

**SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY
AGENDA**

Board Meeting, October 12, 2016, 2:00 P.M.
Synergy Business Park, Kingstree Building, Room 204
110 Centerview Drive, Columbia, South Carolina

Public Notice of this meeting was properly posted at the Optometry Board's Office, Synergy Business Park, Kingstree Building, and provided to all requesting persons, organizations, and news media in compliance with the South Carolina Freedom of Information Act, Section 30-4-80.

Call to Order

Approval of Agenda

Approval / Disapproval of Absent Board Member(s)

Vaught / Tucker

Introduction of New Board Member – Jessie Price, III ✓

Approval of May 4, 2016 Board Meeting Minutes

Cooper - Vaught

Office of Investigations and Enforcement (OIE) Statistical Report – David Love, Chief of Investigations

Serrena Swartz

Investigative Review Committee (IRC) Report – David Love, Chief of Investigations

Overview of OIE Process – Christa Bell

Office of Disciplinary Counsel (ODC) Report and ODC Overview – Shanika Johnson, ODC

Legislation Update – H4999 – Rebecca Leach

Name withheld – Section 40-47-190 Case 2013-2 Memorandum of Agreement – Closed Session

REPORTS / INFORMATION

Administrative Information – April Koon

- a. Licensee Totals
- b. Endorsement Applicant Report
- c. Financial Report
- d. Renewal Update
- e. Association of Regulatory Boards (ARBO) Annual Meeting Report – Dr. James Vaught

UNFINISHED BUSINESS

1. Branch Office Registration Fees

NEW BUSINESS

1. ACEO Accreditation Status Update- MCPHS University School of Optometry– Information Only
2. Jurisprudence Exam Review – Dr. James Vaught – *Carryover*
3. Pharmacologic Delivery System for Contact Lenses -- Jackie Rivers
4. NASO Lacrimal Stimulation Device – Jackie Rivers

- ★5. Telemedicine Inquiry - *Carroll over*
6. Dispensing Clarification – Jay Simon
7. Clarification of Reading Glasses / Industry Standard Retinoscopy Board
8. Supervision/Scope of Practice Section 40-37-20 – Executive Session
9. Continuing Education Reviewer – Dr. Michelle Cooper
10. 2017 Board meeting dates

PUBLIC COMMENTS

ANNOUNCEMENTS

Upcoming Board Meeting – To be announced

ADJOURNMENT

**South Carolina Department of Labor, Licensing and Regulation (LLR)
Board of Examiners in Optometry
Board Meeting Minutes
May 4, 2016
Synergy Business Park
110 Centerview Drive, Kingstree Building, Room 105
Columbia, South Carolina**

Public notice of this meeting was properly posted at the South Carolina Board of Examiners in Optometry, Synergy Business Park, Kingstree Building and provided to all requesting persons, organizations, and news media in compliance with section 30-4-80 of the South Carolina Freedom of Information Act.

BOARD MEMBERS PRESENT:

Dr. Peter V. Candela, President
Dr. James Vaught, Vice President
Dr. Derek Van Veen
Dr. Thomas E. Tucker
Dr. Michelle Cooper
Charles Hill, Public Member
Isaac L. Johnson, Jr., Esquire, Public Member

SCLLR STAFF PRESENT:

Donnell Jennings, Esquire, Office of Advice Counsel
April Koon, Administrator
Missy L. Jones, Administrative Assistant
For IRC Report:
David Love, Chief Investigator, Office of Investigations and Enforcement
Lori Graham, Investigator, Office of Investigations and Enforcement
For ODC Report:
Shanika Johnson, Esquire, Office of Disciplinary Counsel

PRESENT:

Tina F. Behles, Nationally Certified Court Reporter
Eric Bang, OD
Wayne Cannon, OD, IRC Member, LLR
Jackie Rivers, Executive Director, SCOPA
Rick Wilson, RPP
Frank Sheheen, RPP
Maureen Jones, RPP

CALL TO ORDER: At 3:02 p.m. the meeting was called to order by Dr. Candela.

APPROVAL OF AGENDA: A **motion** was made by Dr. Vaught to accept the May 4, 2016 Agenda. The motion was seconded by Dr. Cooper and carried unanimously.

APPROVAL OF ABSENT BOARD MEMBER(S): All Board members were present for this meeting.

APPROVAL OF FEBRUARY 10, 2016 MEETING MINUTES: A **motion** was made by Dr. Vaught to accept the February 10, 2016 minutes as written. The motion was seconded by Dr. Tucker and carried unanimously.

OFFICE OF INVESTIGATIONS AND ENFORCEMENT (OIE) REPORT: Ms. Graham presented the OIE Statistical Report. The Board accepted this report as information.

INVESTIGATIVE REVIEW COMMITTEE (IRC) REPORT: Mr. Love provided the IRC Report. It was recommended to file a formal complaint on case #2013-11. A **motion** was made by Dr. Vaught to accept the IRC formal complaint recommendations. The motion was seconded by Dr. Van Veen and carried unanimously.

OFFICE OF DISCIPLINARY COUNSEL (ODC) REPORT: Ms. Johnson reported that there were no cases pending in the Office of Disciplinary Counsel.

LEGISLATIVE UPDATE: Mr. Jennings gave a brief presentation of the Eye Care Consumer Protection Law. The Law passed the House on April 27, 2016. It is awaiting the Governor's signature or veto. A **motion** was made by Dr. Tucker for the Board to write a letter to the Governor stating the Board was in support of the bill and requesting she sign it. The motion was seconded by Dr. Vaught and carried unanimously.

NAME WITHHELD – SECTION 40-47-190 CASE 2011-11 REQUEST TO BE RELEASED – CLOSED SESSION: A **motion** was made by Vaught for respondent to be released from his Order. The motion was seconded by Mr. Johnson and carried unanimously.

REPORTS / INFORMATION

- **Licensee Totals Report** – 878 S.C. licensed optometrists; 556 practice in S.C.; 322 practice out-of-state
- **Endorsement Applicant Report** – There were no Endorsement Applicant licenses issued since February 11, 2016 through May 2, 2016.
- **Financial Report** - provided and accepted as information

UNFINISHED BUSINESS

CE BROKER – DYLAN SITTERLE: Mr. Sitterle gave a presentation on the CE Broker program offered by LLR. This was accepted by the Board as information only.

BRANCH OFFICE REGISTRATION FEES: The Board has asked staff to review past minutes and report back to the Board any findings concerning branch offices.

WALL CERTIFICATES: Ms. Koon informed the Board that the request for larger wall certificates could not be granted at this time due to a large overstock of certificate paper already purchased and obtained by the Board.

BOARD CERTIFICATION E-BLAST: A **motion** was made by Dr. Vaught not to send out the e-blast regarding board certification because the law is self-explanatory. The motion was seconded by Mr. Johnson and carried unanimously.

VISION SCREENING INQUIRY: A letter was mailed to The Lion's Club and Walmart explaining the laws of South Carolina pertaining to the practice of Optometry.

NEW BUSINESS

ACCEPTANCE OF ELECTRONIC TRANSCRIPTS: A **motion** was made by Mr. Hill to accept electronic transcripts directly from the educational institute. The motion was seconded by Mr. Johnson and carried unanimously.

TEMPORARY VISION CARE CLINICS – EYEMED: After review, the Board determined EyeMed must follow the laws and regulations pertaining to mobile units.

EYEWEAR RE-USE REGULATIONS: Ms. Koon is to send a letter to Institute for Applied Neurosciences stating that the Board does not have authority over this matter.

ENDORSEMENT APPLICATIONS – EXECUTIVE SESSION: A **motion** was made by Mr. Tucker to go into executive session. The motion was seconded by Dr. Cooper and carried unanimously. A **motion** was made by Dr. Vaught to come out of executive session. The motion was seconded by Dr. Cooper and carried unanimously. A **motion** was made by Dr. Vaught for Dr. Tucker to continue evaluations of endorsement candidates as he has been. The motion was seconded by Dr. Cooper and carried unanimously.

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

The next Board meeting is scheduled for July 20, 2016.

ADJOURNMENT

A **motion** was made by Dr. Vaught, seconded by Dr. Tucker, and unanimously carried to adjourn the meeting. Dr. Candela adjourned the meeting at 4:55 p.m.

These minutes are a record of the official actions taken by the Board and a summary of the meeting provided by April Koon, Administrator. Minutes are presented to the Board for final approval.

Date: October 12, 2016

South Carolina Board of Examiners in Optometry

Statistical Board Report

Case Status (Optometry cases received from 1/1/16 thru 9/27/16)		Total
Active Investigation	(Avg days: 60) (OPTOMETRY)	1
Closed	(Avg days: 31) (OPTOMETRY)	2
Do Not Open Case	(Avg days: 0) (OPTOMETRY)	2
Pending Board Action	(Avg days: 111) (OPTOMETRY)	4
Total		9

Case Status (Optometry cases received from 1/1/15 thru 12/31/15)		Total
Closed	(Avg days: 165) (OPTOMETRY)	14
Do Not Open Case	(Avg days: 3) (OPTOMETRY)	1
Total		15

Case Status (Optometry cases received from 1/1/14 thru 12/31/14)		Total
Closed	(Avg days: 168) (OPTOMETRY)	14
Pending Board Action	(Avg days: 951) (OPTOMETRY)	1
Total		15

Date: October 12, 2016

South Carolina Board of Examiners in Optometry

IRC Board Report

**Dismissals – 4
Cease and Desist - 1**

**Dr. Wayne Cannon -IRC Advisor
Dr. Timothy Stafford – IRC Advisor
Shanika Johnson – Attorney
April Koon – Board Administrator
Lorie Graham – Investigator
Adrian Rivera - Investigator
David Love – Chief Investigator**

DISMISS

Case #	Investigator	Initial Complaint Allegations	IRC Logic
2014-3	Lorie Graham	The Complainant alleges that the Respondent is in violation of the Direct Supervision provision of the practice act in that she works full time at a separate location and is only present at the current location 25% of her work time.	The IRC agreed with the expert reviewer who found no violations of the statutes and recommended a dismissal of this case. All work completed by the unlicensed worker comes under the umbrella coverage of the licensed Optometrist.
2016-1	Adrian Rivera	The complaint alleges Respondent (OD) of substandard care concerning a vision prescription issued to patient, on 02/26/2016.	The IRC that met on 9/27/2016 recommends a dismissal being that no evidence was found to support the reported allegation.
2016-4	Adrian Rivera	The complaint alleges Respondent (OD) knowingly allowed unlicensed staff member to do functions that are only allowed by a licensed optician out of his practice without proper licensing. In addition Respondent allowed staff to dispense spectacles/contacts with no licensed optometrist or optician on site.	The IRC that met on 9/27/2016 recommends a dismissal being that the work being completed by the unlicensed worker was under the umbrella coverage of the licensed optometrist.
2016-6	Adrian Rivera	The complaint alleges Respondent (OD) of substandard care concerning a prescription issued to patient on 06/15/2016. In addition Respondent raised his voice and ordered patient to leave.	The IRC that met on 9/27/2016 recommends a dismissal being that no evidence was found to support the reported allegation.
Total Cases: 4			

DISMISS - CEASE AND DESIST

Case #	Investigator	Initial Complaint Allegations	IRC Logic
2016-8	Adrian Rivera	Complaint alleges Respondent is unlicensed and is selling colored cosmetic contacts.	The IRC that met on 9/27/2016 approved the Cease and Desist severed to business selling contacts without having a license. Contacts have since been removed from the store.
Total Cases: 1			

**South Carolina Board of Examiners in
Optometry
Overview of the Complaint Process
and Ethics Review**

October 12, 2016

**Christa Bell, Esquire
Shanika Johnson, Esquire**

Investigative Process

Initial Complaint

- Reviewed by Complaint Analyst (Attorney)
- Case opened for investigation if complaint allegations implicate the practice act.
- Complainant sent “do not open” letter if allegations fall outside of board’s authority under the Practice Act.
- If additional information is needed for a determination, Complainant sent a letter requesting additional information.

Authorization for Investigation

- If case is opened, it is assigned to an investigator by the Chief Investigator for the board.
- Cases generally investigated in the order in which they come into to the agency unless it is a priority case involving potential imminent danger.
- The length of investigations varies depending on the nature of the issues, whether other agencies are investigating the Respondent, or how quickly information can be obtained from relevant sources.
- Average investigation 60 days to 180 days.

Chief Investigator/Supervisor

Review

- Once an investigation is complete, it is submitted to the Chief Investigator to review for completeness and quality of reports.
- If Chief Investigator determines that the case has been fully investigated and all documentation is in order, the case is ready for submission to the Investigative review Committee (IRC).

Investigative Review Committee

(IRC)

- The IRC is comprised of the investigator, chief investigator, disciplinary counsel (ODC), board administrator and outside professional members who are licensees in good standing and not current board members (the professional members serve to provide the expertise in the subject matter of that profession or occupation).
- Each member brings a unique perspective to IRC meetings.

Investigative Review Committee (cont.)

- IRC reviews the evidence gathered during the course of the investigation in relation to the alleged violations under the Practice Act and makes a recommendation to the board regarding the disposition of the case.
- Recommendations include dismissal, dismissal with LOC, issuance of C&D; or formal action which includes either a formal complaint without negotiation, Consent Agreement based on Resolution Guidelines, MOA, or issuance of a citation, if the latter is an available option under the specific board's practice act).

Additional Points about

Investigations

- IRC can refer case for further investigation.
- Neither Respondent nor Complainant are present at IRC meeting.
- ODC available for legal assistance during course of investigation.
- Cases can be referred to an Expert Reviewer if the nature of the allegations as required.
- No communication with Board members during investigative process to ensure fairness of process and avoidance of taint issue.

Additional Points about Investigative Process

- Chief Investigator for respective board presents IRC recommendations for board approval. The report will contain a “logic” section which explains why the IRC came to its recommendation.
- The IRC report will not contain any identifying aspects of the case (name of complainant, respondent, etc.) so as to avoid any potential for taint.
- If case is approved for dismissal or dismissal with LOC, the appropriate letters are sent to the Respondent and Complainant by board staff.
- If case is approved for formal action, it is transferred to ODC for appropriate action.

Complaint Process

- Initial Complaint
- Authorization for Investigation
- Assignment to Investigator
- Investigation
- IRC
- Legal
- To Board

Investigative Review Committee

- IRC Membership
- Recommendations Presented to Board
- Dismissals & Letters of Concern Sent by Administrator
- Other Files Transferred to Office of Disciplinary Counsel
(ODC)

DUTIES of ODC

- Advice to investigators and administrators
- Interactions with other State and Federal Agencies
- Evaluation Orders/ TSO/Relinquishments/Cease and Desist
- Review files and attend IRC and Board Meetings
- Interact with opposing counsel, Pro Se Respondents, Prepare FC/ Consent/ Consent/MOA/ Consult Witnesses
- Motions/Emergency Hearings/Preparing for Hearings/Appeals

Consent Agreements

- If CA authorized by IRC and Board, ODC drafts and offers to Respondent for signature prior to presentation at next Board meeting. IRC sets the proposed sanctions.
- If no CA authorized, ODC communicates with Respondent and Investigator to determine appropriate allegations for a Formal Complaint (FC) or Memorandum of Agreement (MOA).
- Board has to vote to approve.

MOA/FC Presentation

- Respondent admits to conduct, same conduct we would use for FC. ODC adds evidence from investigation as Exhibits to the MOA. Licensee appears to answer questions and arguments before you all come up with a sanction.
- If MOA is possible, ODC drafts and offers to Respondent for signature prior to presentation at next Board meeting.
- If MOA is not possible, ODC drafts and serves FC, then prepares, schedules and presents the disciplinary hearing.

Final Order Hearing

- Whether through CA, MOA or disciplinary hearing, ODC provides notice to the Respondent of the Final Order Hearing, at which time sanctions are imposed or ratified by the Board.
- Respondents may appeal to the Administrative Law Court within 30 days. Appeals from ALC are handled by the S C Court of Appeals.

RESPONDENT'S RIGHTS

- Receive notification of the investigation and respond
- Challenge initial staff actions such as cease and desist, TSOs and evaluations
- Represent her/his self or obtain counsel
- Surrender, relinquish or deactivate
- Notice-charges and obtain evidence to be used against them before a hearing is scheduled
- Agree to misconduct thru consent or moa
- Demand that state present admissible evidence and present evidence
- Appeal to ALC and Court of Appeals

South Carolina General Assembly
121st Session, 2015-2016

Download [This Bill](#) in Microsoft Word format

~~Indicates Matter Stricken~~

Indicates New Matter

A189, R207, H4999

STATUS INFORMATION

General Bill

Sponsors: Reps. Goldfinch, Merrill, Clemmons, Ridgeway, G.M. Smith, Yow, Erickson and Long

Document Path: I:\council\bill\bh\26412vr16.docx

Companion/Similar bill(s): 357

Introduced in the House on February 25, 2016

Introduced in the Senate on May 3, 2016

Last Amended on April 28, 2016

Passed by the General Assembly on May 17, 2016

Governor's Action: May 25, 2016, Signed

Summary: Immunity from Liability for Providing Free Health Care Services

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
2/25/2016	House	Introduced and read first time (House Journal-page 69)
2/25/2016	House	Referred to Committee on Judiciary (House Journal-page 69)
4/27/2016	House	Member(s) request name added as sponsor: Yow, Erickson, Long
4/27/2016	House	Recalled from Committee on Judiciary (House Journal-page 64)
4/28/2016	House	Amended (House Journal-page 24)
4/28/2016	House	Read second time (House Journal-page 24)
4/28/2016	House	Roll call Yeas-95 Nays-0 (House Journal-page 27)
4/28/2016	House	Unanimous consent for third reading on next legislative day (House Journal-page 29)
4/29/2016	House	Read third time and sent to Senate (House Journal-page 1)
5/3/2016	Senate	Introduced and read first time (Senate Journal-page 5)
5/3/2016	Senate	Referred to Committee on Medical Affairs (Senate Journal-page 5)
5/4/2016	Senate	Recalled from Committee on Medical Affairs (Senate Journal-page 2)
5/12/2016	Senate	Read second time (Senate Journal-page 27)
5/12/2016	Senate	Roll call Ayes-41 Nays-0 (Senate Journal-page 27)
5/17/2016	Senate	Read third time and enrolled (Senate Journal-page 15)
5/24/2016		Ratified R 207
5/25/2016		Signed By Governor
5/27/2016		Effective date 05/25/16
5/31/2016		Act No. 189

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VERSIONS OF THIS BILL

[2/25/2016](#)

[4/27/2016](#)

[4/28/2016](#)

[5/4/2016](#)

(Text matches printed bills. Document has been reformatted to meet World Wide Web specifications.)

NOTE: THIS IS A TEMPORARY VERSION. THIS DOCUMENT WILL REMAIN IN THIS VERSION UNTIL FINAL APPROVAL BY THE LEGISLATIVE COUNCIL.

(A189, R207, H4999)

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 3 TO CHAPTER 30, TITLE 44 SO AS TO BE ENTITLED "IMMUNITY FROM LIABILITY FOR PROVIDING FREE HEALTH CARE SERVICES" AND TO PROVIDE IMMUNITY FROM LIABILITY FOR PROVIDING FREE HEALTH CARE SERVICES, WITH EXCEPTIONS; TO REENTITLE CHAPTER 30, TITLE 44 AS "HEALTH CARE PROFESSIONALS"; TO DESIGNATE SECTIONS ~~44-30-10~~ THROUGH ~~44-30-90~~ AS ARTICLE 1, CHAPTER 30, TITLE 44, ENTITLED "HEALTH CARE PROFESSIONAL COMPLIANCE ACT"; TO AMEND SECTION ~~38-79-30~~, RELATING TO LIABILITY OF HEALTH CARE PROVIDERS WHEN PROVIDING FREE MEDICAL CARE, SO AS TO REQUIRE A WRITTEN AGREEMENT OF PROVISION OF THE VOLUNTARY, UNCOMPENSATED CARE AND TO ALLOW THE WRITTEN AGREEMENT TO BE AN ELECTRONIC RECORD; AND TO ENABLE HEALTH CARE PROVIDERS TO FULFILL CERTAIN CONTINUING EDUCATION REQUIREMENTS BY PROVIDING FREE HEALTH CARE SERVICES.

Be it enacted by the General Assembly of the State of South Carolina:

Free health care services, immunity from liability

SECTION 1. Chapter 30, Title 44 of the 1976 Code is amended by adding:

"Article 3

Immunity from Liability

for Providing Free Health Care Services

Section ~~44-30-310~~. If a health care provider, licensed pursuant to the laws of this State, informs his or her patient in writing, which may include use of an electronic medical record device, before treatment that the treatment to be rendered by the health care provider will be provided free of charge, the health care provider is not liable for any civil damages for any personal injury as a result of any act or omission by the health care provider rendering treatment free of charge or failure to act to provide or arrange for further treatment, except acts or omission amounting to gross negligence or wilful or wanton misconduct. For purposes of this section, a health care provider includes a dentist maintaining a restricted volunteer license pursuant to Section ~~40-15-177~~, a practitioner maintaining a special volunteer license pursuant to Section ~~40-47-34~~, and a chiropractor maintaining a special volunteer license pursuant to Section ~~40-9-85~~."

Chapter name and article designation

SECTION 2. A. Chapter 30, Title 44 of the 1976 Code is reentitled "Health Care Professionals".

B. Sections ~~44-30-10~~ through ~~44-30-90~~ are designated as Article 1, Chapter 30, Title 44 and entitled "Health Care Professional Compliance Act".

Code Commissioner directive concerning conforming changes

SECTION 3. When, at the time of printing the Code of Laws, it is practically and economically feasible, the Code Commissioner shall change references to "chapter" in Sections ~~44-30-10~~ through ~~44-30-90~~ of the 1976 Code to "article".

Agreements for free medical services

SECTION 4. Section 38-79-30 of the 1976 Code is amended to read:

"Section 38-79-30. (A) No licensed health care provider, as defined in Section 38-79-410, who renders medical services voluntarily and without compensation or the expectation or promise of compensation and seeks no reimbursement from charitable and governmental sources is liable for any civil damages for any act or omission resulting from the rendering of the services unless the act or omission was the result of the licensed health care provider's gross negligence or wilful misconduct. The agreement to provide a voluntary, noncompensated service must be made in writing, which may include use of an electronic medical record device, before rendering service in the case of a nonemergency and may be evidenced by the provider's giving notice in writing, which may include use of an electronic medical record device, to the patient or to the person responsible for the patient's care and acting for the patient that the service being rendered is voluntary and without compensation.

(B) For purposes of this section, a health care provider includes a dentist maintaining a restricted volunteer license pursuant to Section 40-15-177, a practitioner maintaining a special volunteer license pursuant to Section 40-47-34, and a chiropractor maintaining a special volunteer license pursuant to Section 40-9-85."

Health care professionals, continuing education

SECTION 5. Any licensed health care provider who renders medical services voluntarily and without compensation or the expectation or promise of compensation and seeks no reimbursement from charitable and governmental sources may fulfill one hour of continuing education for each hour of volunteer medical services rendered, up to a maximum of twenty-five percent of the provider's required continuing education credits for the licensure period.

Time effective

SECTION 6. This act takes effect upon approval by the Governor.

Ratified the 24th day of May, 2016.

Approved the 25th day of May, 2016.

This web page was last updated on May 31, 2016 at 2:34 PM

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION BEFORE
THE SOUTH CAROLINA BOARD OF OPTOMETRY**

IN THE MATTER OF:

JEFFREY LEE SPONSELLER, O.D.

License No. OPT.1425

Respondent.

OIE Case No. 2013-3

NOTICE OF HEARING

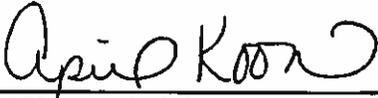
TO: Jeffrey Lee Sponseller, Respondent

YOU ARE HEREBY NOTIFIED THAT:

1. A hearing before the Board of Optometry ("Board") with respect to the above-captioned matter is scheduled for **October 12, 2016, at 10:00 a.m., in Room 204 of the Kingstree Building**, located in the Synergy Business Park, 110 Centerview Drive, Columbia, SC 29210.
2. The hearing has been set to consider the charges in the Memorandum of Agreement and Stipulations against you. Hearings are held in accordance with the South Carolina Administrative Procedures Act, S.C. Code Ann. § 1-23-310, *et seq.* (1976, as amended), which describes your procedural rights, including, but not limited to, the right to respond and present evidence and testimony on all issues involved and cross-examine witnesses against you. You may also have legal counsel to represent you in this matter to more fully understand, protect, and assert your legal rights.
3. If the Board finds that you have violated the statutes, standards, or regulations of the Board, the Board may reprimand, suspend, revoke, or otherwise restrict your license in this State, in accordance with S.C. Code Ann. § 40-1-110 (1976, as amended), or impose an appropriate civil penalty in conformance with the provisions of S.C. Code Ann. § 40-1-120 (1976, as amended).
4. **IF YOU DO NOT APPEAR AT THE HEARING, THE BOARD OF OPTOMETRY WILL CONDUCT THE HEARING IN YOUR ABSENCE. AFTERWARDS, THE BOARD MAY TAKE SUCH DISCIPLINARY ACTION AS IS APPROPRIATE FOR THE CHARGES DESCRIBED AND AS IS ALLOWED BY LAW.**

**SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING AND REGULATION
BOARD OF OPTOMETRY**

BY:



April Koon, Administrator

Columbia, South Carolina.
September 9 2016

- On on or about January 10, 2014, Respondent was sentenced to 33 months of imprisonment in a federal prison for the aforementioned conduct. Additionally, Respondent was required to pay restitution in the amount of \$441,729.85 and is subject to a three year term of supervised release. A copy of the judgment is incorporated herein and attached as Exhibit 2.
- Respondent waives any further findings of fact in this matter.

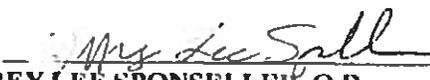
RESPONDENT ADMITS that the aforementioned acts of Respondent present grounds that constitute misconduct under §§ 40-37-110(A)(5) and 40 1-110(1)(f) (1976, as amended), as alleged herein above.

RESPONDENT AGREES that at the Final Order Hearing, Respondent shall appear and under oath, answer questions, if any, by members of the Board or its counsel, and be subject to cross-examination regarding this matter and Respondent's optometry practice. The Board in rendering its decision will consider Respondent's answers and all of the information presented in formulation of an appropriate sanction, if any.

IN WITNESS WHEREOF, the parties hereto, having agreed to the matters related above, have executed this Memorandum of Agreement and Stipulations, to be effective the latter date appearing below.

AND IT IS SO AGREED.

July 10, 2016.



JEFFREY LEE SPONSELLER, O.D.
Respondent

July 13 , 2016.



SHANIKA JOHNSON
Assistant Disciplinary Counsel
South Carolina Department of
Labor, Licensing and Regulation
P.O. Box 11329
Columbia, SC 29211 1329

EXHIBIT

1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
AUGUSTA DIVISION

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.

2013 FEB 17 PM 3:30

CR 13 034
SO. DIST. OF GA.

UNITED STATES OF AMERICA) INFORMATION NO.
v.)
JEFFREY SPONSELLER) VIO: 18 U.S.C. § 287
False Claims

INTRODUCTION

THE UNITED STATES ATTORNEY ALLEGES THAT:

At all times material to this Information:

1. Defendant **JEFFREY SPONSELLER** was an optometrist and an owner of Eye Care One, a medical company located at 3152 Washington Road in Augusta, Georgia which purportedly specialized in comprehensive vision care at nursing home facilities.
2. Medicare was a national healthcare benefit program which funded certain healthcare services provided to the elderly, blind and disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services. Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."
3. Providers of medical services would submit bills, known as "claims," to Medicare to obtain reimbursement for services provided to Medicare beneficiaries. Claims to Medicare were required to identify the services provided for which reimbursement was sought. Providers would identify each service provided with a standard, five digit code number that was set out in the American Medical Association's Current Procedural Terminology book. These code numbers are commonly called "CPT codes."
4. When a claim was submitted to Medicare, the provider certified that the contents of the claim

were true, correct, complete, and that the submission was prepared in compliance with the laws and regulations governing the Medicare program. The provider also certified that the health care services were medically necessary and were in fact provided as billed.

5. Private companies, called "intermediaries," contract with CMS to process and pay claims submitted by providers to Medicare. Cahaba Government Benefits Administrators ("Cahaba") was the intermediary that contracted with CMS to process and pay claims submitted by providers to Medicare in the State of Georgia.

6. CPT code 99306 was intended for billing for the initial evaluation and management of a patient in nursing facility care. Three key components were required to use this code: a comprehensive patient history, a comprehensive examination of the patient, and medical decision making of high complexity. This code was properly billed when patients had problems of high severity and physicians typically spent 45 minutes with the patient and/or family or caregiver.

7. CPT codes 92250 and 92285 were intended for billing for photographs that were taken of the patient's eyes.

8. In 2009, Defendant **JEFFREY SPONSELLER** was the highest Medicare-paid provider for CPT code 99306 in the United States. For that CPT code in 2009, Medicare paid Defendant **JEFFREY SPONSELLER** 143 percent more than the second highest Medicare-paid provider in the nation.

9. On July 27, 2009, Defendant **JEFFREY SPONSELLER** visited the Magnolia Manor Nursing Home in Americus, Georgia. Defendant **JEFFREY SPONSELLER** later submitted 199 claims to Medicare for over \$30,000 for 177 patients that he claimed, through the use of CPT codes 99306 and 92285, to have examined individually for 45 minutes and/or photographed during that

day's visit.

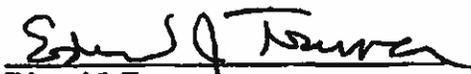
10. From January 1, 2008 through February 24, 2011, Defendant **JEFFREY SPONSELLER** billed Medicare for more than \$800,000 for CPT codes 99306, 92250, and 92285. Many of these claims were false and fraudulent in that the specific health care services described by those CPT codes were not provided.

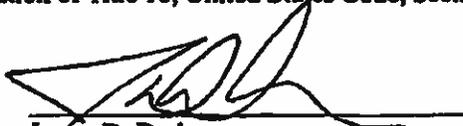
COUNT ONE

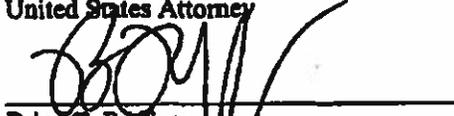
THE UNITED STATES ATTORNEY CHARGES THAT:

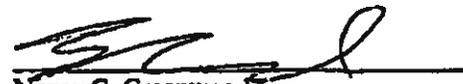
11. The allegations contained in paragraphs 1 through 10 above are realleged and incorporated as though fully set forth herein.

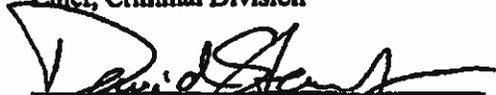
12. On or about September 3, 2009, in the Southern District of Georgia, the defendant, **JEFFREY SPONSELLER**, did make and present, and cause to be made and presented, to CMS, an agency of the United States, through Cahaba, a claim, numbered 511109246660940, for reimbursement of \$205.00 for CPT codes 99306 (examination) and 92285 (photography) purportedly performed on July 27, 2009 of a Medicare beneficiary whose initials are S.B., knowing such claim to be false, fictitious, and fraudulent, all in violation of Title 18, United States Code, Section 287.


Edward J. Tarver
United States Attorney


James D. Durham
First Assistant United States Attorney


Brian T. Rafferty
Assistant United States Attorney
Chief, Criminal Division


Nancy C. Greenwood
Assistant United States Attorney
Deputy Chief, Criminal Division


David M. Stewart
Assistant United States Attorney
Lead Counsel

EXHIBIT

2

GAS 245B (Rev 09/11) Judgment in a Criminal Case
DC Custody TSR Sheet 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
AUGUSTA DIVISION

UNITED STATES OF AMERICA
v.
Jeffrey Sponseller

JUDGMENT IN A CRIMINAL CASE

Case Number: 1:13CR00034-1

USM Number: 17951-022

James Pete Theodocion
Defendant's Attorney

FILED
U.S. DISTRICT COURT
AUGUSTA DIV.
2014 JAN 10 P 3 44
CLERK
S.D. DIST. CT. GA.

THE DEFENDANT:

- pleaded guilty to Count 1
- pleaded nolo contendere to Count(s) which was accepted by the court.
- was found guilty on Count(s) after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

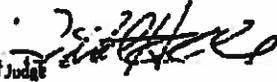
<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 U.S.C. § 287	False claims	September 3, 2009	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984

- The defendant has been found not guilty on Count(s)
- Count(s) is are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

January 9, 2014
Date of Imposition of Judgment


Signature of Judge

J. Randal Hall
United States District Judge
Name and Title of Judge

Date 1/10/14

DEFENDANT Jeffrey Spenseller
CASE NUMBER I.13CR00034-1

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 33 months.

- The court makes the following recommendations to the Bureau of Prisons: It is recommended that the defendant be designated to an appropriate Bureau of Prisons facility in Edgefield, South Carolina, first, or Estill, South Carolina, second, subject to capacity or any other regulation affecting such a designation
- The defendant is remanded to the custody of the United States Marshal
- The defendant shall surrender to the United States Marshal for ti is district.
 - at a.m. p.m. on
 - as notified by the United States Marsha
- The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:
 - before 2 p.m. on February 10, 2014
 - as notified by the United States Marsha
 - as notified by the Probation or Pretrial Services Office

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
at _____, with a certified copy of this judgment.

UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHA

DEFENDANT Jeffrey Sponseller
CASE NUMBER I 13CR00034-1

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 years.

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

- The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.
- 14) any possession, use, or attempted use of any device to impede or evade drug testing shall be a violation of supervised release.

DEFENDANT Jeffrey Sponseller
CASE NUMBER 113CR00034-1

SPECIAL CONDITIONS OF SUPERVISION

1. The defendant shall participate in a program of testing for drug and alcohol abuse. Further, the defendant shall not tamper with any testing procedure.
2. The defendant shall provide the probation officer with access to any requested financial information. The defendant shall not incur new credit charges or open additional lines of credit without the approval of the probation officer unless the defendant is in compliance with the installment payment schedule.
3. The defendant shall inform any employer or prospective employer of current conviction and supervision status.
4. The defendant shall not enter into any self-employment while under supervision without prior approval of the United States Probation Office.
5. The defendant shall not be employed in any fiduciary capacity or any position allowing access to credit or personal information of others unless the defendant's employer is fully aware of the offense of conviction and the United States Probation Office approves such employment.
6. The defendant shall maintain not more than one personal and/or business checking/savings account and shall not open, maintain, be a signatory on, or otherwise use any other financial institution account without the prior approval of the United States Probation Office.

ACKNOWLEDGMENT

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed)

Defendant

Date

U.S. Probation Officer/Designated Witness

Date

DEFENDANT Jeffrey Sposseller
CASE NUMBER 13CR00034-J

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 100	None	\$ 441,729.85

- The determination of restitution is deferred until _____ . An Amended Judgment in a Criminal Case (AO 245C) will be entered after such determination.
- The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(f), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
Medicare Office of Financial Management, Ann: Division of Accounting Operations, Re: Jeffrey Sposseller Mail Stop C3-11-03, 7500 Security Boulevard, Baltimore, MD 21244-1850	\$441,729.85	\$441,729.85	100%
TOTALS	\$441,729.85	\$441,729.85	100%

- Restitution amount ordered pursuant to plea agreement \$ _____
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- The court determined that the defendant does not have the ability to pay interest and it is ordered that:
- the interest requirement is waived for the fine restitution.
- the interest requirement for the fine restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT Jeffrey Sponsler
CASE NUMBER IJCR00034 I

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A Lump sum payment of \$ 441,829.85 due immediately, balance due
 - not later than _____, or
 - in accordance C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal (e.g. weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g. months or years), to commence _____ (e.g. 30 or 60 days) after the date of this judgment; or
- D Payment in equal (e.g. weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g. months or years), to commence _____ (e.g. 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g. 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties
Pursuant to 18 U.S.C. § 3664(f)(3)(B), nominal payments of either quarterly installments of a minimum of \$25 if working non-UNICOR or a minimum of 50 percent of monthly earnings if working UNICOR shall be made. Upon release from imprisonment and while on supervised release, nominal payments of a minimum of \$500 per month shall be made. Payments are to be made payable to the Clerk, United States District Court, for disbursement to the victims.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

Pursuant to 18 U.S.C. § 3572(d)(3), the defendant shall notify the Court of any material change in the defendant's economic circumstances that might affect the defendant's ability to pay the fine.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

- Joint and Several
Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.
- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE SOUTH CAROLINA BOARD OF OPTOMETRY**

IN THE MATTER OF:

JEFFREY LEE SPONSELLER, O.D.
License No. OPT.1425

OIE No. 2013-3

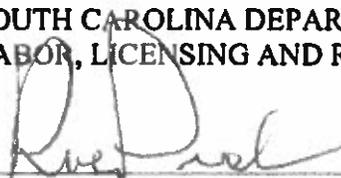
Respondent.

CERTIFICATE OF SERVICE

I hereby certify that I have this day caused to be served the within Notice of Hearing upon the person hereafter named, by placing the same in an envelope, securely wrapped, in the United States Mail, certified mail, return receipt requested, and by first class U. S. mail, properly addressed to the said person hereafter named, at the place and address stated below, which is the last known address for the same:

**Dr. Jeffrey Lee Sponseller
1026 Barrett Dr
Evans, GA 30809-4029**

**SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING AND REGULATION**


Richard A. Provencher, Paralegal
LLR-Division of Legal Services
Post Office Box 11329
Columbia SC 29211-1329

September 8, 2016

Administrative Information – April Koon

a. Licensee Totals

Total of all licensees – 917

Instate licensee total – 574

Out-of-state licensee total – 343

b. Endorsement Applicant Report

Total of licensees since May 5, 2016 – October 10, 2016 – 3

There are 0 Endorsement Applications pending at this time.

Name	State(s) Licensed	Parts of National Exam Taken & Passed	Approval Reason
Dr. Michael Paul Weisgerber	Michigan	Part I and II	Michigan Licensure Verification & has been practicing as a DPA/TPA optometrists for 20 + years.
Dr. Raymond Edward Mariani	New York and California	Part I, II, and TMOD	New York Licensure verification and TMOD certification.
Dr. Wayne Hamm	Texas and New Mexico	Part I, II, and TMOD	Texas and New Mexico Licensure verifications

Optometry Board DB0019	June 2015 Cash Balance	June 2016 Cash Balance	Aug 2016 Cash Balance
	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Beginning Cash Balance	(18,437.11)	64,843.90	(39,698.10)
Total Revenue	228,674.28	29,055.00	3,215.00
Total Direct Expenditures	(80,149.64)	(57,954.08)	(8,590.90)
Indirect Expenditures (Overhead):			
Admin/Dir/Adv Cou- Based on Previous Yr Expenses	0.651% (25,800.86)	(32,007.70)	(2,262.66)
POL Admin - Based on Previous Yr Expenses	0.651% (8,787.85)	(9,543.50)	(604.71)
OLC - Former POL Program	0.00	0.00	0.00
OIE - Based on No. of Investigations	0.000% (11,288.05)	(17,623.39)	0.00
Legal - Based on No. of Investigations	0.000% (4,058.44)	(6,166.08)	0.00
Office of Business Services - Based on Prev Yr Exp	0.00	0.00	0.00
Office of Health & Medical Rel Bds - Based on Pre Yr Exp	0.000% 0.00	0.00	0.00
Remittance to General Fund - Proviso 81.3	10.00% (8,014.96)	(5,795.41)	0.00
FY 16 Cost Allocation 10%			(5,772.49)
Communications-Based on Prev Yr Exp	0.651% (1,988.47)	(2,243.48)	0.00
Immigration Proviso 81.8-Based on Prev Yr Exp	0.651% (1,636.36)	(1,848.74)	0.00
Osha Proviso 81.7-Based on Prev Yr Exp	0.651% (3,668.64)	(1,584.56)	0.00
Total Indirect Expenditures (Overhead)	(65,243.63)	(76,812.86)	(8,639.86)
NET	83,281.01	(105,711.94)	(14,015.76)
Fines Draw		1,169.94	0.00
Year End Balance	64,843.90	(39,698.10)	(53,713.86)

THE GREENSHEET

Summer

2016

ARBO Annual Meeting in Boston a Success!

ARBO's 2016 Annual Meeting took place June 26-28 at The Westin Boston Waterfront in Boston, Massachusetts. The meeting was attended by 115 individuals, including 88 delegates from 43 Member Boards. The attendees participated in discussions, presentations, workshops, and conducted the business of the association. A great time was had by all!

Sunday morning began with a few pre-meeting sessions including the National Board of Examiners in Optometry (NBEO) Workshop where Jack Terry, OD, PhD, NBEO CEO, and Brett Foley, PhD, of Alpine Testing Solutions, gave the attendees a report on the NBEO exams. Later in the morning, there was a breakout session for Board Administrators and Executive Directors in which Maryland Board of Examiners in Optometry Executive Director Pat Bennett and Kansas Board of Examiners in Optometry Executive Officer Jan Murray moderated a group discussion regarding news and updates in their respective jurisdictions.

The 97th Annual Meeting was officially called to order by ARBO President Dr. Susy Yu, MBA, FAAO, on Sunday afternoon. Dr. Paul Elliot, Chairman of the Massachusetts Board of Optometry, welcomed the delegates to Boston. The meeting continued with Dr. Donovan Crouch



Dr. Susy Yu, MBA, FAAO, addressing attendees at the 97th ARBO Annual Meeting in Boston, MA.

giving an invocation and memorial service for colleagues who have passed since ARBO's last meeting. Following this were reports from ARBO's President, Dr. Yu; Executive Director, Lisa Fennell; Secretary-Treasurer, Michael O'Hara, JD, PhD; and the approval of the 2015 Annual Meeting minutes. Next, there was a report from Dr. Pat O'Neill, Chair of the Judicial Council/Resolutions Committee, an overview of the nominating/election process by Vice-President Dr. Greg Moore, and the Nominating Committee Report from Dr. Jim Bureman, Chair. Rounding out the afternoon were

Board Member Training by Dale Atkinson, ARBO's legal counsel, the annual *OE TRACKER* Committee Report from Chair Dr. Jeff Yunker, and a presentation highlighting the Virginia DHP Healthcare Workforce Data Center given by Director Elizabeth Carter, PhD, Executive Director of the Virginia Board of Health Professions.

Later in the day, the annual report of the National Board Exam Review Committee (NBERC) was given by Dr. Robert Smalling, Chair. This was followed by the ARBO/NBEO Director's report given by Drs. Jill Martinson-Redekopp; Bill Rafferty; Jerry Richt; and Jack Terry. The Bylaws Committee Report was presented by Dr. Yu, who noted that the Board of Directors was proposing a minor bylaws amendment to allow the Executive Director to be the representative to the Federation of Associations of Regulatory Boards (FARB). The afternoon concluded with Member Board breakout sessions for attendees to discuss current events in optometry as well as news and issues from their respective jurisdictions.

The meeting resumed Monday morning with a report from the Judicial Council/Resolutions Committee by Dr. O'Neill, the Finance/Budget Committee Report from Dr. Moore, and the much anticipated legal update session with a review of some

Continued on page 4



Association of Regulatory Boards of Optometry, Inc.

ALSO IN THIS ISSUE:

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Fall COPE Workshop Info.....	9
NBEO Update.....	10



Dr. Gregory S. Moore is the
President of ARBO

A Letter from the President

I want to initially thank you for electing me six years ago and again two years ago to serve on the Board of Directors for ARBO. I also want to thank our current Board of Directors for electing me as this year's President. I am humbled and honored by your trust and confidence.

While in Boston for our annual meeting, I had the opportunity to re-enact the Boston Tea Party. As my daughter and I threw "Tea" into the harbor, we learned that the location of the actual ship was about 500 yards away on a spot where now stands a 20 story office building. It made me think of how much that city has changed over the past 250 years. I thought about Ben Franklin inventing the first pair of bifocals and how relatively little vision care changed over the next 200 years. Then the 1970's hit and what a decade of significance that was for optometry. Franklin's bifocals started being replaced with progressive lenses, contact lens technology moved from rigid to soft. In 1976, West Virginia became the first state to allow therapeutic prescriptive authority for optometry. That decade of change was the foundation for change over the next twenty years in which every state had prescriptive authority. Today most states allow some form of surgery with Oklahoma, Kentucky, and Louisiana permitting laser surgery for optometrists.

What amazed me as I took my mental walk down our profession's memory lane is the realization that RIGHT NOW we live in an unprecedented time of change. The passage and implementation of the affordable healthcare act has affected every one of us, regardless of our mode of practice, and will for years to come. In addition to the drastic financial challenges we are experiencing, science and technology continues to advance. Over the next 5 to 10 years, refracting and selling glasses will not be the core revenue streams of an optometrist's practice. We now have tools to provide eye healthcare to patients that were not even dreamed of just a few short years ago. On an international level, optometry is growing throughout the world and how optometry is defined is as varied in different countries as it is here in the different states. In some parts of the world optometry is still restricted to providing refractions. In other places optometry is leading the research in surgical techniques to reduce or eliminate presbyopia.

Throughout all of these changes there is one thing that has remained constant. Our profession has maintained strong and independent regulatory authorities whose only mission is the protection of the public. Since 1901, when Minnesota was the first state to enact laws regulating the profession of optometry and established the first board of optometry, the public welfare has been served

in extraordinary fashion by you and all the men and women who have ever served on a regulatory board of optometry. Every advancement optometry has made since 1901 has come under the jurisdiction of the state boards that have required demonstration of those new skills before the licensee was granted privileges to provide them. We live in a time of heightened scrutiny, rapidly changing diagnostic and therapeutic tools, and challenges to the regulatory authority granted boards in all of health care. That is most evident with the ever increasing number of "Super Boards" being introduced in so many states. To your credit, optometry has a rich heritage of strong, independent regulatory authorities that maintain the public's trust. Our history has demanded it, and so will our future. ARBO is here to help serve your needs in that endeavor.

So, what does ARBO do to help you face those challenges? First and foremost it must be understood that all of our efforts are driven by you, our member boards. To that end, we have a lot on the table. Here is what the coming year looks like with some of the things ARBO is working on to help you protect the public:

1. We have all heard the call for independent governance for CE Accreditation by the AOA. Discussions on this topic were held at our annual meeting and you gave us our directive. Stay the course and continue the dialogue with other CE stakeholders. ARBO has already offered options to the AOA for continued dialogue, and hopefully a process that will help us find common ground. In the interim, ARBO will continue your directive, through COPE, to pursue substantial equivalency with the ACCME.
2. ARBO and NBEO have signed a one year contract extension. A group of Directors from ARBO and NBEO are working on an agreement for the future and we will have information to share with you in time for our annual meeting next June. In October, our National Board Exam Review Committee will travel to Charlotte, North Carolina to participate in the NBEO Council meetings and will provide feedback on the needs our member boards on the exams NBEO provides you as part of the licensure process.
3. *OE TRACKER* usage continues to increase throughout the US and Canada. If you are not doing 100% audit, this is a great tool to help your board's staff, no matter how small, facilitate that.
4. Each year ARBO receives requests from other countries to assist them in regulatory matters. This past year it was with Germany and the British Virgin Islands. We will continue to offer those services

through our International Committee, and hopefully gain new members through those efforts.

5. ARBO is also looking to revitalize our Optometric Competence Committee's efforts this year. Through this we hope to provide a tool individual optometrists can use to measure their own skillset. While not designed to be punitive in nature to the optometrist seeking self-improvement, it can potentially be a tool for a board to use when assessing the skillset of a licensee who has issues that have been brought before the board.
6. Our next annual meeting will be in Washington, DC, in only 10 short months. We are already making plans to make it as productive as possible. It will be held June 18-20, 2017. Please mark your calendars and make arrangements to attend.

As you can see, it will be a busy year for ARBO. I encourage each of you to feel free to contact me (my contact information is provided below) anytime if you feel ARBO can better serve your needs in your mission to protect the public.

Warmest Regards,



Gregory S. Moore, OD
ARBO President
Email: gregorymoore@upike.edu
Cell: (304) 549-2015

2016-2017 ARBO Directors Elected

At the 97th Annual Meeting in Boston, Massachusetts, ARBO elected new officers for their Board of Directors for the 2016-2017 term. The new officers are:

- **President:** Gregory S. Moore, OD, West Virginia
- **Vice President:** Richard C. Orgain, OD, Tennessee
- **Secretary-Treasurer:** James S. Campbell, OD, West Virginia
- **Immediate Past President:** Susy Yu, OD, MBA, FFAO, California

The other Directors of the ARBO Board for the 2016-2017 term are:

- Michael W. Ohlson, OD, FFAO, Iowa
- Patrick W. O'Neill, OD, FFAO, Minnesota
- Roger D. Pabst, OD, Minnesota
- William B. Rafferty, OD, FFAO, North Carolina
- Coby S. Ramsey, OD, Wyoming
- Jerry A. Richt, OD, Tennessee
- Donovan L. Crouch, OD, Consultant



A Note from the Executive Director

It was wonderful to see everyone in Boston at our 97th Annual Meeting. We had a record number of attendees this year and I enjoyed being able to catch up with old friends and make some new ones. Those of you who were able to come to the meeting seemed to really enjoy the program this year. For those of you who didn't get to come, I encourage you to start planning and budgeting now for next year's meeting in Washington, DC. It will be an excellent venue for our 2017 meeting, because there are so many great things to see and do there.

Dr. Moore and the Board of Directors have appointed the new committees for 2016-2017 and they will be getting to work soon with their plans for the next year. You can find the new committee list on pages 7 and 8. I expect it to be another busy and productive year. The ARBO staff and I are excited to be working with all of the committees this year. Thank you to our many volunteers for all that you do for ARBO and the public we serve.

As the busy CE and license renewal seasons begin, I expect COPE and *OE TRACKER* activity to pick up very quickly. The amount of course, event, and attendance data we receive every day continues to increase, which keeps everyone here in the office working very hard. I have no doubt that our wonderful staff will continue their high level of service to keep everything running smoothly.

We will also be continuing our efforts to increase communication with our Member Boards to make sure you are well informed about all of ARBO's programs and projects. I welcome your suggestions on any new services we can implement or improvements we can make. Feel free to contact me at lfennell@arbo.org with your questions and ideas.



ARBO 97th Annual Meeting (continued)

of the year's top regulatory cases by Dale Atkinson. Next was a presentation on Criminal Background Checks by health regulatory boards and Minnesota's startup experience given by Minnesota Criminal Background Program Coordinator Sean McCarthy, JD, and the International Committee Report given by Dr. Paula Garshowitz.

Later in the morning, Kristi Weeks, JD, Policy Counsel, Washington State Department of Health, discussed Washington's history with legalizing marijuana, along with the regulatory obstacles that the state faced. Following this, delegates once again broke out into Member Board breakout sessions to continue discussions from Sunday afternoon. Concurrently, there was an Executive Director/Administrator workshop where Dale Atkinson discussed legal issues of interest to regulatory board staff. This was followed by a working lunch moderated by Pat Bennett and Jan Murray for the Executive Directors/Administrators to discuss their favorite resources for consumer safety.

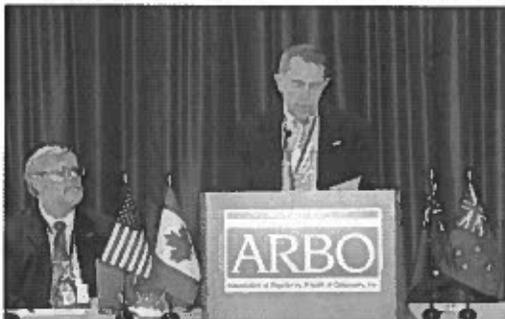
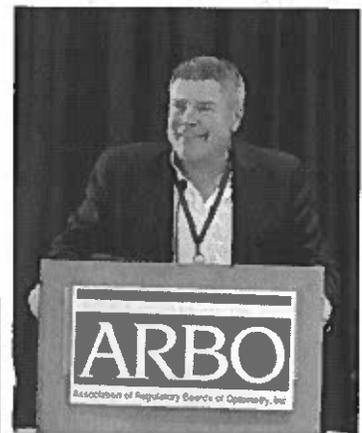
Monday's afternoon session began with a presentation about regulation in the electronic era, given by Barbara Safriet, JD, LLM, Law Professor, followed by

the COPE Committee Report from Drs. James Campbell, Chair; Michael Ohlson; and Jill Martinson-Redekopp.

Later in the afternoon there were reports from each Member Board breakout group. Following this, the delegates voted to approve the Bylaws Amendment. Next, the Contemporary Issues Committee gave a report on their research over the past year, and the delegates participated in a contemporary issues discussion moderated by Dr. Richard Orgain, Chair. Concurrently, there was a breakout session, hosted by Dr. Martinson-Redekopp and ARBO Program Manager Sierra Rice, to discuss the upcoming COPE process changes. The afternoon session ended with the Nominating Committee's final report of their nominations for the open positions on the ARBO Board of Directors, given by Dr. Bureman, and remarks from each candidate that was nominated for open positions on the Board of Directors.

Dr. Yu hosted the President's Reception on Monday evening for meeting attendees, presenters and guests, which was sponsored by VSP.

(Continued on page 5)



Photos from the 2016 ARBO Annual Meeting

ARBO 97th Annual Meeting (continued)

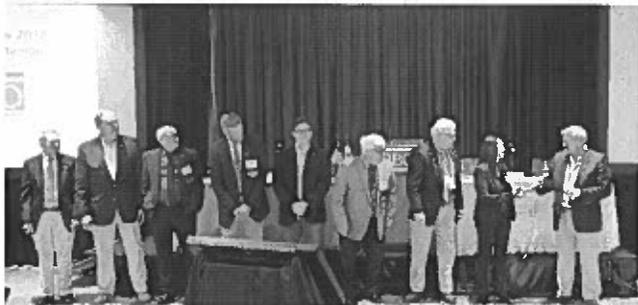
Tuesday morning began with the approval of the 2017 Budget, presented by Dr. Moore, and the annual elections for the ARBO Board of Directors. Two positions were open for election. Dr. Pat O'Neill (Minnesota) and Dr. Coby Ramsey (Wyoming) were elected for 4-year terms on the Board. Please see page 6 for full bios on the two new ARBO Directors. Next, the final Judicial Council/Resolutions Committee Report was delivered by Dr. O'Neill. One resolution was passed honoring Dr. Susy Yu for her many contributions to ARBO and presenting her with life membership to the organization. Full text of the resolution can be found on page 6.

Next was a presentation on regulation in the news given by Dale Atkinson. A breakout session followed with presentations by industry representatives on new developments of interest to the regulatory boards. The presenters were Kevin Roe, OD, FAAO, from Alcon and Millicent Knight, OD, from Johnson & Johnson Vision Care. There was a concurrent breakout session for the Executive Directors and Administrators in which Dr. Martinson-Redekopp explained the upcoming COPE process changes and answered questions in regards to how this may impact board licensure requirements.

After a short break, Dr. Yu announced the new officers of the Board of Directors for the 2016-2017 year. Dr. Greg Moore was elected President, Dr. Rick Orgain was elected Vice-President, and Dr. Jim Campbell was elected Secretary-Treasurer. Dr. Susy Yu completes the Executive team as Immediate Past President. Following this was a report from the Accreditation Council on Optometric Education (ACOE) given by Dr. Bart Campbell, Chair, and a presentation on the purpose and value of continuing education given by Brett Bence, OD, FAAO, President, American Academy of Optometry and Director of Optometry, Northwest Eye Surgeons.

The meeting concluded with the gavel being passed by all former ARBO Presidents who were in attendance to the new President, Dr. Moore.

We encourage you to start making plans to attend our next meeting, June 18-20, 2017, in Washington, D.C. ARBO's Annual Meeting is a great opportunity to learn about the issues facing your fellow members and to exchange ideas on dealing with the many challenges you encounter daily. As the nation's capital, Washington, D.C., holds rich history and has many exciting things to see and do. You will definitely want to be there!



Photos from the 2016 ARBO Annual Meeting

2016 Annual Meeting Resolution Honoring Dr. Susy Yu

WHEREAS, Dr. Susy Yu has performed an outstanding service for the Association of Regulatory Boards of Optometry during her service on the Board of Directors of ARBO since being elected in 2009. Dr. Yu has served one term as President 2015-2016, one as Vice President 2014-2015, and one as Secretary-Treasurer 2013-2014; and

WHEREAS, her service has been exemplified by sterling qualities of leadership which underlie her personal successes and those of the Association of Regulatory Boards of Optometry; and

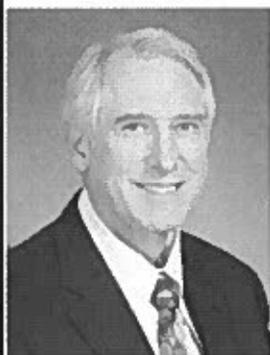
WHEREAS, Dr. Susy Yu has given outstanding service to the profession of optometry through her service on the California Board of Optometry, and in various other capacities; and

WHEREAS, the member boards of this Association wish formally to acknowledge Dr. Susy Yu's distinguished contributions to the Association and the profession; now, therefore be it

RESOLVED, that the Association of Regulatory Boards of Optometry, at this 97th Annual Meeting in Boston, Massachusetts, express its sincere thanks to Dr. Susy Yu for her many years of distinguished service and outstanding contributions to the profession of optometry, and bestow upon her the status of **Life Member** in this Association.

Two New Directors Elected To ARBO Board of Directors

ARBO is pleased to welcome Patrick W. O'Neill, OD, FAAO and Coby S. Ramsey, OD, to the ARBO Board of Directors, as elected by the House of Delegates at the 97th ARBO Annual Meeting in Boston, Massachusetts.



Dr. O'Neill is a graduate of Ferris State University (now Michigan College of Optometry) who practices optometry in Northfield, Minnesota. After practicing in the private practice sector for 10 years, Dr. O'Neill joined his practice with a large multidisciplinary medical group. In 2004 he formed the River Valley Vision Centers, now called River Valley Eye Professionals. Dr. O'Neill was the Medical Director for Eye Services for the Allina Medical Clinic. He is the eye care director for the local nursing care facilities as well as the skilled care unit of the local hospital, and is an adjunct faculty member at Southern College of Optometry and Indiana University College of Optometry.

Dr. O'Neill is a past-president and current member of the Minnesota Optometric Association and the North Central States Optometric Council. He has served on the Minnesota State Board of Optometry since 2009 and has held the Chair position since 2015. He has also served on ARBO's Nominations Committee and was the 2015 Committee Chair of the Judicial Council/Resolutions Committee.



Dr. Ramsey is a 1995 graduate of Pacific College of Optometry and has practiced optometry at his private practice in Rock Spring, Wyoming, for nearly 20 years. He is a past president of the Wyoming Optometric Association, a current AOA MORE Registry member and has served as Co-Chair for the Northern Rockies Optometric Conference since 2005.

Dr. Ramsey is the current president of the Wyoming State Board of Examiners in Optometry and has served in this role since 2011. He played an integral role in the Board adopting their *OE TRACKER* requirement for Wyoming licensees, as well as requiring 100% audits using *OE TRACKER*. Dr. Ramsey has also served on ARBO's *OE TRACKER* Committee.

Please join us in congratulating Drs. O'Neill and Ramsey!

ARBO 2016-2017 Committee Members

Board Committees:

Executive Committee

Gregory Moore, OD, West Virginia, Chair
 Richard Orgain, OD, Tennessee
 James Campbell, OD, West Virginia
 Susy Yu, OD, MBA, FFAO, California
 Lisa Fennell, Staff

Finance/Budget Committee

Richard Orgain, OD, Tennessee, Chair
 James Campbell, OD, West Virginia
 Susy Yu, OD, MBA, FFAO, California
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Ron Cassel, Staff
 Lisa Fennell, Staff

Industry Relations Committee

Donovan Crouch, OD, Iowa, Chair
 Roger Pabst, OD, Minnesota
 Coby Ramsey, OD Wyoming
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Ron Cassel, Staff

Committees:

Contemporary Issues Committee

Paula Garshowitz, OD, Ontario, Chair
 Richard Orgain, OD, Tennessee
 Helene Clayton-Jeter, OD, Virginia
 Jeffrey Kraskin, OD, District of Columbia
 Mary Lou French, OD, Illinois
 Tamara Mathison, OD, North Dakota
 Donovan Crouch, OD, Iowa
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Lisa Fennell, Staff

COPE Committee

James Campbell, OD, West Virginia, Chair
 Jill Martinson Redekopp, OD, North Dakota
 Jerry Richt, OD, Tennessee
 Robert Smalling, OD, Arkansas
 William Rafferty, OD, North Carolina
 Michael Ohlson, OD, Iowa
 Steven Odekirk, OD, West Virginia
 Thomas Bobst, OD, Ohio
 Richard Orgain, OD, Tennessee
 Susy Yu, OD, MBA, FFAO, California
 Greg Patera, OD, Michigan
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Donna DeLay, Staff
 Lisa Fennell, Staff
 Sierra Rice, Staff

Annual Meeting Planning Committee

Donovan Crouch, OD, Iowa, Chair
 James Campbell, OD, West Virginia
 Michael Ohlson, OD, Iowa
 Patrick O'Neill, OD, Minnesota
 Richard Orgain, OD, Tennessee
 Roger Pabst, OD, Minnesota
 William Rafferty, OD, North Carolina
 Coby Ramsey, OD, Wyoming
 Susy Yu, OD, MBA, FFAO, California
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Donna DeLay, Staff
 Lisa Fennell, Staff

International Affairs Committee

James Bureman, OD, Missouri, Chair
 Paula Garshowitz, OD, Ontario,
 Robert Smalling, OD, Arkansas
 Norm LaPlante, Maine
 Doug Clark, OD, Alabama
 Richard Orgain, OD, Tennessee, Board Liaison
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Ron Cassel, Staff

ARBO 2016-2017 Committee Members

Member Board Executive Directors/ Administrators Committee

Pat Bennett, Maryland, Co-Chair
 Jan Murray, Kansas, Co-Chair
 Pam Carper, West Virginia
 Emily Cronbaugh, Wyoming
 Sandy Matsushima, Hawaii
 Robin Jenkins, District of Columbia
 Jessica Sieferman, California
 Coby Ramsey, OD, Wyoming, Board Liaison
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Lisa Fennell, Staff

National Board Examination Review Committee (NBERC)

Thomas Bobst, Ohio, Chair
 Gary Avallone, OD, Louisiana
 Mary Lou French, OD, Illinois
 Freddie Mayes, OD, Kentucky
 Clay McLaughlin, OD, Oklahoma
 Patrick O'Neill, OD, Minnesota, Board Liaison
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Ron Cassel, Staff

Judicial Council/Resolutions Committee

Jeffrey Kraskin, OD, District of Columbia, Chair
 Ken Lawenda, OD, Vermont
 Marcus Kelly, OD, Montana
 Larry Brown, OD, Georgia
 Patrick O'Neill, OD, Minnesota, Board Liaison
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Lisa Fennell, Staff

OE TRACKER Committee

Jeffrey Yunker, OD, North Dakota, Chair
 Larry Brown, OD, Georgia
 Doug Clark, OD, Alabama
 Mary Lou French, OD, Illinois
 Ken Lawenda, OD, Vermont
 Steve Linas, OD, Virginia
 Blaine Littlefield, OD, Maine
 James Vaught, OD, South Carolina
 Coby Ramsey, OD, Wyoming, Board Liaison
 Gregory Moore, OD, West Virginia, *Ex-Officio*
 Sierra Rice, Staff
 Lisa Fennell, Staff
 Tony Mancuso, Staff

Member Board Liaison Appointments *Board Member's Home Board

James Campbell: Guam, Idaho, Michigan, Arkansas, Quebec, Washington, West Virginia*
 Gregory Moore: Kentucky, Mississippi, Nebraska, Oklahoma, Pennsylvania, Saskatchewan
 Michael Ohlson: Atlantic Provinces, Iowa*, Illinois, Louisiana, New York, Puerto Rico
 Patrick O'Neill: Delaware, Indiana, Maine, Manitoba, Massachusetts, Minnesota*, Montana
 Richard Orgain: Alabama, Arizona, Australia, New Hampshire, Tennessee*, Texas
 Roger Pabst: Alberta, New Mexico, North Dakota, South Dakota, Utah, Wisconsin
 William Rafferty: Connecticut, District of Columbia, Kansas, Maryland, New Jersey, North Carolina*
 Coby Ramsey: Missouri, New Zealand, Oregon, Rhode Island, South Carolina, Vermont, Wyoming*
 Jerry Richt: Alaska, Florida, Georgia, Nevada, Ohio, Virginia
 Susy Yu: British Columbia, California*, Colorado, Hawaii, Ontario, Virgin Islands

Affiliated Organization Liaison Appointments

American Academy of Optometry (AAO): Susy Yu, OD, MBA, FAAO
 Accreditation Council on Optometric Education (ACOE): Gregory Moore, OD
 American Optometric Association (AOA): Patrick O'Neill, OD
 American Optometric Student Association (AOSA): Coby Ramsey, OD
 Association of Schools and Colleges of Optometry (ASCO): Michael Ohlson, OD
 Federation of Associations of Regulatory Boards (FARB): Lisa Fennell
 National Board of Examiners in Optometry (NBEO): Jerry Richt, OD
 World Council of Optometry (WCO): Richard Orgain, OD

Join Us for the 2017 ARBO Annual Meeting in Washington, DC!

Mark Your Calendars for June 18-20, 2017, to Attend the 98th ARBO Annual Meeting!

ARBO's 2017 Annual Meeting will be held at the Grand Hyatt Washington, DC. The Grand Hyatt Washington is located in the Penn Quarter-Chinatown area of downtown DC. Located only 3 blocks from the convention center and close to hundreds of restaurants, bars, shopping venues, everything you need is within easy access. Grand Hyatt Washington is the only hotel to have metro access directly from the lobby and is within walking distance to most of Washington, DC's iconic landmarks including the White House, National Mall, Smithsonian Museums and Verizon Center. You will definitely want to be there!



Grand Hyatt
Washington, DC



National Mall
Washington, DC

More information and online registration will be available in January!

October COPE Administrator/Provider Workshop Announced

ARBO is holding a workshop for COPE Administrators and Providers on October 7th to cover the new COPE accreditation criteria and changes to the COPE accreditation process that will be required starting in January 2017. ARBO's Member Boards are also welcome to attend to learn more about changes to the COPE requirements.

Topics at the workshop include: adult learning principles; identifying the practice gaps of earners; planning CE activities around identified gaps; and educational evaluation and assessment of CE activities. Changes to COPE's activity accreditation process and COPE's new provide accreditation process will be discussed in detail. There will also be a separate Q&A session at the end of the day for organizations interested in becoming a COPE accredited provider.

- **Date and Time:** October 7, 2016, 9:00 am to 5:00 pm
- **Location:** Loews Chicago O'Hare Hotel, Rosemont, Illinois
- **Purpose:** The purpose of the workshop is to bring together a community of optometric CE providers to share their experiences and ideas and to educate them about the changes being made to the COPE accreditation requirements. The workshop will assist optometric CE professionals in developing strategies to ensure their organizational compliance with the COPE Accreditation Criteria, Standards for Commercial Support, and COPE policies.
- **Registration Fee:** \$250 per person (includes breakfast and lunch)
- **Hotel Rooms:** A block of rooms is being held for attendees of the COPE Training Workshop at Loews Chicago O'Hare Hotel at the group rate of \$169.00/night + tax (single/double occupancy). *Reservations must be made by Thursday, September 15, 2016, to ensure availability at the group rate.*

For more information and to register visit: https://www.arbo.org/cope_workshop.php

The NBEO Laser and Surgical Procedures Exam (LSPE)

The NBEO soon will offer a standardized, national credentialing examination for any practitioner who performs or wishes to perform certain laser procedures and specific ocular surgical procedures. The National Board will welcome professionals who would like to demonstrate and document proficiency in these several ocular anterior segment procedural skills. Research and development are well underway toward the launch of the National Board's new **Laser and Surgical Procedures Examination (LSPE)**, to be administered at the NBEO's National Center of Clinical Testing in Optometry (NCCTO) in Charlotte, North Carolina.

Efforts to bring this new, elective examination to fruition have been ongoing for a number of years, through several meetings, and will continue into the future. The **Laser Task Force** met in January 2012, followed by gatherings of the **Laser and Surgical Procedures Exam Development Committee** in April 2016 and August 2016. The group will meet again in January 2017.

The LSPE will consist of two sections. First, a written test (tentatively 75 items) will be given in computer-based testing (CBT) format at the NCCTO in its CBT test center. This venue currently hosts the in-house Online State Law Exams (OSLEs). Subject matter will cover fundamental knowledge that should be known by practitioners involved in the practice of laser and surgical procedures. Second, a laser and surgical procedures clinical skills test will be provided in the designated LSPE exam room at the NCCTO, home of the Part III Clinical Skills Exam (CSE).

Laser and surgical procedures skills that successfully have been incorporated into the exam include selective laser trabeculoplasty (SLT), YAG capsulotomy, chalazion excision, and suturing.

Skills that may be included in the LSPE if appropriate eye models can be identified, procured, assessed, and accepted are laser peripheral iridotomy (LPI) and skin tag removal with infiltrative anesthesia.

An assortment of sample equipment components have been purchased and are undergoing intense appraisal. The most significant acquisition was the state-of-the-art *Lumenis Selecta® Duet™* laser, which was selected, acquired, and installed in the

LSPE exam room in the National Center of Clinical Testing in Optometry (NCCTO). All eye models and equipment ultimately chosen for use in this exam will be available on the *LSPE Site Information and Equipment List* on the NBEO website prior to the inaugural administration of the examination.

During the recent August 2016 exam development meeting, four practitioners experienced in performing laser and surgical procedures were invited to serve as Phase I LSPE Pilot Study Candidates for the clinical skills portion of the exam. These 'candidates' took the exam as if they were standard NCCTO examinees. Their performances were captured on video, as are all exams taken in the NCCTO exam rooms.

After all four pilot ODs had completed their exams, the committee reviewed their videos, evaluated their performances, and solicited their comments. The clinical skills segment of the exam was appreciably amended in light of the invaluable feedback gleaned from the pilot candidates and the results of the pilot study.

During the next exam development committee meeting, in January 2017, the Phase II LSPE Pilot Study will be conducted. Another round of administrative and/or equipment improvements will be devised and implemented. The committee also will work to finalize the items for the written, CBT portion of the Laser and Surgical Procedures Examination.

It is anticipated that the exam will be offered for use by practitioners in mid-2017. As time passes, interested parties will find additional information on the NBEO website (www.optometry.org) and in future issues of the NBEO newsletter, *TestPoints*. Any questions or comments may be emailed to nbeo@optometry.org.



Become One of a Select Few!

As a regulatory board member and an optometrist, please consider becoming a reviewer of courses submitted for COPE accreditation. The time you spend contributing to the COPE review process will help ensure the quality and independence of continuing education. COPE accreditation benefits both practitioners in your jurisdiction as well as the public that we serve.

What do I need to do to become certified?

- You must complete and submit a course reviewer questionnaire.
- You must be endorsed by your optometry licensing Board; this endorsement will be secured by ARBO once you volunteer.
- You will be asked to complete the online COPE reviewer training that consists of six 10-20 minute self-paced educational modules followed by a short self-assessment.
- Once the training has been successfully completed, you will receive your congratulatory packet of information, including a certificate suitable for framing and a lapel pin.

How much time will this take from my already busy schedule?

- COPE reviewers are not requested to review more than two courses at any given time.
- The review of a course typically takes about 30 minutes.

Please consider volunteering and contributing to the COPE review process!

For more information please visit our website at www.arbo.org and click on COPE, then click on "I'd like to become a COPE Reviewer" or send us an email to arbo@arbo.org.

OFFICERS

President—Gregory S. Moore, O.D.
 Vice President—Richard C. Orgain, O.D.
 Secretary-Treasurer—James S. Campbell, O.D.
 Immediate Past President—Susy Yu, O.D., M.B.A., F.A.A.O.

DIRECTORS

Michael W. Ohlson, O.D., F.A.A.O.
 Patrick W. O'Neill, O.D., F.A.A.O.
 Richard C. Orgain, O.D.
 William B. Rafferty, O.D., F.A.A.O.
 Coby S. Ramsey, O.D.
 Jerry A. Richt, O.D.

STAFF

Lisa Fennell, Executive Director
 Ron Cassel, Operations/Finance Manager
 Candice Cole, Program Coordinator
 Donna DeLay, Program Manager/COPE Administrator
 Tony Mancuso, Database Administrator/Web Developer
 Sierra Rice, Program Manager



Association of Regulatory Boards of Optometry, Inc.

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 Charlotte, NC 28202
 Phone: 704-970-2710
 Fax: 888-703-4848
 Email: arbo@arbo.org
www.arbo.org

I have listed every portion of the minutes below pertaining to branch offices that I can find. I placed them in order by date. I have not been successful in finding anything concerning branch offices past 2007 except for the normal approvals. These minutes were helpful because at least it listed the fee amount in the June 11, 2008 minutes and what the Board feels constitutes a branch office in the November 13, 2013 minutes.

South Carolina Board of Examiners in Optometry Regular Board Meeting Minutes

March 28, 2007

REPORTS

Two new branch office registration applications were reviewed for Dr. Susan Wiley, North Charleston and Charleston; and one for Dr. John M. Mills at a Murrells Inlet location. A **motion** was made to approve the branch office registration applications. The motion was seconded and accepted. The Board will discuss at the June 19, 2007 meeting the continuance of branch office registration fees and any repercussions of fee reduction.

June 19, 2007

NEW BUSINESS

Branch Location Fees: Section 40-37-325 states that every optometrist must display a separate certificate of licensure certified by the Board in each location in which the optometrist practices. Duplicate certificates of licensure may be obtained from the Board by filing an application on a form prescribed by the Board and paying the prescribed fees. Discussion followed. Ms. Dantzler advised reviewing the entire fee structure and then addressing any fee changes after the budget presentation has been made at the September 26, 2007 meeting. The Board is not restricted by law from changing the fee schedule; Section 40-1-50 provides legislative guidance. **Deferred:** Further discussion concerning branch location fees was deferred.

September 26, 2007

UNFINISHED BUSINESS

Branch Location Fees: Discussion on branch location fees was *deferred*.

June 11, 2008

NEW BUSINESS

2008 License Renewal - Review Process: Ms. Combs reported that renewal notices will be mailed in August 2008 with User ID and password information to renew online. License renewal fees are \$230.00; branch locations are an additional \$230.00 per location. Renewals are due by October 1, 2008; an additional fee of \$50.00 is charged if renewed between October 2, 2008 and October 31, 2008. After October 31, 2008 the \$100.00 reinstatement fee plus the renewal fee will be due. A random audit letter notifying 1/3 of all licensees to submit proof of obtaining CE will be mailed out November 1, 2008 with a submission deadline of November 15, 2008. A motion was carried at the March 26, 2008 meeting that if a CE audit discovers a requirement not being met, the licensee would be granted until January 1st to meet the requirement; a \$50.00 late fee will be charged. The license would lapse January 1st if requirements are not met.

September 24, 2008

Branch Fees: An inquiry has been made regarding the requirement to pay a branch fee if working only one day per week at a second location. Discussion followed. The matter was deferred to the December meeting.

December 4, 2008

UNFINISHED BUSINESS

Branch Location Fees: Per the S.C. Optometry Practice Act every optometrist must display a separate wall certificate in each practice location; certificates of licensure are obtained from the Board by filing an application and paying the prescribed fees. Ms. Combs is continuing to gather information concerning fees charged for branch offices; an update will be provided at the March 11, 2009 meeting.

March 11, 2009

Branch Location Fees: Ms. Combs stated that the Agency is currently reviewing licensing fees; the matter was deferred until more information becomes available.

November 13, 2013

PRACTICING OUTSIDE OF OFFICE LOCATION:

A **motion** was made by Dr. Vaught that licensees may see patients in a nursing home or hospital setting without the need for a branch office license. The motion was seconded by Dr. Tucker. The motion carried unanimously.

A **motion** was made by Dr. Vaught that licensees may see patients in their home without the need for a branch office license. The motion was seconded by Mr. Johnson. The motion carried unanimously.

A **motion** was made by Dr. Van Veen to go into Executive Session to receive legal counsel. The motion was seconded by Dr. Tucker. The motion carried unanimously.

Executive Session - 4:03 p.m. to 4:35 p.m.

A **motion** was made by Dr. Vaught to come out of Executive Session. The motion was seconded by Dr. Candela. The motion carried unanimously. No votes were taken.

A **motion** was made by Dr. Vaught that an optometrist can see employees of a licensed healthcare facility while they are there, but must have a mobile unit license registered with the Board. The motion was seconded by Dr. Candela. The motion carried unanimously.

October 28, 2015

UNFINISHED BUSINESS

Branch Office Registration Fees: This item will be carried over to the next scheduled Board Meeting.

February 10, 2016

Branch Office Registration Fees: A motion was made by Dr. Spearman that the Board identify different types of practices that may or may not be considered a branch office at the next scheduled Board meeting and create an advisory opinion to that effect. The motion was seconded by Dr. Candela and carried unanimously. Dr. Spearman asked for clarification at the next meeting from LLR staff about the amount of funds that are collected by LLR for branch offices.

May 4, 2016

BRANCH OFFICE REGISTRATION FEES: The Board has asked staff to review past minutes and report back to the Board any findings concerning branch offices.



SC DEPARTMENT OF LABOR, LICENSING AND REGULATION

South Carolina Board of Examiners in Optometry

Post Office Box 11329 Columbia, SC 29211

803-896-4679 FAX: 803-896-4719

BRANCH OFFICE REGISTRATION

NAME _____ LICENSE NO. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE NO. _____ OFFICE FAX NO. _____

BRANCH OFFICE LOCATION

PRACTICE/BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE NO. _____ OFFICE FAX NO. _____

SIGNATURE _____ DATE _____

FEES

BRANCH REGISTRATION FEE - submit fee according to quarter branch registration occurs:

Odd Numbered Year:

January – March	\$200.00
April – June	\$175.00
July – September	\$150.00
October – December	\$125.00

Even Numbered Year:

January – March	\$100.00
April – June	\$ 75.00
July – September	\$ 50.00
October – December	\$ 25.00

WALL CERTIFICATE FEE: \$ 25.00

A wall certificate is required to be displayed at all practice locations.

TOTAL FEE DUE = Appropriate branch registration fee + wall certificate fee, if needed.

This branch registration stays current until your optometry license expiration date. Renew the branch registration with your optometry license.

July 26, 2016

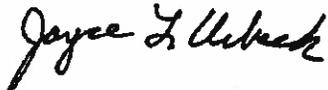
To State Boards of Optometry and other interested parties:

This notice will inform you that at the Accreditation Council on Optometric Education's annual meeting in Boston, Massachusetts on June 29 – July 2, 2016, the Council granted the accreditation status of "**Accredited with conditions**" to the professional optometric degree program at MCPHS University School of Optometry, which formerly held the preaccreditation status of "Preliminary Approval." The classification of "Accredited with Conditions" is granted to an educational program with major deficiencies or weaknesses with reference to the standards of accreditation. This classification indicates that the educational effectiveness of the program is in jeopardy. The status of "Accredited with conditions" is effective as of April 27, 2016.

- **MCPHS University School of Optometry**
10 Lincoln Square
Worcester, MA 01608 --*Next currently scheduled site visit—April, 2018*

A notice of all actions taken at the June 29 – July 2, 2016 ACOE meeting will be posted on the ACOE web site at www.theacoe.org on the ***Recent Accreditation Actions*** page by no later than August 2, 2016. For questions concerning accreditation of professional optometric degree programs, please feel free to contact me via email or phone at jlurbeck@aoa.org or 314-983-4246 or visit the ACOE web site at www.theacoe.org.

Sincerely,



Joyce L. Urbeck, ACOE Director

Home>About MCPHS University

About MCPHS University

Brilliance Begins at Massachusetts College of Pharmacy and Health Sciences

Massachusetts College of Pharmacy and Health Sciences (MCPHS University) has a legacy built on the pursuit of excellence in healthcare education. We take pride in our history, but are motivated by a curiosity about the future. We commit to training professionals for the future of the exciting, ever-expanding healthcare industry and helping them achieve their career goals. Our students, alumni, and faculty have impacted countless disciplines across the healthcare world and beyond through their proactive efforts.

- 7,074 Number of Students (All Campuses)
- 108 Health Science Programs
- 56 Countries Represented

[View all notable facts »](#)



Home>Academics>Schools>School of Optometry

School of Optometry



See Our Eye Care Clinic

Click the red play button to see our Optometry program in action!

Watch video »

Overview

The MCPHS University School of Optometry offers a student-oriented, learner-centered program designed to provide a world-class education leading to a Doctor of Optometry (OD) degree. Our four-year program uses the latest in instructional technology to assure that its graduates possess a state-of-the-art education necessary to diagnose and manage the wide variety of ocular and systemic conditions encountered in today's intense clinical settings.

Program Highlights

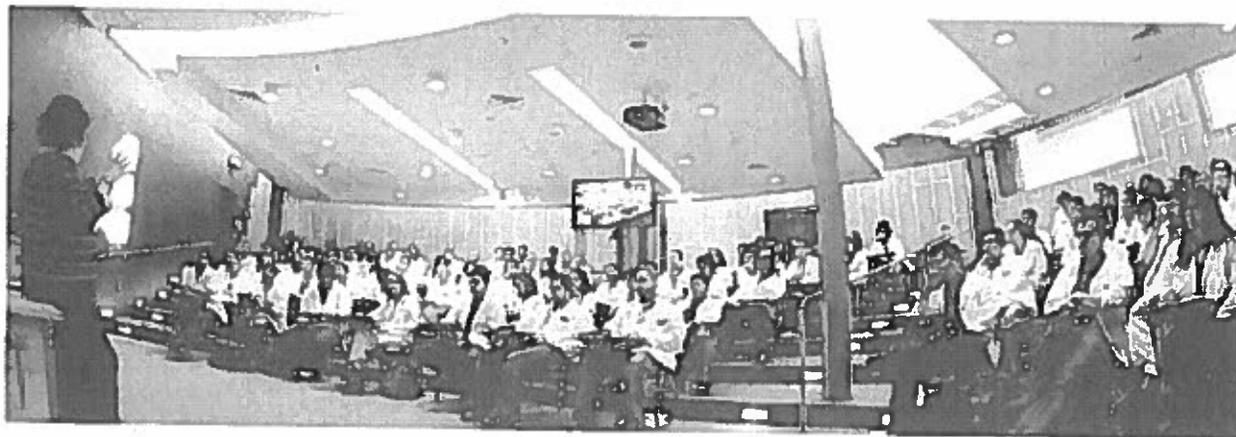
- Four-year program emphasizing clinically relevant instruction and patient care
 - For students with an earned baccalaureate degree (or sufficient credits) and who have satisfactorily completed prerequisite courses
 - Fall semester start
 - Instruction conducted in state-of-the-art facilities at the Worcester campus
 - Dedicated faculty who place a high importance on teaching, advising and individual student development
 - Dual degree option to receive Master of Public Health from MCPHS Online
 - Merit scholarships for qualified students
- [Overview](#)
 - [Mission Statement](#)
 - [Programs](#)

- Clinical experiences at The Eye and Vision Center, our on-campus eye clinic and in selected clinical facilities as well as Veterans Administration Centers, health departments, hospitals, and community agencies in and beyond the greater Worcester region

MCPHS University also offers a professional pathway for undergraduate students, which allows students to earn a combined Bachelor of Science in Premedical and Health Studies from MCPHS University–Boston and a Doctor of Optometry from MCPHS University–Worcester in seven years.

Home>About MCPHS University>Accreditation

Accreditation



New England Association of Schools and Colleges

MCPHS University is accredited by the New England Association of Schools and Colleges, Inc. (NEASC) through its Commission on Institutions of Higher Education. Accreditation of an institution of higher education by NEASC indicates that it meets or exceeds criteria for the assessment of institutional quality periodically applied through a peer review process. An accredited college or university is one which has available the necessary resources to achieve its stated purposes through appropriate educational programs, is substantially doing so, and gives reasonable evidence that it will continue to do so in the foreseeable future. Institutional integrity is also addressed through accreditation.

Accreditation by NEASC is not partial, but applies to the institution as a whole. As such, it is not a guarantee of every course or program offered, or the competence of individual graduates. Rather, it provides reasonable assurance about the quality of opportunities available to students who attend the institution.

Inquiries regarding the accreditation status by NEASC should be directed to the Office of the Vice President for Academic Affairs (617.732.2854).

Individuals may also contact: Commission on Institutions of Higher Education, New England Association of Schools and Colleges, 209 Burlington Road, Suite 201, Bedford, MA 01730-1433, tel.: 781.271.0022; fax: 781.271.0950, e-mail: cihe@neasc.org.

Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)

The Master of Acupuncture and the Master of Acupuncture and Oriental Medicine programs of the New England School of Acupuncture are accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the recognized accrediting agency for programs preparing acupuncture and Oriental medicine practitioners. Individuals may contact the ACAOM Office at 8941 Aztec Drive, Eden Prairie, MN 55347; tel.: 952.212.2434; fax: 952.657.7068; email: info@acaom.org; website: <http://www.acaom.org>.

Accreditation Council on Optometric Education (ACOE)

The Doctor of Optometry program on the Worcester campus has been granted the classification of Accredited with Conditions by the Accreditation Council on Optometric Education (ACOE), 243 N. Lindbergh Blvd., St. Louis, MO 63141; tel.: 800.365.2219.

Accreditation Council for Occupational Therapy Education (ACOTE)

The entry-level Master of Science in Occupational Therapy program at MCPHS University has applied for accreditation by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is (301) 652-AOTA and its web address is www.acoteonline.org. The program is pending approval by the NH Department of Education, Division of Higher Education, Higher Education Commission.

Once accreditation of the program has been obtained, its graduates will be eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. Note that a felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

Accreditation Council for Pharmacy Education (ACPE)

The School of Pharmacy--Boston Doctor of Pharmacy program and the School of Pharmacy--Worcester/Manchester Doctor of Pharmacy program are separately accredited by the ACPE, 135 S. LaSalle Street, Suite 4100, Chicago, IL 60603-4810; tel.: 312.664.3575; fax: 312.664.4652, website: www.acpe-accredit.org. Accreditation status of each program is detailed on the homepage of the individual program.

Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA)

The Master of Physician Assistant Studies program on the Boston campus and the Master of Physician Assistant Studies program on the Manchester/Worcester campuses are separately accredited by ARC-PA, 12000 Findley Road, Suite 240, Duluth, GA 30097, tel.: 770.476.1224, fax: 770.476.1738, website: www.arc-pa.org. Accreditation status of each program is detailed on the homepage of the individual program.

Commission on Accreditation in Physical Therapy Education (CAPTE)

The Doctor of Physical Therapy program at MCPHS University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: 703.706.3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

Commission on Collegiate Nursing Education (CCNE)

The baccalaureate degree in nursing (BSN) and master's degree in nursing (MSN/Family Nurse Practitioner and MSN/Nurse Educator) from MCPHS University are accredited by the Commission on Collegiate Nursing Education. The post-graduate APRN certificate program (CAGS) is pursuing initial accreditation. CCNE is located at One Dupont Circle, NW, Suite 530, Washington, DC 20036; tel.: 202.887.6791; fax: 202.887.8476; website: www.aacn.nche.edu.

Home>About MCPHS University>A History of Innovation

A History of Innovation

Pride in the Past, Passion for the Future at MCPHS

Massachusetts College of Pharmacy and Health Sciences (MCPHS University) is the oldest institution of higher education in the entire city of Boston and the second-oldest university of pharmacy in the United States. Since the University's founding in 1823, MCPHS has been on the cutting edge of innovation in healthcare education.

MCPHS has graduated countless leaders in the healthcare industry and is committed to shaping healthcare one generation at a time. We see our students as the future of an industry we are wholly committed to, and our mission is to arm them with the knowledge and skills that will lead to success for them, and better science for all.

To learn more about our rich history, please see the timeline below.

1823

- Fourteen Boston pharmacists adopt the Constitution of the Massachusetts College of Pharmacy.

1852

- MCP is formally incorporated and receives a charter from the Great and General Court of the Commonwealth of Massachusetts.

1918

- The George Robert White Building is dedicated and the Massachusetts College of Pharmacy moves into its current Boston location at 179 Longwood Avenue.

1923

- The College celebrates its **100th birthday** and the course curriculum is expanded from two to three years.

1974

- The College is elected to membership in and accredited by the New England Association of Schools and Colleges.

2002

- The Massachusetts College of Pharmacy and Health Sciences launches its third campus in Manchester, NH at 1260 Elm Street.
- The College acquires the Forsyth School for Dental Hygienists in Boston.

2005

- The second major Worcester campus expansion was completed at **25 Foster Street**, the Living and Learning Center.

2009

- MCPHS opens a brand new academic facility in Boston dedicated as the **Richard E. Griffin Academic Center** at 670 Huntington Avenue.

2011

- The College launches its fourth campus, MCPHS Online, offering world-class healthcare education virtually.

2013

- The Massachusetts College of Pharmacy and Health Sciences changes its name to MCPHS University to reflect its growth into a multi-disciplinary university, while preserving the well-known MCPHS acronym.

Home>About MCPHS University>Notable Facts & Statistics

Notable Facts & Statistics

When you're at the oldest institution of higher education in Boston, you build up a pretty impressive list of accomplishments.

Did You Know?

- MCPHS University is one of the few private, free-standing universities in the United States specializing in the education of health professionals, and has prepared more students for professional careers in pharmacy than any other academic institution in the world.
- In 2011, the University launched MCPHS Online, offering the quality of an MCPHS University education to healthcare professionals around the world.
- MCPHS University has a vibrant international student community with more than 850 international students from 56 countries around the world. To see where our diverse students come from, [click here](#).
- In 2002, the University dedicated its third campus in Manchester, N.H., which now houses programs in pharmacy, nursing, and physician assistant studies.
- In 2001, the University acquired Boston's prestigious Forsyth School of Dental Hygiene.
- In the last decade, the University has expanded its \$85 million campus in downtown Worcester, Mass., to include programs in pharmacy, physician assistant studies, nursing, and physical therapy.
- From 1996 to the present, the Boston campus has seen \$100 million in construction and revitalization encompassing 350,000 new square feet of research, classroom, student residence, and administrative space.
- The University's endowment assets amount to approximately \$578 million.

Want to Know More?

Here we are by the numbers...

STUDENT POPULATION

- All Campuses 7,074
- Boston 4,675
- Worcester 1,507
- Manchester, N.H. 444
- Online 448

DIVERSITY

- Countries Represented 56
- States/Territories Represented 50
- From Mass. 55%

FRESHMAN CLASS PROFILE 2015-2016

- New Freshman 781
- Average SAT 1,599(combined)
- Math 555
- Critical Reading 516
- Writing 528
- Average ACT 24
- GPA 3.48

STUDENT LIFE

EMPLOYEES

- All Campuses 1,058
- Faculty 686
- Staff 372

FACULTY

- Full time 297
- Male 37.8%
- Female 62.2%
- Terminal Degree 91%
(Full Time Faculty Only)

LIBRARY HOLDINGS

TUITION AND FEES

- BS/PharmD (0-69 credits) \$29,600
- Accelerated BS \$43,780
- PharmD (70+ credits) \$34,900
- Worcester/Manchester PharmD \$47,450
- Boston Physician Assistant (PA) \$34,900
- Worcester/Manchester Physician Assistant (PA) \$43,900
- Optometry(OD) \$39,100
- Physical Therapy(DPT) \$43,900
- Room and board (avg.) \$15,174
- Books, supplies, transportation & other expenses \$3,892

ALUMNI

- Clubs & Organizations 100+
- Worldwide 25,414

ENDOWMENT

- \$578 Million

HOUSING

- Students housed on Boston and Worcester campuses 1,254 (Freshmen 47%)

FINANCIAL AID DISTRIBUTION

- Print, Electronic Books, Media (Videos) 260,000
- Electronic Journals 50,510
- Databases 184
- Accessible via FLO More than 1.2 million

- 90% of all students

7. The scope of optometric practice is determined by legislation.
True False
8. Licenses
- a) must be displayed in a prominent and conspicuous place in the primary place of practice
 - b) are not required to be displayed in each secondary office
 - c) must be renewed every year
 - d) belong to the licensee
9. Concerning continuing education requirements, which of the following is **NOT** true
- a) requires a minimum of 40 hours
 - b) must be on subjects relative to optometry
 - c) may include practice management
 - d) may include 4 hours directly related to mandated health care programs
 - e) must include a minimum of 16 hours of pharmacology or pathology
10. Any licensee that allows his or her license to lapse
- a) may be reinstated by the board upon satisfactory explanation and payment of fees
 - b) for more than a year may be required to obtain further education for reinstatement
 - c) for more than 2 years must reapply for licensure
 - d) is engaging in unlicensed practice and subject to penalties
 - e) all of the above
11. Delegation of any optometric procedures
- a) is not allowed under SC law
 - b) is only allowed for prescribing contact lenses
 - c) is only allowed for ODs on extended vacation
 - d) is not allowed for refraction
 - e) does not require direct supervision
12. When prescribing medications, an optometrist
- a) may only prescribe for the treatment for ocular and adnexal eye disease
 - b) must document the patient's chart
 - c) is limited to prescribing a 1 week supply of analgesics
 - d) is limited to 21 days of treatment when using steroids without consulting an ophthalmologist
 - e) all of the above
13. An optometrist may purchase, possess, administer, supply, and prescribe pharmaceutical agents including oral and topically applied medications other than
- a) schedule I
 - b) schedule I and II
 - c) schedule I, II, and III
 - d) any schedule drugs

14. When prescribing oral medications , an optometrist is limited to
- a) antihistamines
 - b) antimicrobial
 - c) antiglaucoma
 - d) OTCs
 - e) analgesics
 - f) all of the above
 - g) none of above
15. Optometrists may not sell pharmaceutical agents prescribed in treatment unless there is a licensed pharmacist on staff.
- True False
16. Optometrists may supply pharmaceutical agents to patients for the purpose of initiating treatment.
- True False
17. An optometrist can refer patients only to an ophthalmologist.
- True False
18. In treating glaucoma, an optometrist
- a) must consult with an ophthalmologist
 - b) has 6 months to establish and reach a target IOP
 - c) has 2 weeks to refer a patient for angle closure
 - d) is held to the same standard of care as an ophthalmologist
19. An optometrist is prohibited from performing surgery requiring suturing, clamping, or lasers.
- True False
20. An optometrist may remove superficial ocular and ocular adnexal foreign bodies.
- True False
21. Optometrists must maintain a minimum malpractice insurance coverage of
- a) 500 thousand dollars
 - b) 750 thousand dollars
 - c) 1 million dollars
 - d) 2 million dollars
 - e) 5 million dollars
22. Which of the following is **NOT** true? For office hours,
- a) an optometrist should post them in a conspicuous place
 - b) an optometrist must close for lunch
 - c) must specify hours when an optometrist is on the premises

23. In South Carolina, mobile units

- a) may not be used
- b) do not require registration with the board
- c) are limited to visiting and providing services to licensed health care facilities within the state
- d) all of the above

24. The board may promulgate regulations regarding optometrists' offices so as to provide for all of the following **except**

- a) adequate and appropriate office facilities
- b) the proper handling of patient records
- c) appropriate sanitation for office facilities
- d) hours of operation
- e) all of the above may be regulated

25. Duplicate certificates of licensure may be obtained from the board by

- a) filing an application
- b) paying a fee
- c) a and b
- d) duplicate licenses are not necessary
- e) none of the above

26. When a visual test of the eye is required by law

- a) optometric reports are not acceptable
- b) school nurses must recommend a specific eye care provider to perform the exam
- c) ophthalmologists are paid more for their services
- d) in an emergency, cases may be referred directly to optometrists, ophthalmologists, or specialists by a state agency
- e) none of the above

27. A nurse, school teacher, or welfare worker, employed in public service are not prevented from ascertaining probable need of visual services as long as the person does not attempt to diagnose or prescribe.

True False

28. The laws pertaining to the practice of optometry in SC does not apply to a person who sells ready-made eyeglasses or spectacles if the person does not aid the purchaser in the fitting of the glasses.

True False

29. Eye examinations may be offered as a premium or bonus with the purchase of merchandise to induce trade

- a) period
- b) Without disclosing whether the discount is from the offeror's regular selling price
- c) Without disclosing any other price and the source from which the reduced price is based

- d) Without including complete price information regarding all ophthalmic materials offered in conjunction with a reduced examination fee
- e) Without disclosing the date the offer terminates
- f) All of the above
- e) None of the above

30. Advertised prices concerning ophthalmic goods and services must include whether

- a) Eyeglasses include single vision or multi-focal lenses
- b) Contact lenses refers to hard or soft contact lenses
- c) Ophthalmic materials includes all dispensing fees
- d) Eyeglasses include both frame and lenses
- e) There is a restriction on selection
- f) All of the above
- g) None of the above

From: Jackie Rivers [<mailto:jrivers@sceyedoctors.com>]
Sent: Tuesday, August 02, 2016 11:20 AM
To: Peter Candela; April Koon
Cc: Mike Campbell
Subject: RE: FW: Research Project Question - AOA - Time Sensitive

***** SCDLLR NOTICE *** This email is from an external email address. Please use caution when deciding whether to open any attachments or when clicking links inside the email.**

Will do. This was the first we had seen as well. The original question (more informal) from Dr. Horn was just about Rx in CLs.

From: Peter and Kari Candela
Sent: Tuesday, August 02, 2016 10:05 AM
To: Jackie Rivers <jrivers@sceyedoctors.com>; April Koon Board Admin <april.koon@llr.sc.gov>
Cc: Mike Campbell
Subject: Re: FW: Research Project Question - AOA - Time Sensitive

Please formally request to April and let her know I wanted it added to the agenda for Oct meeting. What we have been previously discussing is whether it is within our scope to administer/RX contact lenses being used as a pharmacologic delivery system. This is the first time I have seen from the Association anything about a naso lacrimal stimulation device. Have her add both topics for discussion. I have added April to this conversation.

Thanks.

Dr C

On Tue, Aug 2, 2016 at 9:32 AM, Jackie Rivers <jrivers@sceyedoctors.com> wrote:
Hi Dr. Candela – please see below and attached. The SCOPA board would like the board of examiners to issue a formal opinion on this. I have let the AOA know that we have requested this review. I believe you all meet in October? Can we get this on the agenda?

Thanks!

From: Kirby D. Shealy III [<mailto:Kirby.Shealy@arlaw.com>]
Sent: Sunday, July 31, 2016 6:55 PM
To: Jackie Rivers <jrivers@sceyedoctors.com>; Michael Zolman; Pete Smitl
Cc: Anna Balderson <abalderson@sceyedoctors.com>; Bob Branch; David McKenzie <drdavid@mckenzieeyecare.com>; Jennie Smith Zolman; Johndra McNeely; Justine O'Dell; Mike Campbell; Ted Newmar
Subject: RE: Research Project Question - AOA - Time Sensitive

Jackie sent me the attachment. I do think this is a grey area, because the device is not delivering a medication; it is providing electrical stimulation. Our statutes do not define "pharmaceutical agent," but this device would not be allowed within an OD's scope of practice in other states, where

“pharmaceutical agent” is defined as a drug or medication. Some states, such as New York, specifically exclude the use of any kind of “invasive modality” from the practice of optometry. An “invasive modality” has been defined as “any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive modality includes surgery, lasers, ionizing radiation, therapeutic ultrasound and the removal of foreign bodies from within the tissue of the eye.” This device seems to fit that definition.

Kirby

From: Kirby D. Shealy III
Sent: Sunday, July 31, 2016 11:55 AM
To: Jackie Rivers; Michael Zolman; Pete Smith
Cc: Anna Balderson; Bob Branch; David McKenzie; Jennie Smith Zolman; Johndra McNeely; Justine O'Dell; Mike Campbell; Ted Newman
Subject: RE: Research Project Question - AOA - Time Sensitive

Sorry for taking so long to respond. I did not get the original message, which makes reference to an attachment. What is the device that is the subject of the inquiry? Is it a contact lens that contains a pharmaceutical agent within it? If so, then I completely agree with Dr. Zolman's interpretation.

Kirby

Kirby D. Shealy III
Partner
ADAMS AND REESE LLP

1501 Main Street, 5th Floor | Columbia, SC 29201
main [803.254.4190](tel:803.254.4190) | direct [803.212.4966](tel:803.212.4966) | mobile [803.609.1762](tel:803.609.1762)
efax [803.343.1258](tel:803.343.1258) | fax [803.779.4749](tel:803.779.4749)

kirby.shealy@arlaw.com

website bio vCard map   

From: Jackie Rivers [<mailto:jrivers@sceyedoctors.com>]
Sent: Friday, July 29, 2016 11:20 AM
To: Michael Zolman; Pete Smith
Cc: Anna Balderson; Bob Branch; David McKenzie; Jennie Smith Zolman; Johndra McNeely; Justine O'Dell; Mike Campbell; Ted Newman; Kirby D. Shealy III
Subject: RE: FW: Research Project Question - AOA - Time Sensitive

Drop the mic...thanks Dr. Zolman!

Kirby, would appreciate your opinion...as always 😊

From: Michael Zolman [redacted]
Sent: Friday, July 29, 2016 11:17 AM
To: Pete Smith >; Jackie Rivers <jrivers@sceyedoctors.com>
Cc: Anna Balderson <abalderson@sceyedoctors.com>; Bob Branch >; David McKenzie <drdavid@mckenzieeyecare.com>; Jennie Smith Zolman >; Johndra McNeely >; Justine O'Dell <jodell@sceyedoctors.com>; Mike Campbell <mikecampbell@sceyedoctors.com>; Kirby D. Shealy III <kirby.shealy@arlaw.com>; Ted Newman >
Subject: Re: FW: Research Project Question - AOA - Time Sensitive

I don't think this is a grey area at all, though I may be a bit biased in my interpretation. But our law states:

'optometrists may purchase, possess, administer, supply, and prescribe pharmaceutical agents, including oral and topically applied medications'

I think the key phrase in this situation, is 'topically administered' meaning that regardless of how a pharmaceutical is administered, either directly or by some form of vehicle, we can do so as long as it is topically administered.

An example: If I had a cut on my skin and wanted to put Neosporin on it, I could either put it on directly from the tube or put it on a band-aid and then onto my skin. Either way, I still applied the medication topically, regardless of how I chose to administer it.

So if there was some ocular condition that would be best treated with a pharmaceutical agent and contact lens (corneal abrasion, ((glaucoma in the future)), we are still using the pharmaceutical topically regardless if we use a contact lens to administer the delivery.

Kirby is probably best to clarify. Ill loop him in.

Kirby: What do you think?

Michael W. Zolman, OD

Infinity Eye Care and Low Vision Rehabilitation Center
325 Folly Rd., Suite #109
Charleston, SC 29412

P: [843.795.6464](tel:843.795.6464)
F: [843.795.6433](tel:843.795.6433)
www.myinfinityeyecare.com

On Friday, July 29, 2016 10:46 AM, Pete Smith

wrote:

I certainly think it is within our scope of the law.
Pete

On Fri, Jul 29, 2016 at 10:32 AM, Jackie Rivers <jrivers@sceyedoctors.com> wrote:
All, sorry for not sending this out a few days ago...they would like our feedback by Monday.

This question came up from Dr. Barb Horn recently and the overall opinion was yes. You all may recall that she was asking if ODs in SC could prescribe CLs with a pharmaceutical agent. I consulted with Dr. Candela, he said he would have to present to the BOE if the AOA wanted an official opinion from them however, his personal opinion was yes. So long as the pharmaceutical agent fit within the guidelines of what was allowed.

Seems to be a bit of a grey area.

Please review the below and attached.

I'll forward this to Dr. C again for his feedback. Anyone else you all would recommend I contact for input?

Thanks!!

From: Hendricks, Catherine [mailto:CHendricks@AOA.ORG]

Sent: Tuesday, July 26, 2016 5:33 PM

To: Jackie Rivers <jrivers@sceyedocitors.com>

Cc: Carey, Daniel <DCarey@AOA.ORG>

Subject: Research Project Question

Hi Jackie,

I hope all is well and you've settled back in after your trip to Boston.

SGRC is researching the prescribing and dispensing authority for OD's across the country and I wanted to get your association's opinion on the attached medical device.

Based on your state statute and regulations, I wanted to get your take on whether an OD in South Carolina would currently be allowed to prescribe and dispense the attached item in their office. I didn't see anything in the practice or pharmacy act that explicitly allowed or prohibited this but wanted to make sure you agreed. This is the language I was looking at:

SECTION 40-37-290. Purchasing, prescribing, and administering pharmaceutical agents.

Notwithstanding any other provision of law, an optometrist may purchase, possess, administer, supply, and prescribe pharmaceutical agents, including oral and topically applied medications other than Schedule I and II controlled substances as defined in Section 44-53-110 except controlled substances that have been reclassified from Schedule III to Schedule II effective on or after October 6, 2014, may continue to be purchased, possessed, administered, supplied, and prescribed by an optometrist, for diagnostic and therapeutic purposes in the practice of optometry, except that:

Thank you!

Catherine Hendricks
State Government Relations Center
American Optometric Association
Office: 703-837-1017



April,

The AOA SGRC is researching the prescribing and dispensing authority for OD's across the country – the SCOPA would like to get the SCBEO's formal opinion on the attached medical device. Based on our state statute and regulations, we wanted clarification as to whether an OD in SC would currently be allowed to prescribe and dispense the attached item in their office.

Dr. Candela would like this placed on the October meeting agenda as well a discussion regarding whether or not an OD can prescribe/dispense CLs containing a pharmaceutical agent. Please consider this our formal request and let me know if you need any additional information.

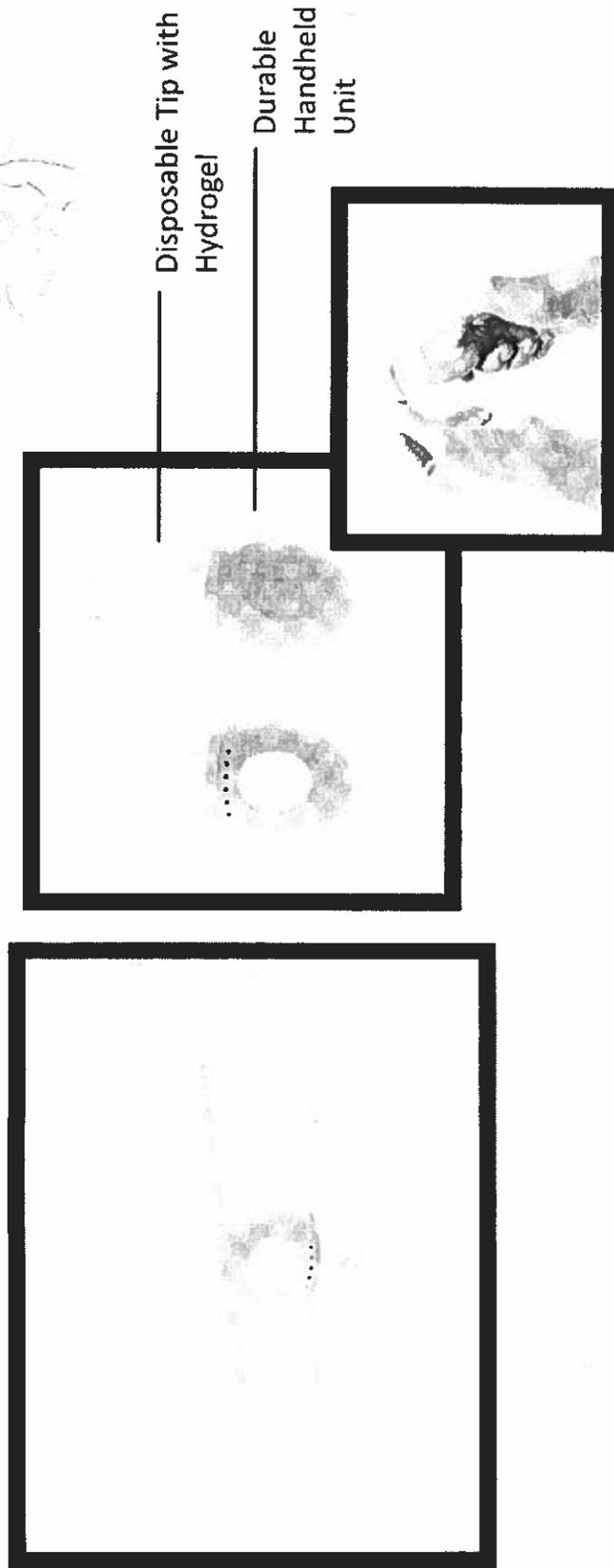
FYI, we requested an opinion from SCOPA's attorney and it was his opinion he believes that this is a grey area, because the device is not delivering a medication; it is providing electrical stimulation. Our statutes do not define "pharmaceutical agent," but this device would not be allowed within an OD's scope of practice in other states, where "pharmaceutical agent" is defined as a drug or medication. Some states, such as New York, specifically exclude the use of any kind of "invasive modality" from the practice of optometry. An "invasive modality" has been defined as "any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive modality includes surgery, lasers, ionizing radiation, therapeutic ultrasound and the removal of foreign bodies from within the tissue of the eye." This device seems to fit that definition.

SECTION 40-37-290. Purchasing, prescribing, and administering pharmaceutical agents.

Notwithstanding any other provision of law, an optometrist may purchase, possess, administer, supply, and prescribe pharmaceutical agents, including oral and topically applied medications other than Schedule I and II controlled substances as defined in Section 44-53-110 except controlled substances that have been reclassified from Schedule III to Schedule II effective on or after October 6, 2014, may continue to be purchased, possessed, administered, supplied, and prescribed by an optometrist, for diagnostic and therapeutic purposes in the practice of optometry, except that:

Jackie Rivers
Executive Director
SC Optometric Physicians Association
2730 Devine Street
Columbia, SC 29205
803-799-6721 toll free 877-799-6721
fax: 803-799-1064
www.sceyedoctors.com<<http://www.sceyedoctors.com/>>

Medical Class II Device
 Nasal Lacrimal Stimulation Device
 Manufactured by Allergan
 Anticipated 2017 launch date



Product form	<ul style="list-style-type: none"> ▪ Ophthalmic neuromodulation system (electroceutical); consisting of a base unit and daily disposable tips , available by prescription ▪ Immediate increase in tear production with neurostimulation in adult patients with Dry Eye Disease
Indication	<ul style="list-style-type: none"> ▪ BID+PRN. Typical usage 2 times to 4 times a day ▪ Typically used for about 30 seconds but can be used for ~ 3minutes each use
Dosing	

From: [E Harris](#)
To: [Contact Optometry](#)
Subject: applicant
Date: Sunday, July 31, 2016 12:06:03 AM

*** SCDLLR NOTICE *** This email is from an external email address. Please use caution when deciding whether to open any attachments or when clicking links inside the email.

Hello. My name is Eric Harris. I am an optometrist practicing in Georgia the past 5 years. I am desiring to start my own teleretinal imaging consulting practice soon. Since I am bound in practice by the jurisdiction of my state licensure, for me to establish a large enough market to reach my goals, I would need to extend my practice beyond Georgia. My question to you is, if I were to establish a license in South Carolina, would I be able to operate my practice remotely from Georgia? Essentially I would be sent retinal images from endocrinology, primary care/family medicine, and Veteran's Affairs practices to review, analyze, and interpret. This is done via established, cloud based, HIPAA compliant, 3rd party software. I look forward to hearing back from you. I want to ensure that I wouldn't be stepping beyond SC scope of practice before applying for licensure.

Thanks,

Eric Harris

-----Original Message-----

From: Jay Simon [mailto:jsimon@scdlla.com]
Sent: Wednesday, September 07, 2016 12:01 PM
To: April Koon
Subject: Clarification of the definition of 'Dispense'

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Board of Optometry,

I, like the vast majority of opticians, optician schools, and opticians' organizations feel one of the most important aspects of dispensing spectacles is the final adjustment of the spectacles to the patient's face. Unfortunately, a small minority has questioned this important aspect as not being part of the process of dispensing.

Is this important procedure part of the definition of 'Dispense' under the Eye Care Consumer Protection Section 40-24-10(2)?

Sincerely,
Jay Simon

Subject: Clarification of Specific Rules for Reading Glasses Sold in Your State

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To whom it may concern

I have 38 years in the Sunglasses field and have sold same power readers since they were legalized for sale in the late 80's

I am in the exploratory stage of setting up a national brick and mortar reading glass company where **the customer measures their own power for their left and right eye individually**, using an industry standard retinoscopy board.

The customer then selects a frame and a **licensed optician** edges and inserts the lenses in the customer's self determined powers in their choice of frames. For discussion's sake the lens options for each eye would range from +1.0 to +2.75.

That said

I can find no clear cut answer as to whether this is ok or not.

Numerous legitimate reading glass web sites offer a chart to select lenses for each eye individually and sell mixed lens readers. Based on their national availability it would appear to not be considered "prescribing" but I would like the opinion of your state board on my scenario.

They would be clear posting that magnifying reader glasses are not a substitute for regular eye exams and that the resultant glasses are not intended for distance viewing, are not prescription eyewear, not for driving or any other activities but those of magnifying words and images at near and intermediate distances

If there are any laws on the books in your state I would appreciate either a copy of the citation or a link to it for reference.

Thank you in advance

**Jerry Werbner
True Color Optics, Inc.**

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2017 SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY

Date	Time	Location	Description
February 8, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
February 15, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
May 17, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
May 24, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
July 12, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
July 26, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
October 11, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
October 25, 2017	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting