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

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

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

**§ 54.1-3200. Definitions.**

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

"Board" means the Board of Optometry.

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

"Practice of optometry" means the examination of the human eye to ascertain the presence of defects or abnormal conditions which may be corrected or relieved by the use of lenses, prisms or ocular exercises, visual training or orthoptics; the 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; the use of testing appliances for the purpose of the measurement of the powers of vision; the examination, diagnosis, and optometric treatment in accordance with this chapter, of conditions and visual or muscular anomalies of the human eye; the use of diagnostic pharmaceutical agents set forth in § 54.1-3221; and the prescribing or adapting of lenses, prisms or ocular exercises, visual training or orthoptics for the correction, relief, remediation or prevention of such conditions. An optometrist may treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic pharmaceutical agents only as permitted under this chapter. The practice of optometry also includes the 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. However, the practice of optometry does not include treatment through surgery, including laser surgery, other invasive modalities, or the use of injections, including venipuncture and intravenous injections, except as provided in § 54.1-3222 or for the treatment of emergency cases of anaphylactic shock with intramuscular epinephrine practice in accordance with the provisions of § 54.1-3201.

"TPA-certified optometrist" means an optometrist who is licensed under this chapter and who has successfully completed the requirements for TPA certification established by the Board pursuant to Article 5 (§ 54.1-3222 et seq.). Such certification shall enable an optometrist to prescribe and administer 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, including abnormal conditions, of the human eye and its adnexa, as determined by the Board. Such certification shall not, however, permit treatment through surgery,

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

1. *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 § 54.1-3222; and*

2. *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.*

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

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

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

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

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 24. General Provisions

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

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

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

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

2012, cc. 15, 124; 2022, cc. 16, 17.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 32. Optometry

Article 1. General Provisions

## § 54.1-3200. Definitions

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

"Board" means the Board of Optometry.

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

"Practice of optometry" means practice in accordance with the provisions of § 54.1-3201.

"TPA-certified optometrist" means an optometrist who is licensed under this chapter and who has successfully completed the requirements for TPA certification established by the Board pursuant to Article 5 (§ 54.1-3222 et seq.).

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.

Code 1950, § 54-368; 1988, cc. 243, 737, 765; 1991, c. 290; 1996, cc. 152, 158, 365, 436; 2004, c. 744; 2015, c. 355; 2018, c. 280; 2022, cc. 16, 17.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.



Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 32. Optometry

Article 1. General Provisions

## § 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.

Code 1950, § 54-368; 1988, cc. 243, 737, 765; 2022, cc. [16](#), [17](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 32. Optometry

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

1. 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 § 54.1-3222; and
2. 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.

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

2022, cc. 16, 17.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.



June 9, 2022

Lisa Wallace-Davis, O.D.  
President  
Board of Optometry  
9960 Mayland Drive, Suite 300  
Henrico Virginia 23233

Re: Inquiry Concerning Potential Conflicts in HB 213 and SB 375

Dear Ms. Wallace-Davis,

With the 2022 General Assembly session concluded, the Medical Society of Virginia (MSV) and the Virginia Society of Eye Physicians and Surgeons (VSEPS) wanted to inquire about some potential conflicts we identified in HB 213 and SB 375 as we were conducting our post-session legislative review.

The second enactment clause of the legislation states “That the Board of Optometry shall promulgate regulations establishing criteria for certification of an optometrist to perform certain procedures limited to...” The language then establishes the criteria to perform the enumerated surgical procedures. Bullet (iii) highlights that such regulations shall include “an application process for certification to perform such procedures.”

Examining the changes in 54.1-2400.01:1 presents a potential conflict with this enactment clause. In this section, surgery, and requirements to perform surgery, are defined. The newly passed legislation includes that a “licensee of the Board of Optometry as an optometrist and certified to perform laser surgery pursuant to 54.1-3225,” can now perform surgery. Further, existing statute in this section allows persons “acting pursuant to the orders and under the appropriate supervision of a licensed doctor of medicine, osteopathy, podiatry or dentistry” to perform surgery.

As written in the statute, an optometrist cannot perform the enumerated surgical procedures without getting certified. One would assume an optometrist would not be able to be certified without first performing the procedures. The standard in medical education has long been “see one, do one, get signed off on.” As written, the new code conflicts with that standard.

Thus, when read together, a logical interpretation from the MSV and VSEPS is that for an optometrist to become certified to perform the new surgeries, that he or she would have to be “under the appropriate supervision of a licensed doctor of medicine” and thereby proctored or signed off on by a physician. This is necessary as the optometrist is not able to perform surgery on their own until certified.

We would appreciate the Board’s interpretation of these points. If you have any questions, please contact Clark Barrineau at [cbarrineau@msv.org](mailto:cbarrineau@msv.org) or 704.609.4948.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Clark Barrineau". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

M. Clark Barrineau  
Assistant Vice President of Government Affairs and Policy  
The Medical Society of Virginia

CC:  
Scott Johnson, Esquire/Hancock, Daniel & Johnson, General Counsel/MSV  
Scott Castro, Director of Policy/MSV  
Cal Whitehead, CSG  
Tyler S. Cox, Government Affairs Manager/Hancock, Daniel & Johnson  
Ben H. Traynham, Esquire/Hancock, Daniel & Johnson

Sunday, May 23, 2021

- 12:00-1:00 p.m. Registration
- 1:00-2:00 p.m. Laser Physics, Hazards & Safety  
Doug Penisten, O.D.,  
Ph.D.
- 2:00-3:00 p.m. Laser Tissue Interactions  
Nate Lighthizer, O.D.
- 3:00-5:00 p.m. Clinical Workshops: Intro to Therapeutic Lasers  
Dr.'s Castillo, Lighthizer,  
Miller & Penisten

Monday, May 24, 2021

- 7:30-8:30 a.m. Gonioscopy: How to Interpret What You Are Seeing  
Doug Penisten, O.D.,  
Ph.D.
- 11:00-12:00 p.m. Laser Therapy in Narrow Angle/Angle Closure: LPI & ALPI  
Jeff Miller, O.D.
- 1:30-3:30 p.m. Laser Therapy for the Open Angle Glaucomas: ALT & SLT  
Nathan Lighthizer, O.D.
- 3:30-4:30 p.m. YAG Capsulotomy  
Nate Lighthizer, O.D.
- 4:30-5:30 p.m. Managing Potential Laser Complications  
Richard Castillo, O.D.,  
D.O.

Tuesday, May 25, 2021

- 7:30-8:30 a.m. Medicolegal Aspects of Anterior Segment Laser Procedures: Panel Discussion  
Dr.'s Castillo, Lighthizer,  
Miller & Penisten
- 8:30-12:30 p.m. Lab Rotations
- YAG Capsulotomy  
Dr. Castillo
- Laser Peripheral Iridotomy  
Dr. Miller
- Gonioscopy & Laser Lenses  
Dr. Penisten
- Laser Trabeculoplasty: ALT & SLT  
Dr. Lighthizer
- 12:30-2:00 p.m. Review & Final Exam  
Nathan Lighthizer

**Agenda Item: Consideration of Guidance Document 105-10**

**Included in your agenda package are:**

- Guidance Document 105-10 with suggested amendments
- Redline of suggested amendments

**Board Action:**

- Motion to revise Guidance Document 105-10 as presented or amended.

## **Virginia Board of Optometry Guidance on End of a Contact Lens Fitting**

[18VAC105-20-45\(C\)\(2\)](#) requires an optometrist to 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 request it.

The “end” of a contact lens fitting is determined by the following definition, taken from the Contact Lens Rule of the Federal Trade Commission:

Contact lens fitting means the process that begins after an initial eye examination for contact lenses and **ends** when a successful fit has been achieved or, in the case of a renewal prescription, ends when the prescriber determines that no change in the existing prescription is required, and [contact lens fitting] may include:

- (1) An examination to determine lens specifications;
- (2) Except in the case of a renewal of a contact lens prescription, an initial evaluation of the fit of the contact lens on the eye; and
- (3) Medically necessary follow-up examinations.

16 C.F.R. § 315.2 (emphasis added).

For further information regarding the Contact Lens Rule of the Federal Trade Commission go to <http://business.ftc.gov/documents/bus63-complying-contact-lens-rule> or <http://www.ftc.gov/os/2004/06/040629contactlensrulefrn.pdf>

18VAC105-20-45(C)(2) allows an optometrist to require all fees to be paid prior to providing the contact lens prescription at the end of the fitting, but only if the optometrist requires immediate payment from patients whose eye examinations reveal no need to corrective eye products. The Board states that proof of valid insurance coverage constitutes “payment” for this provision.



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## Virginia Board of Optometry Guidance on End of a Contact Lens Fitting

### Applicable Regulation

#### *Regulations of the Virginia Board of Optometry*

#### *18VAC105-20-45. Standards of practice.*

#### *C. Contact lens.*

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

18VAC105-20-45(C)(2) requires an optometrist to 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 request it.

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### Guidance

The ~~Board of Optometry voted that the~~ "end" of a contact lens fitting is determined by the following definition, taken from The Contact Lens Rule of the Federal Trade Commission (~~16 C.F.R. §§ 315.1~~):

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Contact lens fitting means the process that begins after an initial eye examination for contact lenses and ends when a successful fit has been achieved or, in the case of a renewal prescription, ends when the prescriber determines that no change in the existing prescription is required, and [contact lens fitting] may include:

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- (1) An examination to determine lens specifications;
- (2) Except in the case of a renewal of a contact lens prescription, an initial evaluation of the fit of the contact lens on the eye; and
- (3) Medically necessary follow-up examinations.

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16 C.F.R. §§ 315.1.

Guidance Document: 105-10

Revised: August 26, 2022

Effective: October 27, 2022

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For further information regarding the Contact Lens Rule of the Federal Trade Commission go to <http://business.ftc.gov/documents/bus63-complying-contact-lens-rule> or <http://www.ftc.gov/os/2004/06/040629contactlensrulefrn.pdf>

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**Agenda Item: Consideration of Guidance Document 105-13**

**Included in your agenda package are:**

- Guidance Document 105-13 with suggested amendments
- Redline of suggested amendments

**Board Action:**

- Motion to revise Guidance Document 105-13 as presented or amended.

## **Virginia Board of Optometry Guidance on Performing Free Eye Screenings**

An optometrist who performs a free eye screening does not violate applicable statutes or regulations if the following conditions are met:

1. The optometrist makes it clear to the public or individual person that he is performing a screening to identify possible visual or ocular conditions or disorders and is not performing a comprehensive examination for the purpose of diagnosis or treatment; and
2. The optometrist provides any referral recommendation to the eye doctor of the individual's or parent of a minor's choosing.

Guidance Document: -105-13

~~Reaffirmed~~ Revised: ~~July 13, 2018~~ August 26, 2022  
Effective: October 27, 2022

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## Virginia Board of Optometry Guidance on Performing Free Eye Screenings

An optometrist who performs a free eye screening does not ~~constitute a violation of~~ violate ~~applicable~~ statutes or regulations if the following conditions are met:

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1. The optometrist makes it clear to the public or individual person that he is performing a screening to identify possible visual or ocular conditions or disorders and is not performing a comprehensive examination for the purpose of diagnosis or treatment; ~~and~~ \_\_\_\_\_
2. The optometrist provides Any referral recommendation ~~is~~ to the eye doctor of the individual's or parent of a minor's ~~choice~~ choosing.

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Virginia Administrative Code  
Title 18. Professional And Occupational Licensing  
Agency 105. Board of Optometry  
Chapter 20. Regulations Governing the Practice of Optometry

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

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

1. Complete a full-time, postgraduate or equivalent graduate-level optometric training program that is approved by the board and that shall include a minimum of 20 hours of clinical supervision by an ophthalmologist; and
2. Submit a passing score on the TPA certification examination, which shall be TMOD or be TPA-certified by an examination satisfactory to the board.

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

**Statutory Authority**

§§ 54.1-2400 and 54.1-3223 of the Code of Virginia.

**Historical Notes**

Derived from Virginia Register Volume 22, Issue 4, eff. November 30, 2005; amended, Virginia Register Volume 22, Issue 20, eff. July 12, 2006; Volume 36, Issue 6, eff. December 11, 2019.

**DRAFT**

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# *Virginia's Optometrist Workforce: 2022*

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Healthcare Workforce Data Center

April 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

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

*Among all Optometrists, 1,500 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 their 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  
*Deputy Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle  
*Research Assistant*



# **Virginia Board of Optometry**

## ***President***

Lisa Wallace-Davis, OD  
*Hampton*

## ***Vice President***

Devon Cabot  
*Richmond*

## ***Members***

Helene Clayton-Jeter, OD  
*Glen Allen*

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*McLean*

Evan J. Kaufman, OD  
*Charlottesville*

Clifford A. Roffis, OD  
*Richmond*

## ***Executive Director***

Leslie L. Knachel

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## The Optometrist Workforce At a Glance:

### The Workforce

Licensees:	1,753
Virginia's Workforce:	1,288
FTEs:	1,092

### Background

Rural Childhood:	25%
HS Degree in VA:	32%
UG Degree in VA:	32%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	69%
Satisfied?:	96%

### Survey Response Rate

All Licensees:	86%
Renewing Practitioners:	93%

### Residency Program

Ocular Disease:	9%
Primary Eye Care:	7%

### Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	68%

### Demographics

% Female:	58%
Diversity Index:	50%
Median Age:	47

### Finances

Median Inc.:	\$120k-\$130k
Health Benefits:	59%
Under 40 w/ Ed. Debt:	72%

### Time Allocation

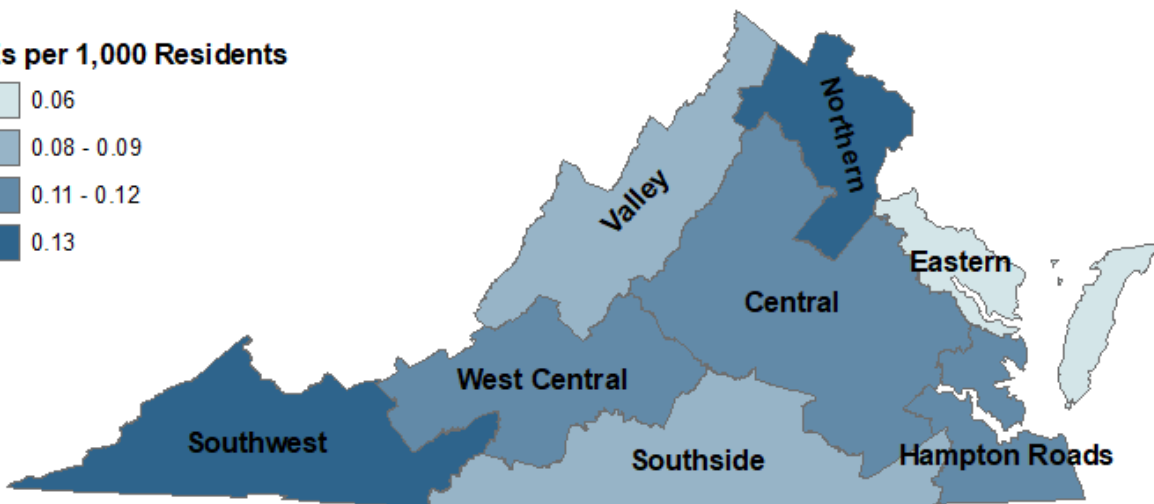
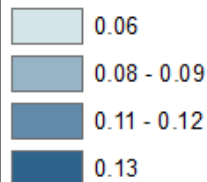
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	93%

Source: Va. Healthcare Workforce Data Center

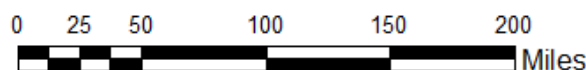
### Full-Time Equivalency Units Provided by Optometrists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

#### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Optometrist Workforce Survey. Among all optometrists, 1,500 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 represent 86% of the 1,753 optometrists licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 1,288 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 1,092 "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 74% of those who are under the age of 40. In a random encounter between two optometrists, there is a 50% 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 60% for Virginia's population as a whole. One-quarter of all optometrists grew up in a rural area, and 20% of this group of professionals currently work in a non-metro area of the state. In total, 9% of all optometrists work in a non-metro area of Virginia.

Among all optometrists, 96% are currently employed in the profession, 69% hold one full-time job, and 43% work between 40 and 49 hours per week. Over the past year, 1% of optometrists have experienced involuntary unemployment, and 1% have also experienced underemployment. Nearly all optometrists work in the private sector, including 92% who are employed in the for-profit sector. Nearly two-thirds of optometrists work in a private practice, including 43% who work in a group private practice. The typical optometrist earns between \$120,000 and \$130,000 per year. In addition, 82% of wage or salaried optometrists receive at least one employer-sponsored benefit. Nearly all optometrists are satisfied with their current work situation, including 61% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for this year are compared to the 2017 optometrist workforce. The number of licensed optometrists has increased by 11% (1,753 vs. 1,575). In addition, the size of the optometrist workforce has increased by 9% (1,288 vs. 1,178), and the number of FTEs provided by this workforce has increased by 13% (1,092 vs. 966). Virginia's renewing optometrists are more likely to respond to this survey (93% vs. 91%).

Virginia's optometrists are more likely to be female (58% vs. 50%), and this trend is also occurring among those optometrists who are under the age of 40 (74% vs. 71%). The optometry workforce is also becoming more diverse (50% vs. 47%), although this is not the case among optometrists who are under the age of 40 (54% vs. 59%). Optometrists are slightly more likely to have grown up in a rural area (25% vs. 24%), but this group of professionals is no more likely to work in a non-metro area of Virginia (20%). In total, the percentage of all optometrists who work in a non-metro area of the state has increased slightly (9% vs. 8%).

Although optometrists are less likely to be currently employed in the profession (96% vs. 98%), they are more likely to hold one full-time job (69% vs. 68%). Meanwhile, the economic recovery over the past year has led to a significant decrease in the one-year rates of both involuntary unemployment (1% vs. 14%) and underemployment (1% vs. 3%) relative to 2021.

The median annual income of Virginia's optometrists has increased (\$120k-\$130k vs. \$100k-\$110k), and more optometrists receive this income in the form of a salary (59% vs. 55%) instead of from a business or practice (24% vs. 29%). In addition, wage or salaried optometrists are more likely to receive at least one employer-sponsored benefit (82% vs. 72%), including those who have access to health insurance (59% vs. 52%) and a retirement plan (61% vs. 51%). Optometrists are just as likely to indicate that they are satisfied with their current work situation (96%). However, the percentage of optometrists who indicated that they are "very satisfied" has fallen (61% vs. 68%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,538	88%
New Licensees	112	6%
Non-Renewals	103	6%
<b>All Licensees</b>	<b>1,753</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licensed Optometrists

Number: 1,753  
 New: 6%  
 Not Renewed: 6%

### Response Rates

All Licensees: 86%  
 Renewing Practitioners: 93%

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 86% of all optometrists who held a license at some point in the past year.

Response Rates	
Completed Surveys	1,500
Response Rate, All Licensees	86%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	27	70	72%
30 to 34	45	181	80%
35 to 39	33	208	86%
40 to 44	33	171	84%
45 to 49	20	193	91%
50 to 54	28	197	88%
55 to 59	20	141	88%
60 and Over	47	339	88%
<b>Total</b>	<b>253</b>	<b>1,500</b>	<b>86%</b>
<b>New Licenses</b>			
Issued in Past Year	52	60	54%
<b>Metro Status</b>			
Non-Metro	21	97	82%
Metro	138	939	87%
Not in Virginia	94	464	83%

Source: Va. Healthcare Workforce Data Center

## Definitions

- The Survey Period:** The survey was conducted in March 2022.
- Target Population:** All optometrists who held a Virginia license at some point between April 2021 and March 2022.
- 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: 1,288  
 FTEs: 1,092

### Utilization Ratios

Licensees in VA Workforce: 73%  
 Licensees per FTE: 1.61  
 Workers per FTE: 1.18

Source: Va. Healthcare Workforce Data Center

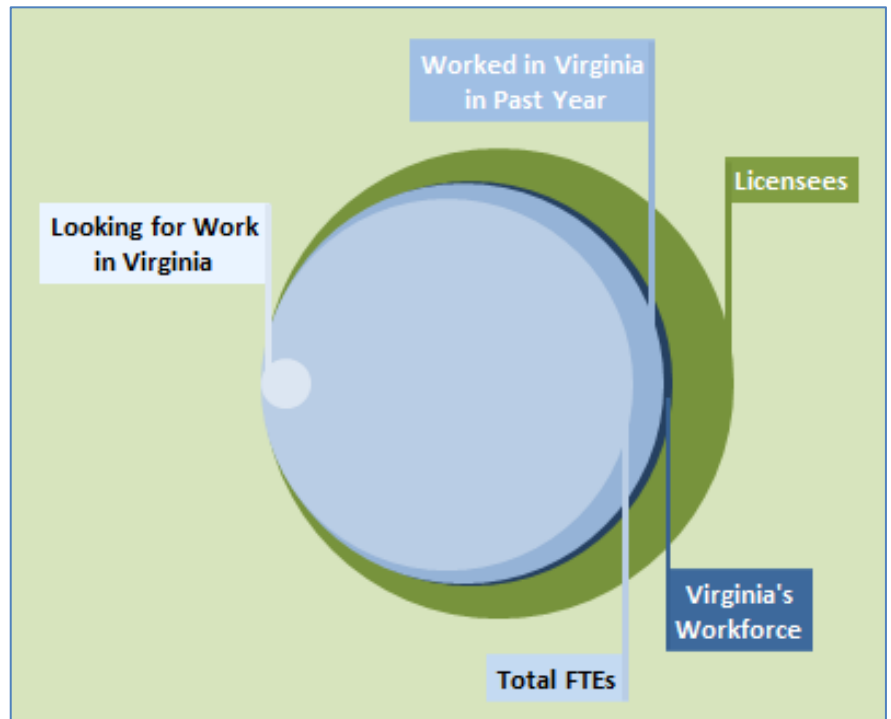
Optometrist Workforce		
Status	#	%
Worked in Virginia in Past Year	1,268	98%
Looking for Work in Virginia	20	2%
Virginia's Workforce	1,288	100%
Total FTEs	1,092	
Licensees	1,753	

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.

*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	21	32%	46	69%	67	7%
30 to 34	32	24%	103	76%	135	15%
35 to 39	31	25%	90	75%	121	13%
40 to 44	32	32%	70	69%	102	11%
45 to 49	41	39%	64	61%	104	11%
50 to 54	45	38%	73	62%	118	13%
55 to 59	38	49%	39	51%	78	9%
60 and Over	149	78%	41	22%	191	21%
<b>Total</b>	<b>390</b>	<b>43%</b>	<b>527</b>	<b>58%</b>	<b>917</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	59%	616	67%	199	61%
Black	18%	49	5%	17	5%
Asian	7%	207	23%	94	29%
Other Race	1%	20	2%	3	1%
Two or More Races	5%	12	1%	6	2%
Hispanic	11%	14	2%	5	2%
<b>Total</b>	<b>100%</b>	<b>918</b>	<b>100%</b>	<b>325</b>	<b>100%</b>

\*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, 2020.

Source: Va. Healthcare Workforce Data Center

More than one-third of all optometrists are under the age of 40, and 74% 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: 74%

Age

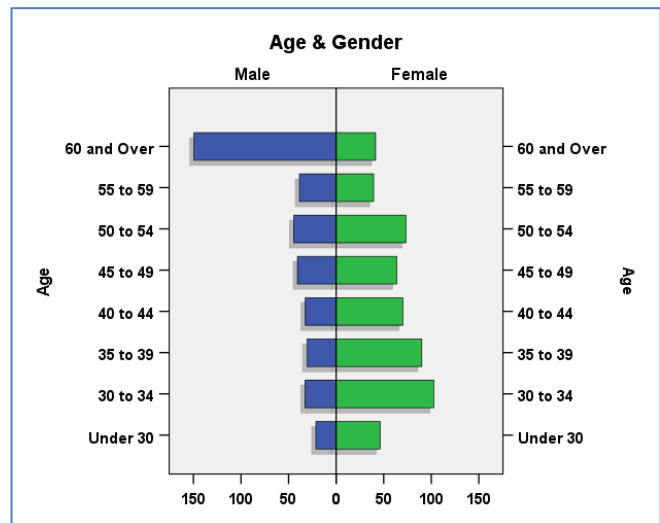
Median Age: 47  
% Under 40: 35%  
% 55 and Over: 29%

Diversity

Diversity Index: 50%  
Under 40 Div. Index: 54%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two optometrists, there is a 50% 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: 10%  
 Rural Childhood: 25%

### Virginia Background

HS in Virginia: 32%  
 UG Education in VA: 32%  
 HS/UG Edu. in VA: 36%

### Location Choice

% Rural to Non-Metro: 20%  
 % Urban/Suburban to Non-Metro: 5%

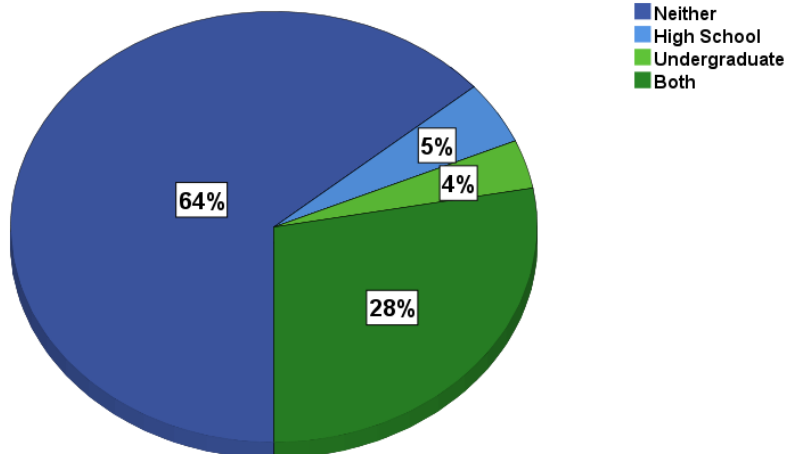
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	70%	12%
2	Metro, 250,000 to 1 Million	49%	49%	2%
3	Metro, 250,000 or Less	31%	60%	9%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	39%	46%	15%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	35%	65%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	88%	12%	0%
8	Rural, Metro Adjacent	60%	20%	20%
9	Rural, Non-Adjacent	20%	80%	0%
<b>Overall</b>		<b>25%</b>	<b>65%</b>	<b>10%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*One-quarter of all optometrists grew up in a self-described rural area, and 20% of this group of professionals currently work in a non-metro county. In total, 9% of all optometrists work in a non-metro county of Virginia.*



## Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	296	Pennsylvania	291
2	Pennsylvania	83	Tennessee	126
3	New York	70	Massachusetts	77
4	Maryland	68	Florida	54
5	North Carolina	33	Illinois	53
6	Ohio	31	Ohio	40
7	Outside U.S./Canada	31	Alabama	40
8	California	29	New York	40
9	New Jersey	24	Indiana	40
10	Florida	23	Texas	36

Source: Va. Healthcare Workforce Data Center

Nearly 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, 31% received their high school degree in Virginia, while 33% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	81	Pennsylvania	83
2	Pennsylvania	31	Massachusetts	26
3	Maryland	22	Tennessee	20
4	New York	12	Texas	16
5	California	12	Florida	15
6	Michigan	8	Illinois	14
7	Ohio	8	California	11
8	Outside U.S./Canada	7	Ohio	11
9	Massachusetts	6	Indiana	9
10	Illinois	6	New York	9

Source: Va. Healthcare Workforce Data Center

More than one-quarter of licensed optometrists did not participate in Virginia's workforce in the past year. Among these optometrists, 94% worked at some point in the past year, including 91% who currently work as optometrists.

### At a Glance:

#### Not in VA Workforce

Total:	465
% of Licensees:	27%
Federal/Military:	23%
VA Border State/DC:	28%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Residency Programs		
Area	#	% of Workforce
Ocular Disease	115	9%
Primary Eye Care	89	7%
Cornea and Contact Lenses	25	2%
Low Vision Rehabilitation	24	2%
Vision Therapy and Rehabilitation	18	1%
Family Practice Optometry	16	1%
Pediatric Optometry	15	1%
Refractive and Ocular Surgery	6	0%
Brain Injury Vision Rehabilitation	5	0%
Geriatric Optometry	5	0%
Community Health Optometry	1	0%
Other	7	1%
<b>At Least One Program</b>	<b>220</b>	<b>17%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Residency Programs**

Ocular Disease: 9%  
 Primary Eye Care: 7%  
 Cornea/Contact Lenses: 2%

**Education Debt**

Carry Debt: 45%  
 Under Age 40 w/ Debt: 72%  
 Median Debt: \$120k or More

Source: Va. Healthcare Workforce Data Center

*Nearly one out of every five optometrists have completed at least one residency program, including 9% who have completed a residency program in ocular diseases.*

*Nearly half of all optometrists currently have education debt, including 72% of those who are under the age of 40. For those optometrists with education debt, the median debt burden is greater than \$120,000.*

Education Debt				
Amount Carried	All Optometrists		Optometrists Under 40	
	#	%	#	%
None	438	55%	82	29%
Less than \$20,000	16	2%	6	2%
\$20,000-\$39,999	33	4%	9	3%
\$40,000-\$59,999	41	5%	10	3%
\$60,000-\$79,999	21	3%	8	3%
\$80,000-\$99,999	24	3%	6	2%
\$100,000-\$119,999	34	4%	14	5%
\$120,000 or More	184	23%	152	53%
<b>Total</b>	<b>791</b>	<b>100%</b>	<b>287</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 96%  
 Involuntarily Unemployed: 0%

### Positions Held

1 Full-Time: 69%  
 2 or More Positions: 12%

### Weekly Hours:

40 to 49: 43%  
 60 or More: 4%  
 Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in an Optometry-Related Capacity	872	96%
Employed, NOT in an Optometry-Related Capacity	6	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	0	0%
Voluntarily Unemployed	15	2%
Retired	14	2%
<b>Total</b>	<b>907</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all licensed optometrists, 96% are currently employed in the profession, 69% hold one full-time job, and 43% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	29	3%
One Part-Time Position	133	15%
Two Part-Time Positions	33	4%
One Full-Time Position	610	69%
One Full-Time Position & One Part-Time Position	62	7%
Two Full-Time Positions	5	1%
More than Two Positions	10	1%
<b>Total</b>	<b>882</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	29	3%
1 to 9 Hours	22	3%
10 to 19 Hours	40	5%
20 to 29 Hours	62	7%
30 to 39 Hours	245	28%
40 to 49 Hours	379	43%
50 to 59 Hours	67	8%
60 to 69 Hours	22	3%
70 to 79 Hours	5	1%
80 or More Hours	5	1%
<b>Total</b>	<b>876</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	4	1%
Less than \$40,000	30	4%
\$40,000-\$59,999	32	5%
\$60,000-\$79,999	48	7%
\$80,000-\$99,999	52	8%
\$100,000-\$119,999	136	20%
\$120,000-\$139,999	137	20%
\$140,000-\$159,999	89	13%
\$160,000-\$179,999	40	6%
\$180,000-\$199,999	27	4%
\$200,000 or More	82	12%
<b>Total</b>	<b>677</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
Health Insurance: 59%  
Retirement: 61%

**Satisfaction**  
Satisfied: 96%  
Very Satisfied: 61%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	530	61%
Somewhat Satisfied	305	35%
Somewhat Dissatisfied	28	3%
Very Dissatisfied	7	1%
<b>Total</b>	<b>870</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical optometrist earns between \$120,000 and \$130,000 per year. In addition, 82% of all 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	476	55%	69%
Retirement	439	50%	61%
Health Insurance	412	47%	59%
Dental Insurance	297	34%	46%
Paid Sick Leave	296	34%	44%
Group Life Insurance	202	23%	32%
Signing/Retention Bonus	73	8%	11%
<b>At Least One Benefit</b>	<b>593</b>	<b>68%</b>	<b>82%</b>

\*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?	13	1%
Experience Voluntary Unemployment?	57	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	14	1%
Work Two or More Positions at the Same Time?	134	10%
Switch Employers or Practices?	63	5%
Experience at Least One?	<b>238</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

Over the past year, 1% of optometrists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 3.5%.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	8	1%	10	4%
Less than 6 Months	45	5%	28	11%
6 Months to 1 Year	79	9%	33	14%
1 to 2 Years	144	17%	57	23%
3 to 5 Years	145	17%	41	17%
6 to 10 Years	135	16%	30	12%
More than 10 Years	308	36%	44	18%
Subtotal	<b>863</b>	<b>100%</b>	<b>244</b>	<b>100%</b>
Did Not Have Location	20		1,044	
Item Missing	405		0	
Total	<b>1,288</b>		<b>1,288</b>	

Source: Va. Healthcare Workforce Data Center

Nearly 60% of all optometrists receive a salary or work on commission at their primary work location. Another 24% receive income from a business or practice.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 21%  
Over 2 Years: 68%  
Over 2 Yrs., 2<sup>nd</sup> Location: 47%

**Employment Type**

Salary/Commission: 59%  
Business/Practice Inc.: 24%

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all optometrists have been employed at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	389	59%
Hourly Wage	85	13%
By Contract	26	4%
Business/Practice Income	156	24%
Unpaid	2	0%
Subtotal	<b>658</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> 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 2.7% and a high of 4.5%. At the time of publication, the unemployment rate from February 2022 was still preliminary, and the unemployment rate from March 2022 had not yet been released.

## At a Glance:

### Concentration

Top Region:	39%
Top 3 Regions:	76%
Lowest Region:	1%

### Locations

2 or More (Past Year):	28%
2 or More (Now*):	27%

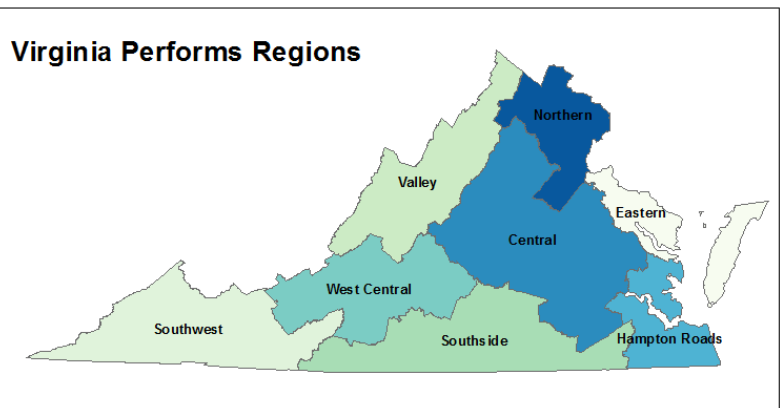
Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	145	17%	33	14%
Eastern	8	1%	1	0%
Hampton Roads	175	20%	39	16%
Northern	337	39%	86	35%
Southside	25	3%	10	4%
Southwest	40	5%	17	7%
Valley	30	3%	9	4%
West Central	73	8%	30	12%
Virginia Border State/D.C.	14	2%	13	5%
Other U.S. State	13	2%	5	2%
Outside of the U.S.	0	0%	1	0%
<b>Total</b>	<b>860</b>	<b>100%</b>	<b>244</b>	<b>100%</b>
Item Missing	408		1	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all optometrists, 27% currently have multiple work locations, while 28% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	20	2%	28	3%
1	619	70%	619	70%
2	147	17%	152	17%
3	72	8%	68	8%
4	9	1%	8	1%
5	1	0%	0	0%
6 or More	14	2%	8	1%
<b>Total</b>	<b>883</b>	<b>100%</b>	<b>883</b>	<b>100%</b>

\*At the time of survey completion: March 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	755	92%	214	90%
Non-Profit	23	3%	7	3%
State/Local Government	3	0%	6	3%
Veterans Administration	14	2%	3	1%
U.S. Military	21	3%	5	2%
Other Federal Government	1	0%	2	1%
<b>Total</b>	<b>817</b>	<b>100%</b>	<b>237</b>	<b>100%</b>
Did Not Have Location	20		1,044	
Item Missing	452		7	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit: 92%

Federal: 4%

**Top Establishments**

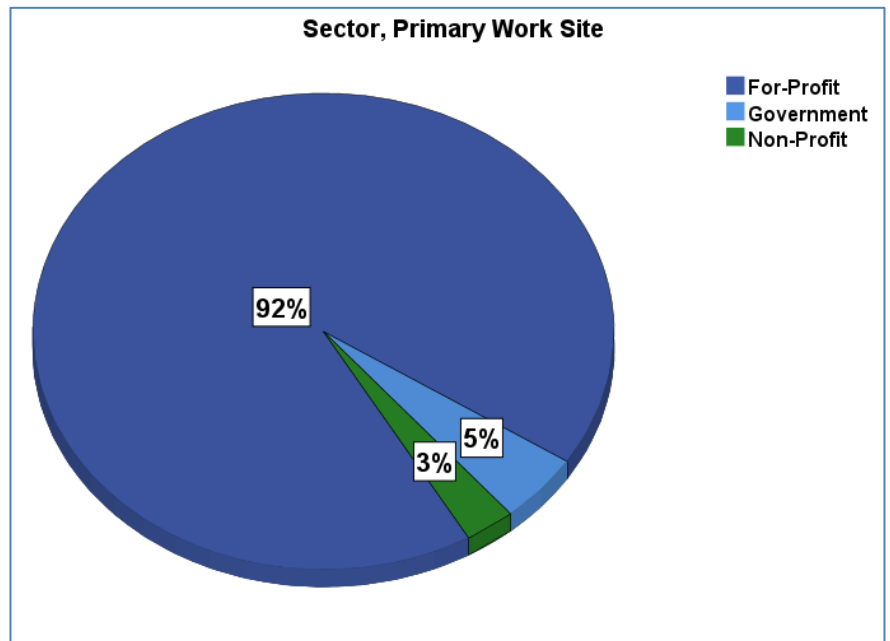
Private Practice, Group: 43%

Private Practice, Solo: 21%

Optical Goods Store: 17%

Source: Va. Healthcare Workforce Data Center

*Most 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	335	43%	107	47%
Private Practice, Solo	167	21%	36	16%
Optical Goods Store	134	17%	39	17%
Physician Office	35	5%	5	2%
Outpatient/Community Clinic	29	4%	6	3%
General Hospital, Outpatient Department	23	3%	5	2%
Home Health Care	2	0%	1	0%
General Hospital, Inpatient Department	1	0%	2	1%
Academic Institution	1	0%	0	0%
Other	50	6%	27	12%
<b>Total</b>	<b>777</b>	<b>100%</b>	<b>228</b>	<b>100%</b>
Did Not Have a Location	20		1,044	

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.

More than three out of every five 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	800	62%
Private Insurance	763	59%
Medicare	667	52%
Medicaid	443	34%

Source: Va. Healthcare Workforce Data Center



## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

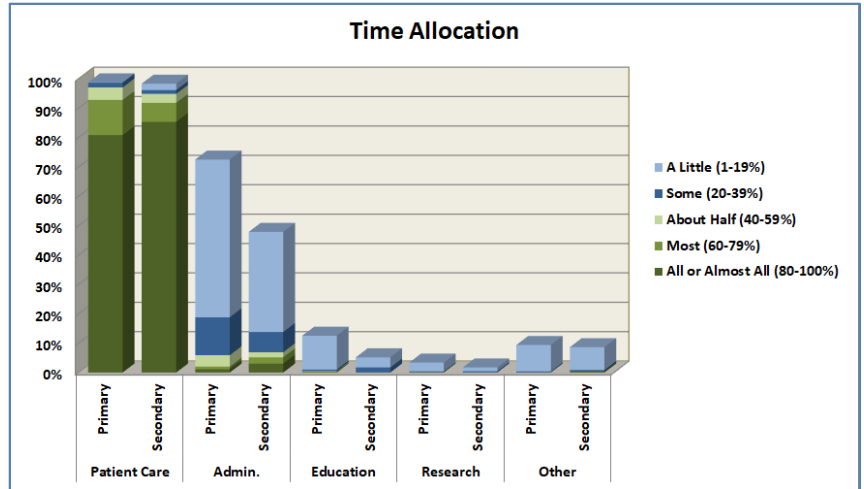
Patient Care: 93%  
Administration: 2%

### 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, 93% 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
<b>All or Almost All (80-100%)</b>	81%	85%	1%	3%	0%	0%	0%	0%	0%	0%
<b>Most (60-79%)</b>	12%	6%	1%	2%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	4%	3%	4%	2%	0%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	2%	1%	13%	7%	1%	2%	0%	0%	0%	0%
<b>A Little (1-19%)</b>	0%	2%	54%	34%	12%	3%	3%	1%	9%	8%
<b>None (0%)</b>	1%	2%	28%	52%	87%	94%	97%	98%	91%	91%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	12	2%	-	-
<b>50 to 54</b>	44	6%	5	2%
<b>55 to 59</b>	90	12%	16	5%
<b>60 to 64</b>	192	25%	63	19%
<b>65 to 69</b>	238	31%	110	33%
<b>70 to 74</b>	104	13%	73	22%
<b>75 to 79</b>	36	5%	22	7%
<b>80 or Over</b>	17	2%	12	4%
<b>I Do Not Intend to Retire</b>	44	6%	32	10%
<b>Total</b>	<b>777</b>	<b>100%</b>	<b>333</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Optometrists**

Under 65: 44%  
Under 60: 19%

**Optometrists 50 and Over**

Under 65: 25%  
Under 60: 6%

**Time Until Retirement**

Within 2 Years: 6%  
Within 10 Years: 24%  
Half the Workforce: By 2047

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, 25% still expect to retire by the age of 65.*

*Within the next two years, 8% of Virginia's optometrists expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.*

**Future Plans**

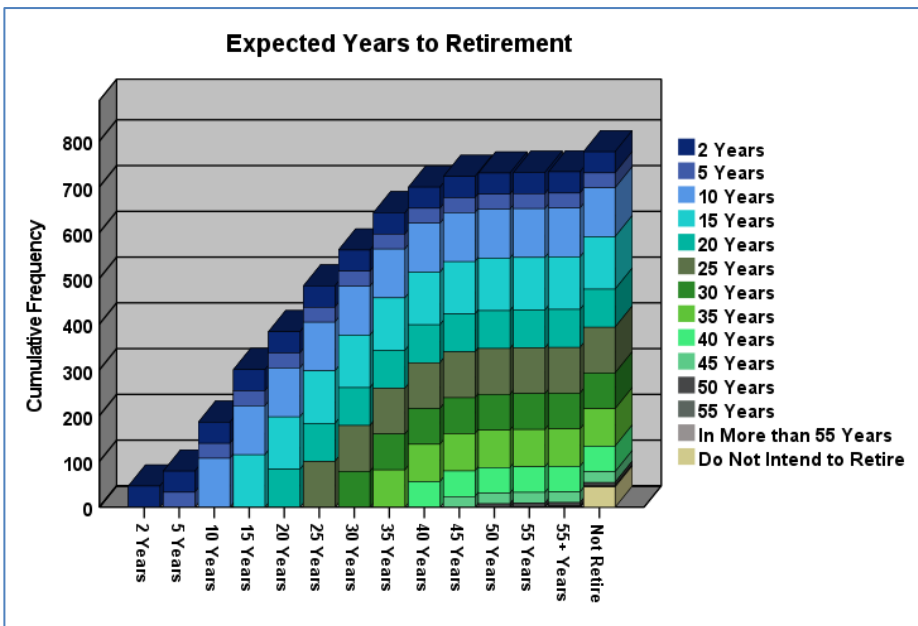
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	7	1%
<b>Leave Virginia</b>	26	2%
<b>Decrease Patient Care Hours</b>	111	9%
<b>Decrease Teaching Hours</b>	1	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	99	8%
<b>Increase Teaching Hours</b>	38	3%
<b>Pursue Additional Education</b>	55	4%
<b>Return to the Workforce</b>	6	0%

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 2047.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	46	6%	6%
5 Years	33	4%	10%
10 Years	107	14%	24%
15 Years	115	15%	39%
20 Years	83	11%	49%
25 Years	100	13%	62%
30 Years	78	10%	72%
35 Years	82	11%	83%
40 Years	56	7%	90%
45 Years	23	3%	93%
50 Years	8	1%	94%
55 Years	1	0%	94%
In More than 55 Years	1	0%	94%
Do Not Intend to Retire	44	6%	100%
<b>Total</b>	<b>777</b>	<b>100%</b>	

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 2032. Retirement will peak at 15% of the current workforce around 2037 before declining to under 10% again around 2062.

## At a Glance:

### FTEs

Total: 1,092  
 FTEs/1,000 Residents<sup>2</sup>: 0.126  
 Average: 0.86

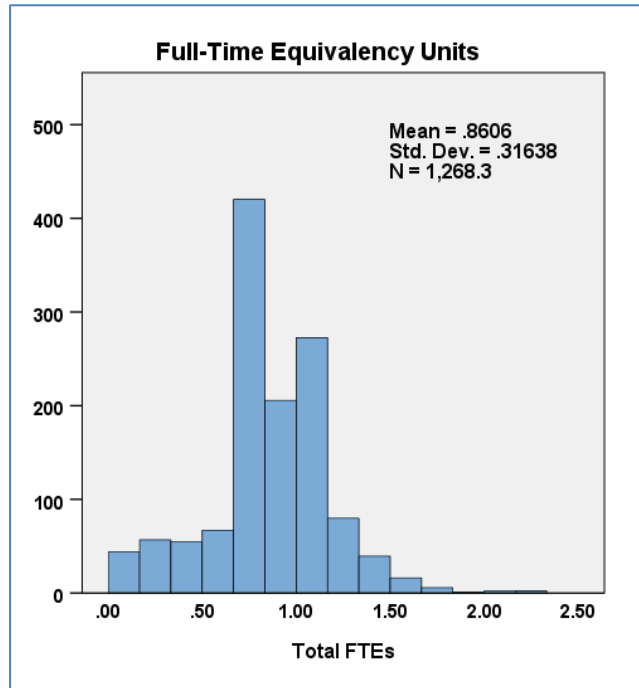
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Small

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

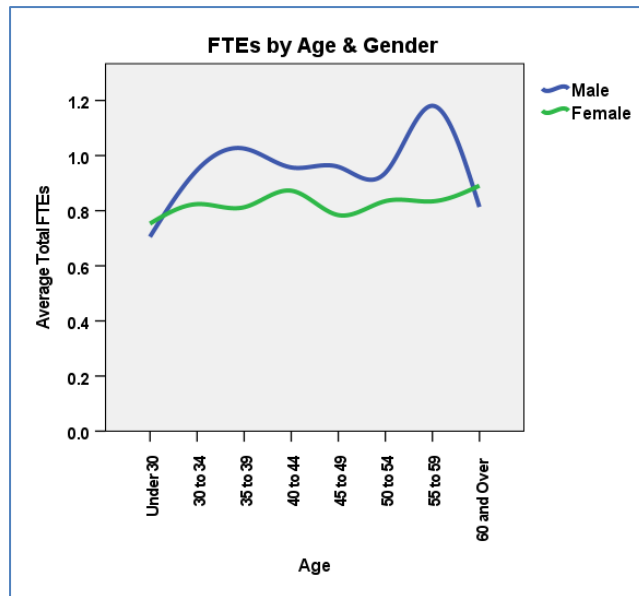


Source: Va. Healthcare Workforce Data Center

*The typical (median) optometrist provided 0.83 FTEs in the past year, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.76	0.83
30 to 34	0.85	0.83
35 to 39	0.88	0.93
40 to 44	0.94	1.03
45 to 49	0.80	0.68
50 to 54	0.86	0.83
55 to 59	0.96	0.83
60 and Over	0.83	0.83
<b>Gender</b>		
Male	0.91	0.96
Female	0.82	0.89

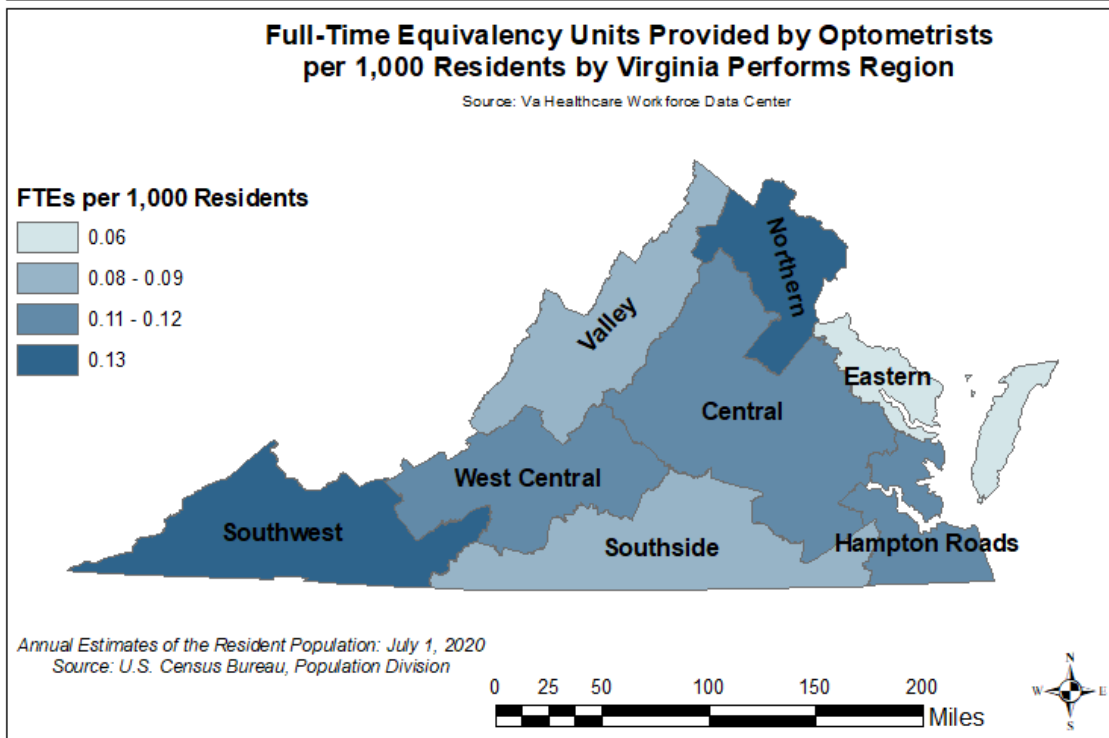
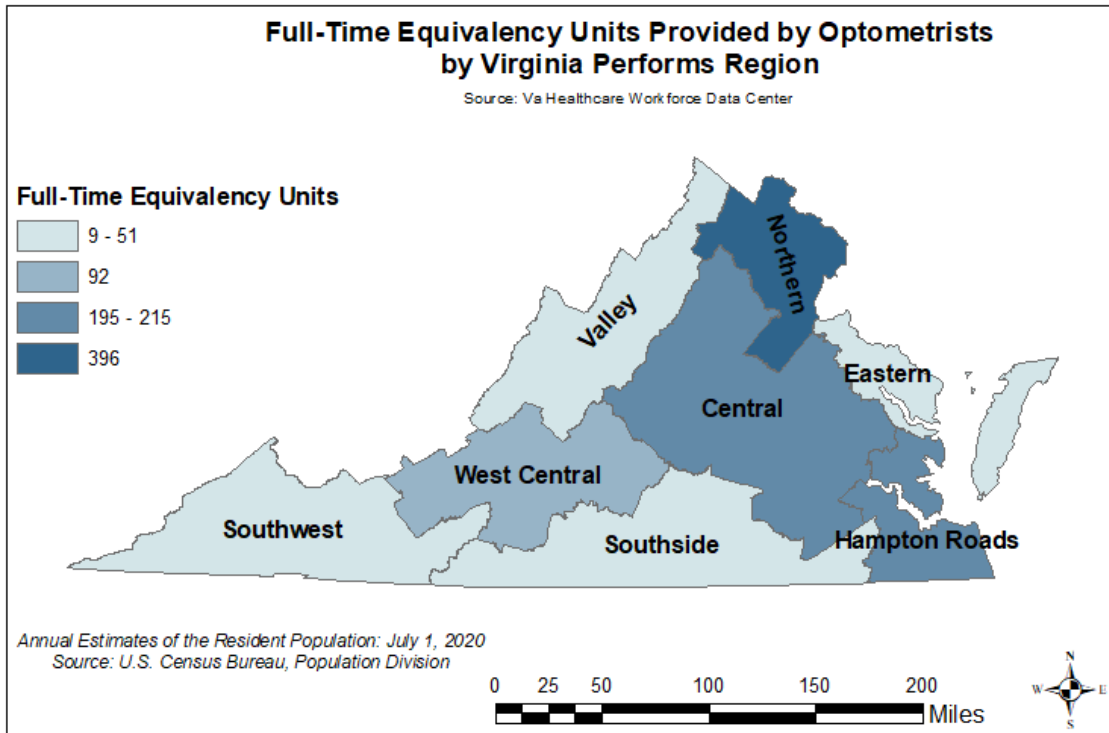
Source: Va. Healthcare Workforce Data Center

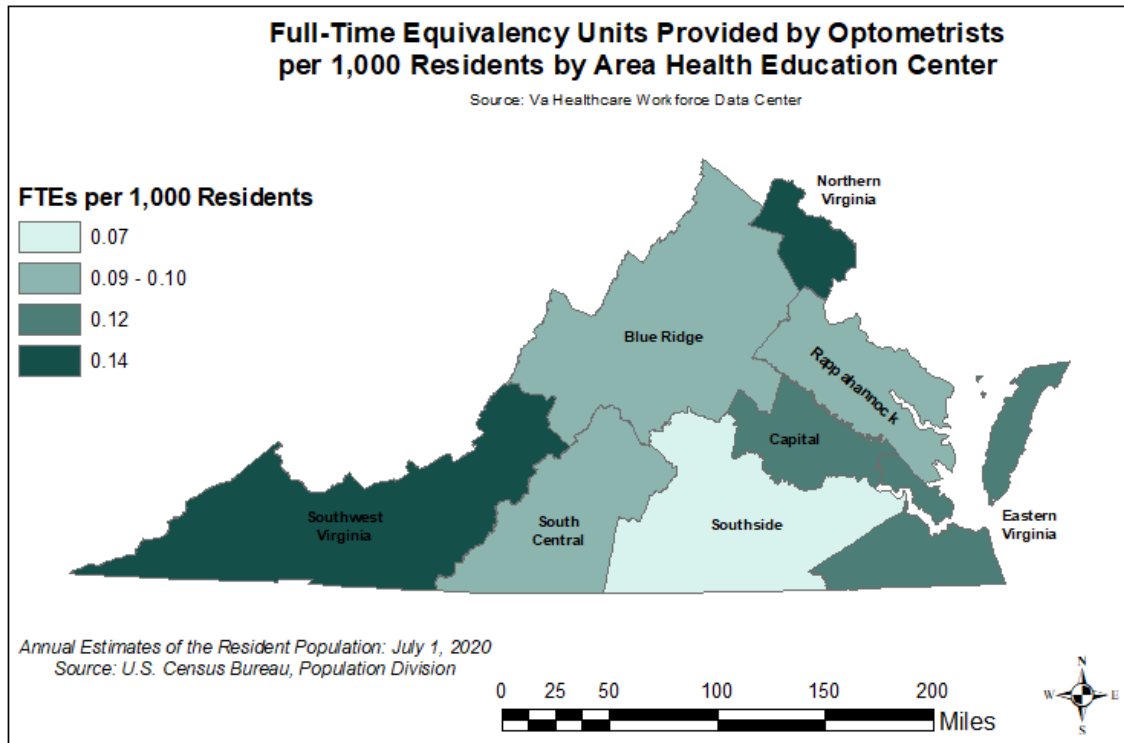
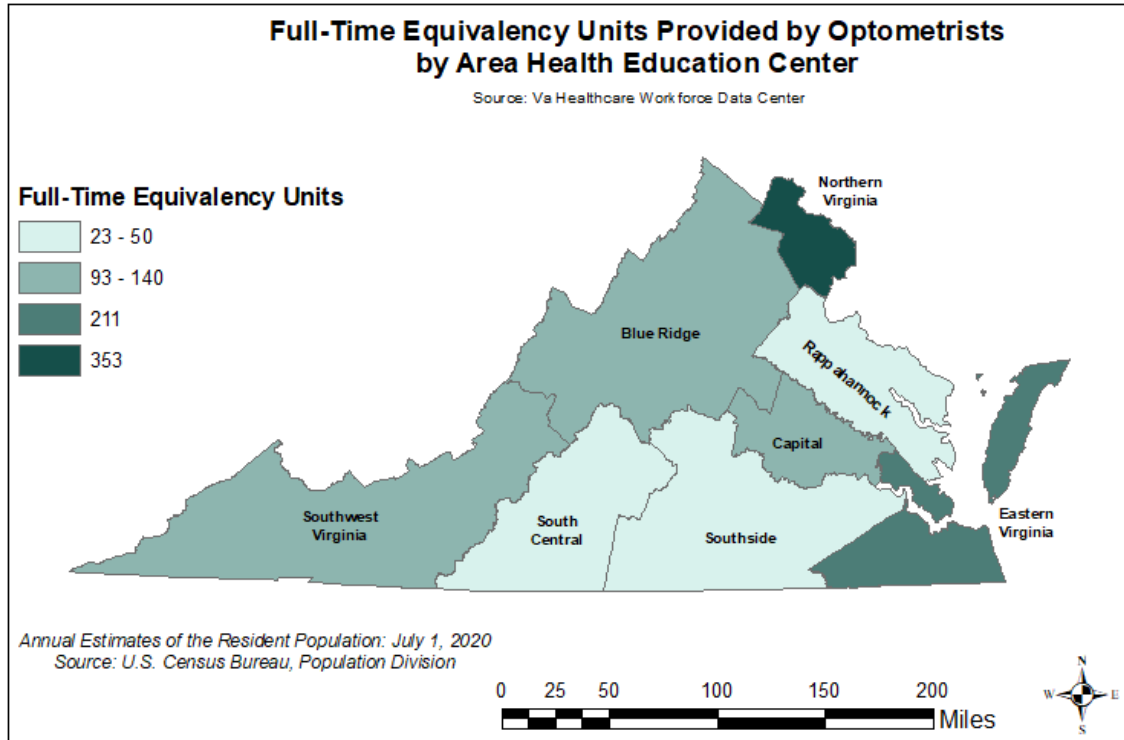


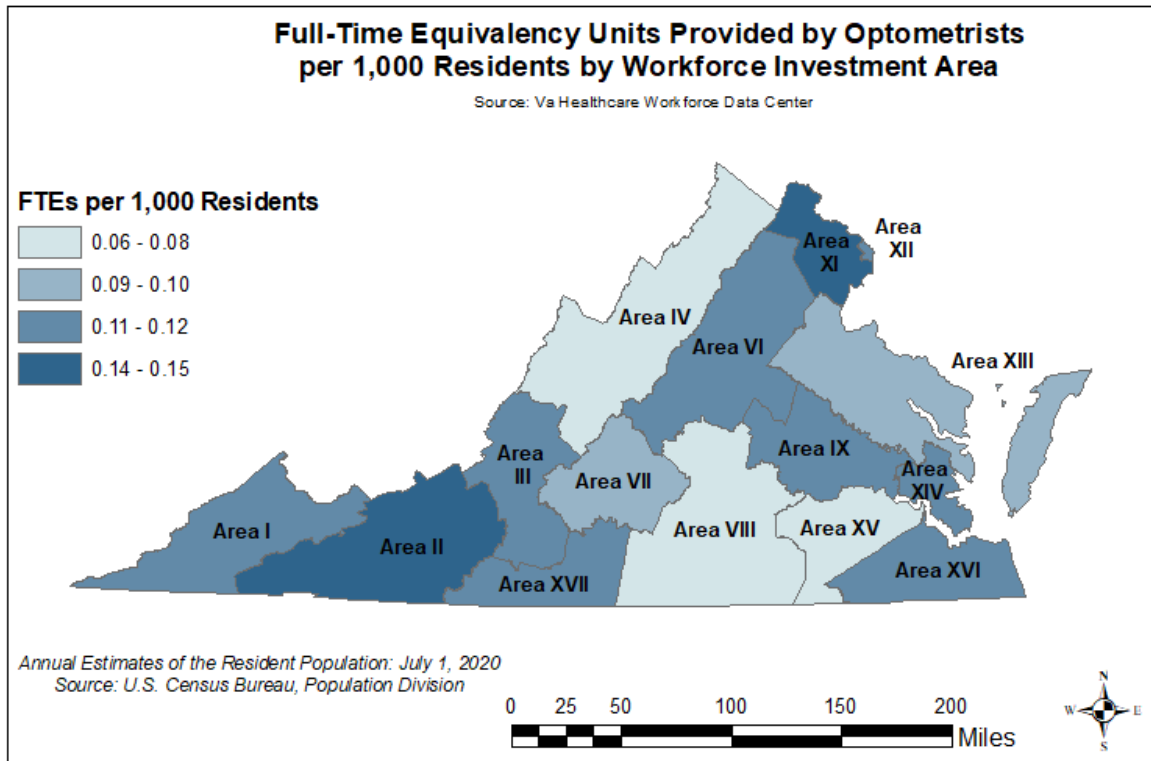
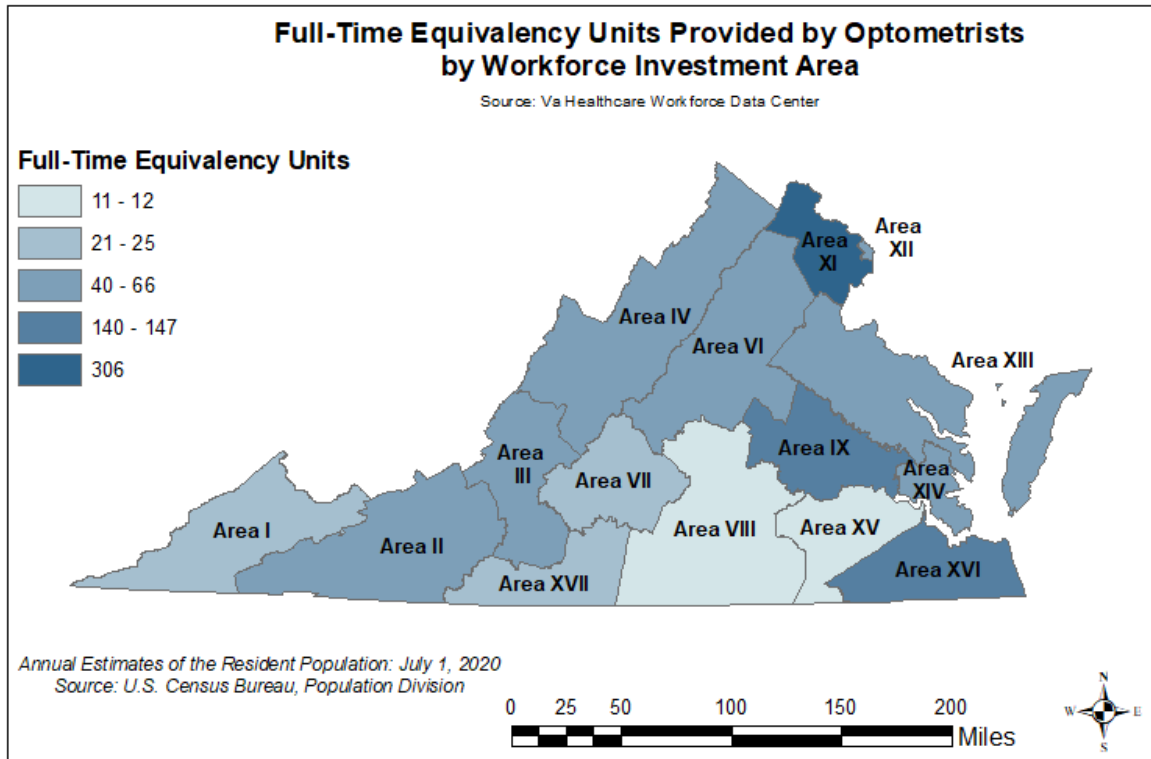
Source: Va. Healthcare Workforce Data Center

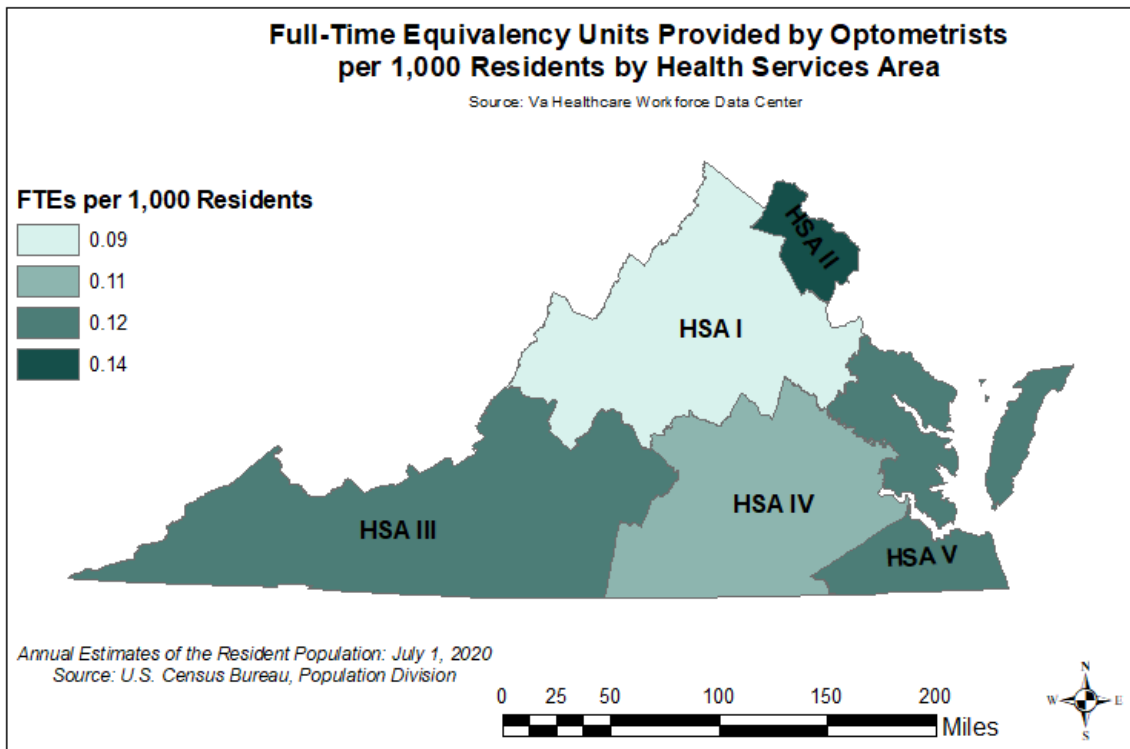
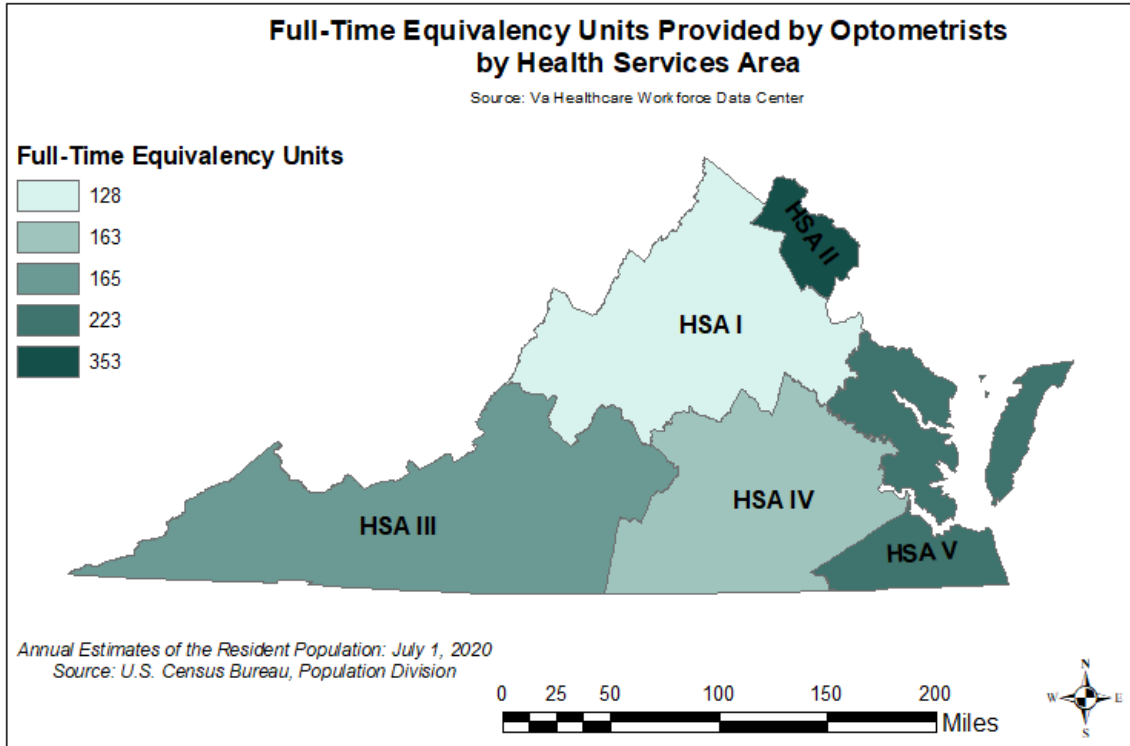
<sup>2</sup> Number of residents in 2020 was used as the denominator.

<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).

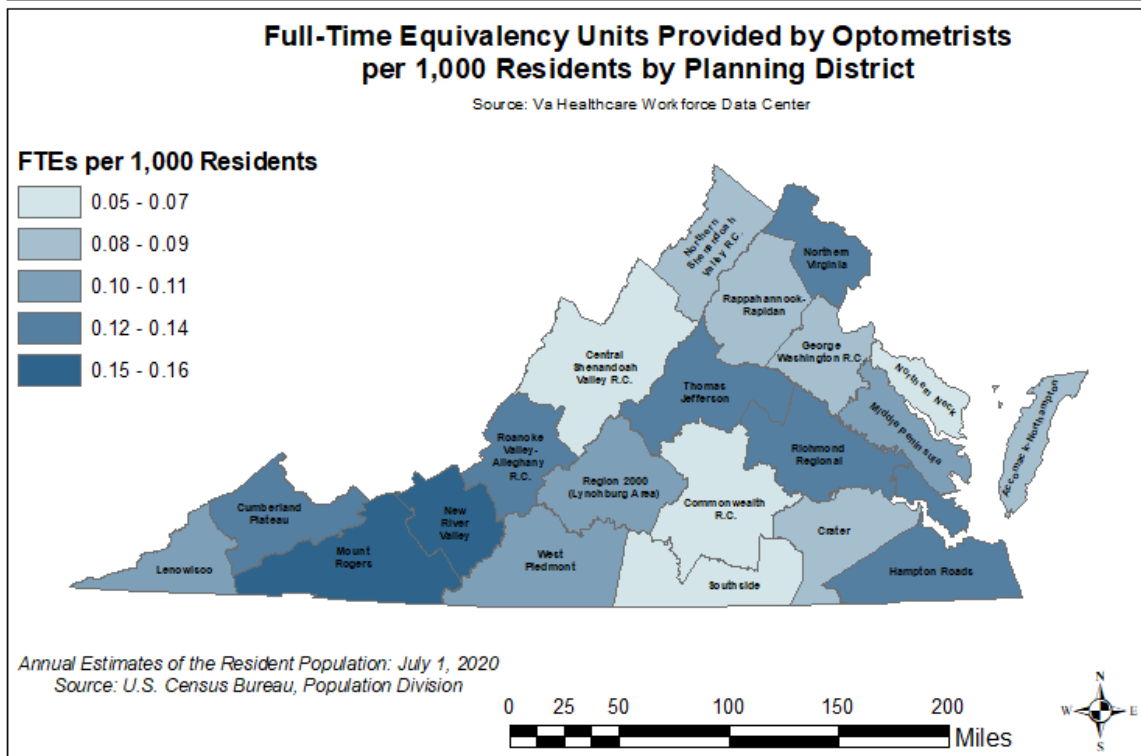
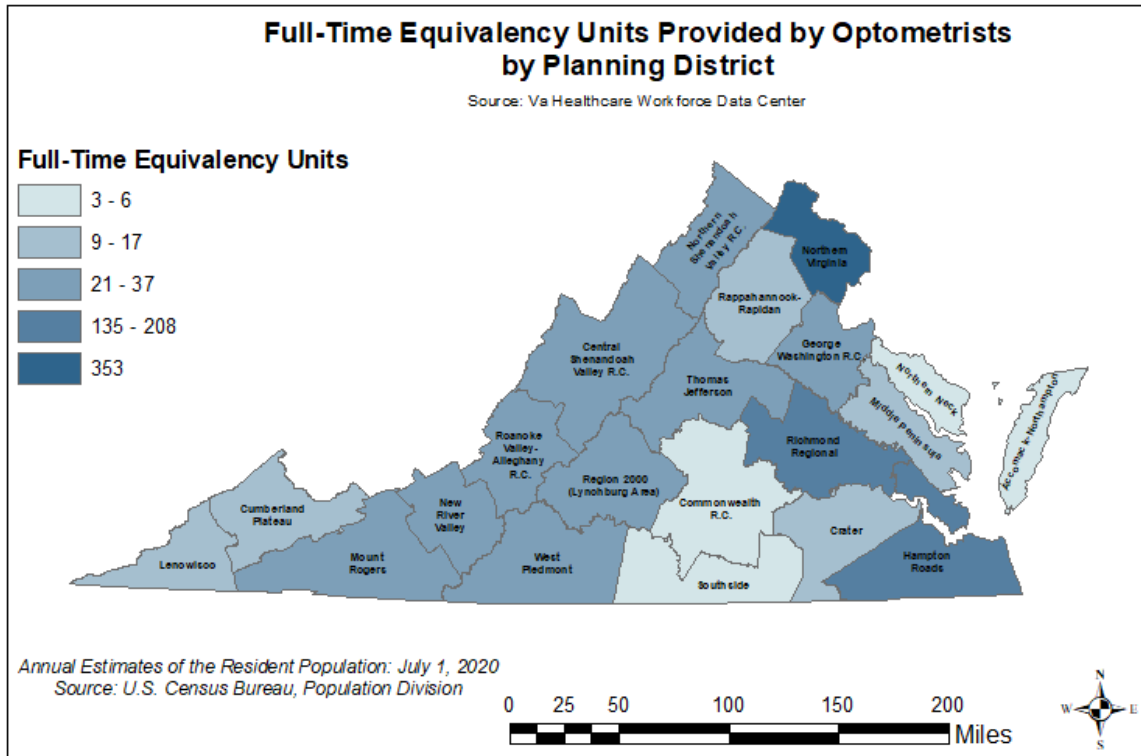












## Appendices

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	877	86.89%	1.151	1.087	1.365
<b>Metro, 250,000 to 1 Million</b>	87	88.51%	1.130	1.067	1.340
<b>Metro, 250,000 or Less</b>	113	88.50%	1.130	1.067	1.340
<b>Urban, Pop. 20,000+, Metro Adj.</b>	12	91.67%	1.091	1.030	1.114
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	40	85.00%	1.176	1.111	1.395
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	37	75.68%	1.321	1.248	1.567
<b>Rural, Metro Adj.</b>	23	86.96%	1.150	1.086	1.364
<b>Rural, Non-Adj.</b>	6	66.67%	1.500	1.417	1.487
<b>Virginia Border State/D.C.</b>	231	87.01%	1.149	1.085	1.363
<b>Other U.S. State</b>	327	80.43%	1.243	1.174	1.474

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	97	72.16%	1.386	1.340	1.567
<b>30 to 34</b>	226	80.09%	1.249	1.207	1.412
<b>35 to 39</b>	241	86.31%	1.159	1.082	1.487
<b>40 to 44</b>	204	83.82%	1.193	1.114	1.349
<b>45 to 49</b>	213	90.61%	1.104	1.030	1.417
<b>50 to 54</b>	225	87.56%	1.142	1.066	1.466
<b>55 to 59</b>	161	87.58%	1.142	1.104	1.291
<b>60 and Over</b>	386	87.82%	1.139	1.063	1.287

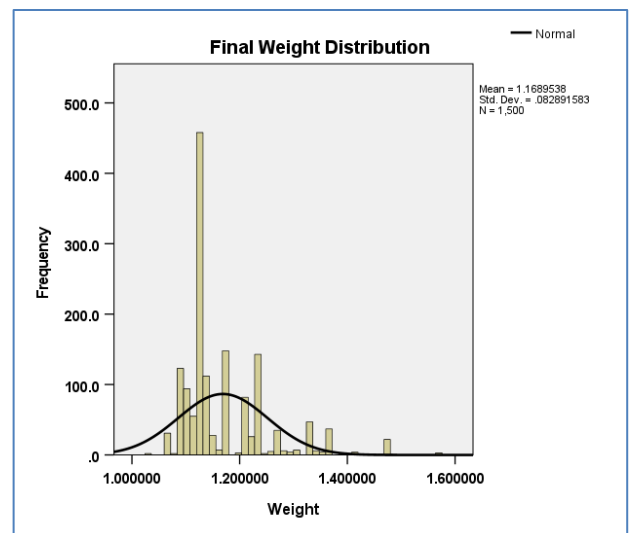
Source: Va. Healthcare Workforce Data Center

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

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: 0.855676**



Source: Va. Healthcare Workforce Data Center

**DHP  
Board Cash Balance Report**

<b>105 - Optometry</b>	
	<hr/>
Cash Balance as of June 30, 2021	\$ 310,797
YTD FY 2022 Revenue	192,815
Less: YTD FY 2022 Direct and Allocated Expenditures	<hr/> 286,362
Cash Balance as of February 28, 2022	<hr/> <u>\$ 217,250</u>

### Optometry Monthly Snapshot for May 2022

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

Cases Closed	
Patient Care	0
Non Patient Care	0
<b>Total</b>	<b>0</b>

Optometry has received 2 patient care cases and 0 non-patient care cases for a total of 2 cases.

Cases Received	
Patient Care	2
Non Patient Care	0
<b>Total</b>	<b>2</b>

As of May 31, 2022 there were 13 patient care cases open and 4 non-patient care cases open for a total of 17 cases.

Cases Open	
Patient Care	13
Non Patient Care	4
<b>Total</b>	<b>17</b>

There are 1,738 Optometry licensees as of May 31, 2022. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Optometrist	64
TPA Certified Optometrist	1674
<b>Total for Optometry</b>	<b>1,738</b>

There were 3 licenses issued for Optometry for the month of May. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
TPA Certified Optometrist	3
<b>Total for Optometry</b>	<b>3</b>

From: Virginia Board of Optometry  
Date: March 22, 2022  
Subject: Scope of Practice Expansion



## Virginia Board of Optometry Scope of Practice Expansion

The 2022 Virginia General Assembly passed [HB213](#) and [SB375](#) expanding the scope of practice for TPA-Certified Optometrists to perform three laser surgical procedures, peripheral iridotomy, selective laser trabeculoplasty, and YAG capsulotomy, after receiving certification from the Virginia Board of Optometry. The Board will be convening a Regulatory Advisory Panel after July 1, 2022, to develop regulations for the certification process outlined in the Code of Virginia. **No optometrist may perform these surgical laser procedures in Virginia until the final regulations become effective and a TPA-Certified Optometrist receives the required certification from the Virginia Board of Optometry.**

Resources to follow the Board's regulatory activities for the scope of practice expansion:

- [Virginia Regulatory Town Hall](#) – register to receive activity notification
- [Information Posted on Virginia Regulatory Town Hall](#)
- [Meetings and Minutes](#)

Questions may be directed to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)

Please put "Scope Expansion" in the subject line of email.

From: Virginia Board of Optometry  
Date: Tue, May 24, 2022  
Subject: Regulatory Update To TPA-Formulary



**Virginia Board of Optometry  
REGULATORY UPDATE TO TPA-FORMULARY**

The Board of Optometry has completed the regulatory process to add cholinergic agonists to the TPA-Formulary. Effective May 25, 2022, cholinergic agonists may be prescribed by a TPA-Certified Optometrist per the [Regulations of the Virginia Board of Optometry](#) that states the following:

*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:*

*2. Topically administered Schedule VI agents:*

*c. Cholinergic agonists;*

Please direct questions to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)

[Board of Optometry](#)

**VIRGINIA BOARD OF OPTOMETRY  
BY-LAWS**

**Article I. Officers of the Board**

**A. Election of officers.**

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

**B. Duties of the Officers**

1. President.

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

2. Vice-President.

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

3. In the absence of the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

**Article II. Meetings**