

NEVADA STATE BOARD OF OPTOMETRY



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Materials for

March 28, 2024

Board Meeting

Materials for Item No. 3 re

- AOA Adult eye guidelines offers 14 actions
- NAC 636.670 opposition

New AOA adult eye guideline offers 14 actions, provides fresh insight on exam frequency

MARCH 9, 2023

After a systematic review of the evidence and assessment of the benefits and harms of treatment options, the AOA's Evidence-based Optometry Committee offers new consensus on the frequency of eye exams for adults ages 18-39 and details the potential components of a comprehensive adult eye examination.



Sobering statistics, 14 evidence- and consensus-based action steps, a partial list of systemic diseases with ocular complications, and a slight but significant shift in a recommendation on frequency of care—all are in the clarifying and pacesetting second edition of the AOA evidence-based clinical practice guideline, [*Comprehensive Adult Eye and Vision Examination, Second Edition*](#), just released.

Originally published in 2015, the updated adult eye and vision examination guideline was developed over 16 months and “describes appropriate examination procedures for evaluation of the eye health and vision status of adult patients to reduce the risk of vision loss and provide clear, comfortable vision. It contains recommendations for timely diagnosis, intervention, and, when necessary, referral for consultation with and/or treatment by another health care provider.”

The [guideline’s objectives](#) include enabling doctors of optometry to:

- Recommend appropriate timetables for eye and vision examinations for adults.
- Select appropriate examination procedures for adults.
- Examine eye health, vision status and ocular manifestations of systemic disease in adults.
- Minimize/avoid the effects of eye and vision problems in adults through prevention, early detection and diagnosis, and patient management through education and counseling.
- Inform/educate individuals and other health care practitioners on the importance of good vision and the need for, and frequency of, comprehensive adult eye and vision exams.

“The goal of the Evidence-based Optometry (EBO) Committee is to develop a guideline that all of optometry can follow, to adjust their practice based on what the best evidence shows,” says Carl Urbanski, O.D., chair of the EBO Committee, who was also on hand for the release of the first adult eye guideline.

“Doctors of optometry are lifelong learners, and the committee took the most current evidence and delivered it in a format that works for our clinicians, so they can adjust their mode of practice to fit what the evidence shows is the best way to approach diagnosis and care of the patient. It also serves as a resource to other health care professions, as well as the public.”

Says AOA President Ronald L. Benner: “This update solidifies the work and commitments of the AOA to create an evidence-based guideline tool for our doctors to provide the care our patients deserve. The amount of volunteer time that was spent to produce and get this guideline right shows the commitment that the AOA has made to advance the patient care provided by optometry across the country.”

In an interview, Dr. Urbanski reveals more about the revised guideline.

What is new and significant?

The guideline is a valuable resource and a great refresher for all doctors of optometry. I'd recommend going to the [background section](#) and re-reading the section on the prevalence of eye disease and the predictions for say 2050 on how much is going to be developing. It really contains compelling data that there is a huge need for eye care. We know about the workforce of optometry vs. ophthalmology. Optometry is really going to need to fill the gap and supply the care that is needed. There is an enormous amount of need out there. Optometry is really going to have to step into that role, especially given our expanded scope.

[Table 1](#) in the document is very relevant. It speaks to systemic disease that has ocular complications. In the [patient education section](#), there are some papers that talk about effective ways to communicate with our patients and helping with adherence to treatment. Perhaps the single biggest change is the frequency of care.

How does the frequency of care depart from the first guideline's consensus statement on eye exams for adults every two years?

We did not find specific evidence that said every adult should have an annual eye exam. There remains a gap in the evidence. But we did put together a strong consensus statement. We recommended comprehensive eye and vision examinations annually for people 18 to 39 years of age to optimize visual function, evaluate eye changes and provide for the earlier detection of sight-threatening eye and systemic health conditions. The clinician really needs to evaluate the risk factors present. Based on this consensus and the expert opinion of the committee, implementation of this recommendation will likely result in earlier diagnosis of eye and vision problems and prevention of vision loss. We are recommending annually for everyone as a more proactive approach. This new statement will give the clinician confidence to recommend an annual eye exam to their adult patients.

Producing a trustworthy guideline is a rigorous, systematic, [14-step process](#). Can you describe the process?

If you want to keep your guideline trustworthy and relevant, you have to go back and assess the evidence periodically and make sure it's current. Anything that rose to the level of a clinical recommendation, we go back and re-research those areas and re-read those papers and grade

them and see if anything else has been published. (The new guideline has 229 citations.) Obviously, we also look for any new evidence-based on the questions we are trying to answer for the new guideline. We also try to identify gaps in evidence. For example, if we couldn't find good information on a topic before, we will go back and make sure we research where the prior gaps were and try and fill those in. As a committee, we try to evaluate and ask what the profession needs. We want to deliver content that's useful to our clinicians, accessible through the [AOA website](#) and something they can put into action in clinical practice.

How does the committee want doctors and other health professions to use the guideline?

We hope doctors of optometry and their staff look at the evidence-based and consensus-based recommendations, for starters, because the guideline has very strong evidence, multiple citations for our [clinical recommendations](#). Doctors may look up a certain treatment protocol. Maybe there's a table they're going to download and print. That's what we would hope they would do. Take that information and make it part of their day-to-day practice, but then also go back to it when they need it and use it as a reference. They might, for instance, consult the guideline to see what instrument or exam technique is best to evaluate an ocular issue. We also hope that when doctors of optometry attend continuing education that our lecturers are using our guidelines as resources with the evidence-based recommendations as part of their delivery of content. We also hope the same applies to optometry schools, where they can look to these guidelines when they are developing curriculum for future clinicians.

Explain more about the hard-working EBO Committee.

That seems to be the reputation we have in the AOA. The committee is a mix of doctors from lots of different modes of practice. Myself and some of the other doctors are in private practice. We have a fair number of academic faculty who also have clinical roles with their respective institutions. And we have several doctors who work in multidisciplinary settings. We have content experts as well, on teams that specialize in the guideline topic we are writing. Overall, what we look for is someone who obviously is active in clinical practice and then we follow our 14-step process. Over the past two years or so, we have been running two different guidelines. One is the primary open angle glaucoma guideline, which we are still working on, and then there is this, the second edition of the adult eye guideline. We also may have a practicing physician or an ophthalmologist on the guideline team, depending on the topic. We have a patient and a patient advocate as well. We are careful to stick to our process and everyone is vetted as far as bias on the topic.

See all of the EBO Committee's previously published [clinical practice guidelines](#), myopia clinical report and consensus-based guidelines.

CLINICAL EYE CARE

- Public Health
- Diseases and Conditions
- Health and Wellness

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I am writing to express my vehement opposition to the proposed change in glasses expiration dates from one year to two years. As an optometrist in Nevada, I strongly believe that such a change would have detrimental effects on public health and safety. The current one-year expiration for glasses prescriptions serves a vital purpose in ensuring the visual health and well-being of individuals. Vision is not a static aspect of our health; it can change rapidly due to various factors such as age, health conditions, and environmental influences. By requiring annual check-ups and prescription renewals, the current system enables optometrists to monitor and address any changes in vision promptly, thus safeguarding the ocular health of patients.

Extending the expiration period to two years would significantly compromise this crucial aspect of eye care. It would introduce unnecessary risks, potentially leading to undetected vision problems, delayed interventions, and compromised safety for individuals who rely on corrective lenses. Furthermore, it may discourage individuals from seeking regular eye examinations, falsely assuming that their vision remains unchanged for an extended period.

Additionally, from a consumer protection standpoint, the proposed change raises concerns about the quality and appropriateness of eyewear prescriptions over an extended period. Vision correction is a highly individualized aspect of healthcare, and what may be suitable for one person could be inadequate or even harmful to another.

Moreover, extending the expiration period for glasses prescriptions contradicts the standards upheld by reputable healthcare regulatory bodies and professional organizations. The American Optometric Association (AOA), for instance, recommends annual comprehensive eye examinations for adults to ensure early detection and treatment of vision problems and ocular diseases. By deviating from such established guidelines, the proposed change undermines the credibility and integrity of optometric practice in Nevada.

In conclusion, I urge the Nevada State Board of Optometry to reconsider the proposed change in glasses expiration dates and maintain the current one-year requirement. Doing so is imperative to uphold the highest standards of eye care, prioritize public health and safety, and ensure that individuals in Nevada receive the timely and appropriate vision correction they deserve.

Thank you for your attention to this matter. I trust that you will carefully consider the concerns raised herein and make the decision that best serves the interests of the citizens of Nevada.

x41

I am writing to express my concern over the consideration of extending spectacle prescriptions to a 2 year expiration date in Nevada. I do not support and oppose this change as it is not in the best interest of public health and safety. This ultimately discourages annual eye exams where eye conditions and disease can go undetected and potentially lead to vision loss or otherwise compromise the health of individuals. Vision correction has the ability to change due to various factors including age, environment, and health conditions. Annual exams allow us, optometrists, to address any vision changes as well as promptly and safely treat and manage eye conditions and disease.

A 2 year expiration does not align with the American Optometric Association guidelines, which recommends annual comprehensive eye examinations for adults to optimize visual function, evaluate eye changes, and provide for the early detection of sight-threatening eye and systemic health conditions.

I strongly urge for the Nevada State Board of Optometry to maintain the 1 year expiration of spectacles prescription for the well-being of our Nevadans. Thank you for your attention to this matter.

I believe this proposal that would make glasses prescriptions valid for two years would do a disservice to our patients as they need to be getting their ocular health checked annually. Just like we see the dentist at least once or twice a year or our PCP once a year, we need to emphasize how important it is to get your eyes checked once a year as there are many vision-threatening ocular diseases. I believe that patients would not be getting an ocular health exam once a year if their prescriptions were valid for 2 years. Thank you for listening to my concerns.

I am writing to you to voice my concerns regarding the NOA considering revising Nevada law mandating that spectacle prescriptions for patients aged 18-65 years old carry a 2-year expiration date. While it may seem convenient to the patient if they need replacement glasses or contacts, optometry is more than updating prescriptions. An annual exam allows optometrists to detect potentially dangerous conditions, such as bleeding in the back of the eye that signifies a systemic blood disorder or asymptomatic retinal holes that could turn into retinal detachments. Please consider not making changes to the established law, as this would only make taking care of our patients more difficult and raise the risks for blinding conditions to go undetected.

As an optometrist, I would like to voice my concern about the amendment that is being proposed under NAC 636.670 that would make spectacle lens prescriptions valid for 2 years. We already have difficulty getting patients to be compliant with getting yearly eye health examinations and with the extended spectacle prescriptions it will make it that much more difficult. I do not see how this will benefit our profession in any way. Please strongly consider removing the proposed amendment; I am opposed to extending spectacle prescriptions to 2 years no matter what the patient's age.

I am writing to express my vehement opposition to the proposed change in the glasses expiration date from one year to two years. As an optometrist in Nevada, I fully believe that such a change would have horrible and detrimental effects on public health and safety. The current one year expiration for glasses prescriptions serves an important purpose, making sure the visual health and well being of patients is continually being monitored. Vision is not a static part of our health. It can rapidly change due to many different factors, some of which can be detrimental to our health to detect quickly. By keeping the current specifications for glasses prescriptions we can much better serve our community. The only benefit I can see for someone to change this, would be for better profit for commercial entities. Greed should not be a factor when it comes to our communities health and wellbeing. I would greatly appreciate if you would take this into consideration when determining a decision for the glasses expiration timeline. Thank you for your time.

I am opposed to changing the expiration date on glasses from one year to two years. The public as a whole are not well-informed on what an eye examination consists of, but they are aware of a prescription expiring. Considering all the conditions that present with minimal to no patient-observable symptoms, my fear would be missed diagnoses, increased risk to patients' health and vision, and potential irreversible preventable vision loss.

Last year, March 23, 2023, the American Optometric Association (AOA) published an article on recommended frequency of eye exams. In that article they state, "The AOA recommends that adults ages 18-64 get an eye exam every year."

I would urge the Board to decline the proposed change.

I would be opposed to the proposed change in Nevada optometric law moving the prescription Rx date to 2 years. I would propose that we do not change to 2 years. I do feel as if this will allow people to push off their exams to 2 years which could endanger their ocular health by not having it checked yearly.

I am writing to you to express my concern over the proposed revision to Nevada law that would mandate a 2-year expiration date on spectacle prescriptions for patients aged 18-65 (with few exceptions). The main issue I have is that the proposed revision contradicts AOA guidelines about the importance of annual eye exams.

In my current practice setting, I see a number of patients with low vision. In many of these cases, preventive care and education could have significantly impacted the course of their pathology and subsequent profound vision loss. In my opinion, the convenience of biennial eye exams is far outweighed by the importance of a clear and consistent message to our patients that annual in-person eye exams are critical to preventive ocular and overall health care.

It has come to my attention that on Thursday, March 28, the Nevada Board of Optometry is going to consider revising Nevada law and mandating that spectacle prescriptions for patients 18-65 automatically carry a 2-year expiration date unless a medical reason to shorten the expiration is documented. I wanted to voice my extreme concerns to this as such a change runs contrary to currently published AOA guidelines. Furthermore, the AOA & NOA's position on this issue is that 2-year expiration periods send a message to our patients that annual eye exams are not necessary. A review of the AOA website shows multiple articles and publications stating the importance of annual (in-person) eye exams in preventative ocular and overall health care.

Thus, I have grave consternation with the Nevada law being revised, thereby, taking control of how and why optometrists prescribe spectacles to Nevadans. As you know, one of the State Board's primary objectives is to ensure public safety and well-being. The proposed language change would decrease optometrists' ability to detect disease in patients of all ages.

I hope this message finds you well. I am writing to express my concerns regarding the proposal for a 2-year expiration on glasses prescriptions. I feel that yearly exams with yearly expiration dates allow us to better monitor and evaluate the patient more effectively.

As a member of the State Board, our primary objective is to ensure public safety and well-being. Prescribing spectacles involves not only addressing visual impairments but also considering various factors such as ocular health, prescription accuracy, and individual needs. Any changes in the process must prioritize the safety and health of our residents.

While I understand the need for potential updates or revisions in our protocols, it's crucial that any adjustments are made with careful consideration and input from relevant stakeholders, including eye care

professionals, medical experts, and community representatives. Moreover, maintaining standards of practice aligned with evidence-based guidelines should remain a cornerstone of our decision-making process.

I believe that collaborative efforts and thorough evaluations are essential in safeguarding the eye health of our community members. Therefore, I urge us to proceed thoughtfully and transparently in this matter, ensuring that our actions ultimately serve the best interests of the people of Nevada.

Thank you for considering my concerns, and I look forward to further discussions on this important issue.

I do not support changing glasses prescriptions from one year to two. Most patients prescription changes yearly. If a prescription is “guaranteed “ to be good for two years, then many optometrists will start seeing more patients who complain about blurry vision with their 2 year prescriptions and would have to do free Rx checks and refractions, because to the patient, the prescription should still be good for two years and it is not. This will create a lot of problems and dissatisfaction for all our practices,

Like many of my colleagues, I’m writing to oppose a rule change to a 2 year spectacle expiration. Our goal as Optometrists has always been to protect and preserve the precious gift of sight. Our national association the AOA, has worked hard to promote yearly eye exams. Insurances for years have given benefits for yearly eye exams. We always discuss annual exams for contact lenses patients as abuse can lead to unwanted and irreversible effects to the cornea and lead to vision loss.

Giving a 1 year window of time to our patients promotes care and lets them know that the vision and internal health is important and can change throughout the year. Going to a 2 year time frame could alter timely care and there are patients who would miss timely visits and suffer with losses that could be irreparable.

I been practicing for 40 years and I’m new to Nevada since the end of 2022. I’m my time here, I’ve seen many adults in the 18-65 age range who have benefited from timely care, because of their yearly visits. Giving a 2 year time frame could lead to untreated issues, loss of timely care and potentially lead to other issues such as car accidents.

In summary, please do not consider a 2 year expiration. The one year has worked, insurances are lined up and our patients have the ability to seek care in a timely basis that makes good sense for all of our fellow Nevadans.

Doesn’t follow medical standards. The change will make patients feel like they don’t need to come back for their annual eye health check.

This letter is in response to the NSBO Newsletter dated March 14th, 2024. Specifically, the newsletter proposes edits to existing NAC’s regarding spectacle lens prescriptions. The proposed edit of “a

prescription shall be valid for a period of 24 months for patients aged 18-65 years old unless the prescriber documents a reason for the shorter period of time” is not in the best interest of public health.

By extending the period a prescription is valid for conflicts with preventative and wellness care principles that aligns with comprehensive annual eye examinations. In fact, the American Optometric Association released updated clinical guidelines that reinforces the importance of annual eye examinations. The March 8, 2023, comprehensive study cites “significant public and economic impact posed by an aging population, increased visual impairments and blindness in the U.S....”.

This research based clinical practice guideline is in place for all federal and state regulatory agencies to ensure public officials understand the importance of annual eye examinations. It goes on to state “comprehensive eye exams provide the opportunity for early detection of eye health and visual performance problems as well as the prevention of vision loss”.

The public often perceives a prescription expiration date with the timeline for an annual comprehensive examination. Mandating a 24-month period eliminates eye care provider’s ability to provide wellness and preventative services in a timely manner and may place Nevadan’s health at risk. Chronic conditions such as diabetes, hypertension, hypercholesterolemia, and other systemic conditions may be delayed from early detection where treatment is most effective. Further, many patients are not as current with obtaining annual physicals with their primary care physician leaving early diagnosis often with eye care providers detection of eye-health sequela.

The 2024 Southern Nevada County Health Rankings & Roadmaps Study published and presented this week by the Southern Nevada Health District, Nevada Department of Health and Human Services, Nevada Public Health Institute and other public health care organizations clearly show current suboptimal Health Outcomes and Factors for Nevadans. Nevada ranks poorer with many metrics in comparison to the United States average. With relation to USA health outcomes, Nevada outpaces premature death averages, has reduced life expectancy, and outpaces the nation with increased smoking. Reduced access to care is a predominant factor with Nevadans ratio of population to primary care physicians exceeding US average. In fact, the US averages 1,330:1 PCP where Nevada averages 1,763:1 PCP illustrating reduced access to timely care and preventative services. Couple this with a confusing message of mandatory 24-month prescription expiration dates and Nevadans face a formula for disastrous health outcomes as we are eliminating the remaining method of early chronic and acute disease detection. The Nevada public health community is placing into effect a multifaceted roadmap addressing chronic disease awareness, increased access to care, and improved public health funding throughout the state. If we do not align with Nevada’s public health direction, we would be negligent to advise otherwise.

Lastly, eye health and vision problems may develop without any obvious sign or symptoms. The American Optometric Association guidelines recommends annual comprehensive eye examinations for ages 18 through 64. This is necessary to ensure optimal vision, evaluate ocular changes and provide early detection of sight-threatening eye and systemic health conditions.

Expiration dates should be left to the clinical judgement of eye care providers depending on a multitude of factors. The doctor-patient relationship should be preserved at all costs with the ultimate judgement of clinical care including expiration dates to be directed by the eye care providers.

Please consider the public health information at your disposal and reject a mandatory expiration date for prescription lenses as it is contrary to public health, preventative services, and wellness care.

I am writing this letter to address concerns regarding the Board's proposal to require ophthalmic "prescriptions for patients aged 18-65 to be valid for 24 months unless a provider documents a reason for a shorter time".

I am opposed to this language for the following reasons.

1. Enacting a law that defaults to a 2-year expiration date sends a message to our patients that annual eye examinations are not necessary. Such a message is contrary to the current American Optometric Association guidelines as published in the attached documents. To summarize the March 2023 article entitled... **"Updated Clinical Guideline Reinforces Importance of Annual Eye Exams, Comprehensive Eye Care with Doctors of Optometry"**, the AOA cites the increased "public and economic impact of an aging population" as a key factor in the organization's decision to revise its guidelines. The article further states "An in-person, comprehensive eye exam with a doctor of optometry is the medically recognized standard to assure precise and healthy vision, enabling the doctor to uncover and diagnose more than 270 systemic and chronic diseases, such as high blood pressure, high cholesterol, diabetes, glaucoma, macular degeneration, Graves' disease, autoimmune disorders, and cancer—some of which can be cured or slowed through early diagnosis and treatment."

The article also clearly states "...Given eye health and vision problems may develop without any obvious signs or symptoms, the guideline recommends annual comprehensive eye exams "for persons 18 through 64 years of age to optimize visual function, evaluate eye changes, and provide for the early detection of sight-threatening eye and systemic health conditions." Further stating, "Implementation of this recommendation is likely to result in earlier diagnosis of eye and vision problems, the prevention or reduction in vision loss, as well as improved health-related quality of life for this age group." Similar language may be found throughout the AOA's Comprehensive Adult Eye and Vision Examination, Second Edition, published in January 2023. That document may be found at <https://aoa.uberflip.com/i/1492068-ebo-adult-guidline-22/0?>

2. While on its surface, enacting a law that defaults to a 2-year expiration date appears to provide certain economic benefits to consumers, a deeper analysis reveals the wider narrative for this stems from the optical retail industry, which has no vested interest or responsibility in patient care. Such optical retail companies solely exist to profit from the sale of eyewear and are not subject to oversight such as Boards of Optometry, ethical health care standards, insurance compliance, privacy compliance, etc. A 2-year expiration period essentially unwittingly exposes patients to a myriad of temptations to delay important eye health check-ups, simply because they're not currently experiencing symptoms.

3. A review of guidelines issued by other healthcare associations and organizations promotes frequent preventative visits for patients and shows no signs of outside influence in producing their guidelines.

The Nevada State Board of Optometry, as you know, is charged with protecting the health and well-being of Nevadans. Changing the language to force doctors to practice in a certain manner regarding spectacle prescribing contradicts the Board's expressed mission and should therefore not be considered.

Thank you in advance for your time and consideration.

I would like to voice my concerns about changing the spectacle lens expiration date to 24 months as the default. I might support 12 months with an extension to 24 months for appropriate patients.

I believe it should stay unchanged, as it currently states it is at the discretion of the doctor. I believe this would not be a good idea- especially for kids and the increasing number of myopic patients. Most of my colleagues in other states (other than CA) continue to have a one year expiration date as well. It would seem that if we increase it to a 24 month expiration, it would downplay the importance of what we do. MF CL patients are another example of who have changes in their RX faster. Please reconsider this change and keep it as it stands.

Pursuant to the proposed change to the Nevada Administrative Code 636.670.5 (see below), it is my recommendation as an Optometrist duly licensed to practice in the state of Nevada that the duration for a spectacle prescription remain at 1 year, as currently constituted.

Medical science and the American Optometric Association recommend that eye exams should be performed annually. Changes to this statute contradict current medical advice and will put patients at risk. Having personally diagnosed hundreds of patients with ocular pathology during 'routine' eye exams, I strongly oppose changing the duration to two years.

I advise my patients of the importance of yearly eye exams every day, in large part because a significant portion of the ocular structure does not contain pain receptors. Diabetic retinopathy, for example, is among the leading causes of vision loss in the United States (a very common finding in my practice) and almost never reveals any noticeable symptoms until the disease process has caused significant damage to the eye.

It is my recommendation that the verbiage of NAC 636.670.5 be left as is.

x3

I'd like to oppose any extension of the eyeglass expiration beyond a 12 month period in the NAC. I acknowledge that many 18-64 year olds won't have a change in the glasses prescription in a 24 month period, but I've had too many patients with changes to vision or eye health in that age range - which is a huge percentage of patients - to approve encouraging patients to not get their eyes checked every year. There are so many reasons to get an eye exam annually, but if an optometrist wants to approve 24 month prescriptions when appropriate there is nothing keeping him or her from doing just that. I also don't think the NRS gives the board any authority to make a change like this.

I believe it would be detrimental to change the glasses Rx from one to two years. As almost every doctor could testify, diseases and disorders are discovered on routine examinations frequently. Had the patient not been in for their annual exam that condition might have gone further undiagnosed, leading to a more complicated management and possible long-term damage to the eye or other bodily systems.

Doctors currently have the right to extend the expiration date of a prescription if they feel it is wise to do, after seeing the patient. To create a blanket precedent of 24 months would not be wise.

I am opposed to the proposed changes to NAC 636.670, specifically I oppose extending glasses prescriptions for 24 months vs 12. The AOA agrees that patients should have yearly eye exams. By extending prescriptions we are enabling patients to not be seen annually and potentially postpone vision saving care.

The Nevada State Board of Optometry newsletter outlined a change to NAC 636.670 by adding a 5th requirement to the administrative code to read: "For spectacle lenses, a prescription shall be valid for a period of 24 months for patients age 18-65 years old unless the prescriber documents a reason for the shorter period of time."

I think this is a step backwards for promoting good healthcare. When we are trying to establish medical recommendations it is important to keep in mind the likelihood of a problem and the potential consequences if it occurs. For example given the statistics of motorcycle crash frequency and the consequences of crashes without a helmet we recommend every rider wears a helmet every time even though all riders are hopefully not going to have a crash. If we look at our job of promoting good ocular healthcare then we need to look at the consequences of loss of sight and the probabilities of it occurring. The top three causes of blindness in America are macular degeneration, glaucoma and diabetes. The evidence for better outcomes with early detection due to annual eye exams for each of these diseases is substantial. Saying that only people over the age of 65 are prone to these diseases is not based on current medical evidence.

Dr. Cornwell pointed out that According to the CDC, more than 34 million US adults have diabetes, seven million of whom are undiagnosed.¹ The number of Americans diagnosed with diabetes has almost doubled over the past 20 years, with 95% of cases being type 2 diabetes.¹ Optometrists alone diagnose type 2 diabetes in more than a quarter-million patients each year based on our eye exams.² After considering the fact that one in three adults has prediabetes, we can see that almost half of the US adult population is at risk of sight-threatening retinopathy, morbidity and mortality, as diabetes is among the leading causes primarily due to its association with cardiovascular disease.^{1,3}

Approximately one in three diabetic patients have some form of DR, with up to 24,000 new cases occurring each year—a number that is expected to increase 40% by 2050.⁴⁻⁶ DR is the leading cause of vision loss among US adults.⁷

Each year, the US healthcare system spends \$327 billion to manage diabetes, its complications and the resulting loss in productivity.⁸ Healthcare costs for diabetes patients are more than double those of unaffected patients.⁸ Playing our part in early detection and management of diabetic ocular issues is a cost savings to the healthcare system not an unwarranted financial burden. With as many Americans that are at risk and the dire consequences of these diseases I think recommending less than yearly eye exams is irresponsible.

Please do not make a change that would be harmful to the promotion of good healthcare.

Sincerely,

1. CDC. National Diabetes Statistics Report, 2020. www.cdc.gov/diabetes/library/features/diabetes-stat-report.html. Accessed June 4, 2020.

2. AOA. 21st-century optometric care for the 21st-century pandemic. www.aoa.org/news/clinical-eye-care/21st-century-optometric-care. Accessed June 4, 2020.

3. CDC. National Diabetes Statistics Report, 2017. dev.diabetes.org/sites/default/files/2019-06/cdc-statistics-report-2017.pdf. Accessed June 4, 2020.

4. Lee R, Wong TY, Sabanayagam C. Epidemiology of diabetic retinopathy, diabetic macular edema and related vision loss. *Eye Vis (Lond)*. 2015;2:17.

5. CDC. Economic studies. www.cdc.gov/visionhealth/projects/economic_studies.htm. Accessed June 4, 2020.
6. NEI. Diabetic retinopathy data and statistics. www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/eye-health-data-and-statistics/diabetic-retinopathy-data-and-statistics. Accessed June 4, 2020.
7. CDC. Watch out for diabetic retinopathy. www.cdc.gov/features/diabeticretinopathy/index.html. Accessed June 4, 2020.
8. ADA. Economic costs of diabetes in the U.S. in 2017. care.diabetesjournals.org/content/early/2018/03/20/dci

Good Afternoon,

I am opposed to the two year Rx proposal. As a practicing optometrist for over 30 years, I am certain this change to NAC would put the Nevada public at risk for vision loss and blindness. I believe that regularly extending an Rx (and corresponding eye health examination) to two years is unethical and below standard of care. Please ask the American Optometric Association for advice on this topic.

Materials for Item No. 4 re

- Meeting Minutes, 1/31/2024

NEVADA STATE BOARD OF OPTOMETRY



MINUTES OF PUBLIC MEETING

January 31, 2024

1. **Call to Order, Roll Call, welcome, introductions.** President Mariah Smith, O.D. opened the meeting at 8:04a.m. Deputy Attorney General Ziwei Zhang, Esq., Executive Director Adam Schneider, Esq., Board members Stephanie Lee, O.D., and Drew Johnson were present remotely. President Smith noted in light of Board Member Dr. Austin's unavailability, the meeting would proceed as a quorum. Pursuant to AB219, the Zoom link was identified and public telephone access number 1 669 900 6833 was read into the record.
2. **Action Item 1. Executive Director Jenkins final payout amount.** President Smith asked the Board if the Board had reviewed the meeting materials of the Board's auditor calculating Director Jenkins' revised vacation time payout amount as \$3318 in overpayment. All participating Board members confirmed they had and had no questions. President Smith moved to adopt such calculations, i.e., \$8405, as the final amount for Director Jenkins to refund to the Board comprised of \$3318 in vacation time refund and \$5087 in sick time refund. Dr. Lee seconded. Motion passed unanimously.
3. **Public Comment.** Public comment sought. No public comment offered.
4. **Action Item 2. Adjournment.** Dr. Lee moved to adjourn. Member Johnson seconded. Motion passed unanimously as a quorum. Meeting adjourned at 8:07a.m.

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FY 2023-2024 Regular meeting schedule

Thursday 3/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 4/25/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 5/30/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 6/27/2024 12:00p.m (pst) Reg. Bd. Meeting- phone or Zoom

FY 2024-2025 Regular meeting schedule

Wednesday 7/31/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 8/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

* * * * *

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on March 28, 2024.

Adam Schneider, Executive Director

Materials for Item No. 5 re

- NRS 636.075(1)(a)

NRS 636.075 Salary of members; per diem allowances and travel expenses of members and employees; payment of compensation and expenses of members and employees.

1. Each member of the Board is entitled to receive:

(a) A salary of not more than \$150 per day, as fixed by the Board, while engaged in the business of the Board;

Materials for Item No. 6 re

- NAC Workshop results

Proposed elimination of existing NACs

NAC 636.110 “Do not meet the specifications of the American National Standards Institute” defined.
As used in NAC 636.120 to 636.200, inclusive, the phrase “Do not meet the specifications of the American National Standards Institute” means that the ophthalmic products:

1. Were not purchased from a manufacturer or wholesaler who warrants that they meet the most current version of those specifications, if applicable; or
2. Do not meet the most current version of those specifications, if applicable.

NAC 636.130 Posting of signs

1. A licensee shall post a sign at the entrance to any office that is registered with the Board as a practice location of the licensee. The sign must include, without limitation, the licensee’s last name, as it appears on his or her license, the professional designation of the licensee and the hours during which the office is open.
2. A sign posted at a location which is remote from the office must specify, without limitation, the last name of the licensee as it appears on his or her license and his or her professional designation.

NAC 636.150 Ophthalmic products

1.
(b) A notice, “Does not meet the specifications of the American National Standards Institute” if the ophthalmic product does not meet the applicable specifications of the American National Standards Institute.

NAC 636.160 Spectacle lenses

2. A statement that the advertised lenses are clear, tinted or photochromic.
3. A statement that the advertised lenses are glass or plastic, single vision, bifocal or trifocal, that they are occupational or aphakic, and if the lenses are:
 - (a) Bifocal, the advertisement must state the segment size except for executive or dualens types.
 - (b) Trifocal, the advertisement must state the segment size except for executive or dualens and variable focus types.
 - (c) Occupational or aphakic, the advertisement must state that they are lenticular aspheric, lenticular nonaspheric or full-field aspheric.

Proposed edits* to existing NACs

* Final language is subject to the Nevada Legislative Counsel Bureau’s discretion and approval;
strikethrough = proposed deletion; bolded font = proposed addition

NAC 636.142 Broadcast advertisements

1. Any broadcast advertisement placed by an optometrist licensed to practice in this State must include a ~~oral~~ statement of: . . .

NAC 636.160 Spectacle lenses

3. A statement that the advertised lenses are glass or plastic, single vision, bifocal or trifocal **progressive**, that they are occupational or aphakic. ~~and if the lenses are:~~

NAC 636.170 Contact lenses

2. Contact lenses received from a manufacturer in a package containing multiple lenses of the same prescription that are intended to be used as scheduled replacements or as disposable lenses may not be advertised for sale or sold as permanent lenses **in a different replacement schedule as indicated by the Federal Drug Administration or the contact lens manufacturer.**

NAC 636.190 Optometric examinations

An advertisement of an optometric examination, eye examination, vision examination, eye test or vision test must include a specific disclaimer if any of the following services are not included:

- 1. The documentation of the primary reason for which the examination is conducted;**
- 2. A review of the medical history and ocular history of both the patient and his or her immediate family;**
- 3. A review of any medications used by the patient;**
- 4. A review of any allergies of the patient;**
- 5. A review of documentation identifying the patient's primary care physician;**
- 6. General medical observations, including, without limitation, neurological and psychological orientation;**
- 7. Eye pressure;**
- 8. Gross, confrontation or formal visual fields;**
- 9. A basic sensorimotor examination;**
- 10. A complete pupillary assessment, including, without limitation, an examination of the presence of an afferent pupillary defect;**
- 11. Eye alignment;**
- 12. Visual acuities;**
- 13. Keratometry or autokeratometry;**
- 14. Anterior segment examination using a slit beam and magnification, as through a biomicroscope slit lamp, to include ocular adnexa, eyelid, eyelashes, conjunctiva, pupil, cornea, anterior chamber and lens;.**
- 15. A manifest or subjective refraction.**
16. A dilated fundus examination.

NAC 636.210 Restrictions on use of name and place of practice; required display of license; representation as specialist without certification; employer responsible for unprofessional conduct

1.

(b) Represent himself or herself as a specialist in any optometric field unless he or she is **an American Academy of Optometry diplomate, Optometric Glaucoma Society fellow, Optometric Retina Society fellow, Scleral Lens Education Society fellow, or** has been certified by a board for certifying specialties approved by the Nevada State Board of Optometry.

...

2. An optometrist shall display his or her license or a duplicate of his or her license to practice optometry and a current renewal card ~~in a conspicuous manner~~ **available upon request** at each office in which he or she practices optometry or has an ownership interest.

4. An optometrist who employs another optometrist **or an employee, technician, or assistant** on a temporary or permanent basis is subject to disciplinary action for any unprofessional conduct of the optometrist **or an employee, technician, or assistant** he or she employs which takes place during the performance of services pursuant to such employment. **Consistent with NRS 636.346, the optometrist has the ultimate responsibility over any conduct, treatment, act, or omission by the optometrist's employee, technician, or assistant, and all responsibility for all care provided to the licensee's patients.**

NAC 636.215 Certificate of registration required to practice under assumed or fictitious name.

5. Not later than ~~10 working~~ **90 calendar** days after any percentage of the ownership of an optometry practice for which a fictitious or assumed name is registered changes, the licensee to whom the fictitious or assumed name is registered must submit a new application for the registration of the assumed or fictitious name.

NAC 636.xxx Licensee fees

3. The following nonrefundable fees:

(q) Legal name change (anytime besides at the time of a license renewal)\$100

NAC 636.xxx(1)(c) “upon service of process of a civil action relating to the practice of optometry is filed against the licensee or the licensee’s optometry business as registered with the Board, or the licensee’s business practicing under an assumed or fictitious name as registered with the Board.”

NAC 636.xxx Continuing Education

6.

(d) For continuing education completed to satisfy the requirements of NRS 636.2881 or subsection 6 of NRS 636.338, the American Medical Association, or its successor organization, as Category 1 **ophthalmology-specific** continuing medical education.

(e) Any ophthalmology residency program that is affiliated with an accredited medical school.

NAC 636.670 Contents

2. The actual materials desired ~~with their ability to transmit oxygen~~

...

4.

(b)

(2) The actual materials desired ~~with their percentage of water content and thickness~~

...

5. For spectacle lenses, a prescription shall be valid for a period of 24 months for patients age 18-65 years old unless the prescriber documents a reason for the shorter period of time.

Proposed new NACs* to AB 432:

* Final language is subject to the Nevada Legislative Counsel Bureau’s discretion and approval.

AB432 - 636 (2023)

AB 432 Section 14- the intent of this section is to also address a licensee’s permanent incapacitation, and the permanently incapacitated licensee’s durable power of attorney, legal guardian as appointed pursuant to NRS 159- Guardianship of Adults.

AB 432 Section 15- The personal mailing address, telephone number, and electronic mail address of the licensee are to be kept confidential within the Board’s internal files absent such information being the licensee’s publicly known mailing address, telephone number or electronic mail address.

AB 432 Section 16- As used in this section, “disciplinary action” means an action resulting in a report to the National Practitioner’s Databank regarding patient care, or a finding of unprofessional conduct as defined in NRS 636.295.

AB 432 Section 17(1)- As used in this section, within the scope of a license means up to the scope of practice of the student’s supervising licensee.

AB 432 Section 17(2)- As used in this section, within the scope of a license means up to the scope of practice of the resident’s supervising licensee.

AB 432 Section 17(3)- As used in this section, the person may provide care up to 10 hours of informing the supervising licensee.

AB 432 Section 17(4)- The intent of this section includes the providing of prescriptions.

AB 432 Section 18- The intent of this section allows the originating licensee or licensee within the originating licensee's practice group in extenuating circumstances to issue, offer to issue, duplicate, or extend a prescription for the patient of the originating licensee or the originating licensee's practice group within the immediately preceding two years.

AB 432 Section 19(2)- As used in this section, no synchronous non-comprehensive examination can be conducted unless the licensee has access to the patient's records and contemporaneously reviews such records.

AB 432 Section 19(3)- As used in this section, "access" includes the act of reviewing such information prior to or contemporaneous with the examination. Nothing in this section is meant to prevent a licensee from providing care to a patient whom is already an existing patient within the licensee's practice group of the immediately preceding two years.

AB 432 Section 19(9)(a)- as used in this section, the issuance of a prescription for an ophthalmic lens cannot occur without the licensee performing a synchronous manifest refraction.

As to existing NRS 636*

* Final language is subject to the Nevada Legislative Counsel Bureau's discretion and approval.

NRS 636.145 In a disciplinary hearing, proof of actual injury need not be established.

NRS 636.206(2)(a) As used in this section, "disciplinary action" means an action resulting in a report to the National Practitioner's Databank regarding patient care, or a finding of unprofessional conduct as defined in NRS 636.295.

NRS 636.206(2)(a)(6) As used in this section, "malpractice" is also inclusive of "professional negligence."

NRS 636.215 "1. The purpose of licensing optometrists is to protect the public health and safety and the general welfare of the people of this State. 2. Any license issued pursuant to this chapter is a revocable privilege."

NRS 636.305 "The voluntary surrender of a license, the failure to renew a license or the retirement of a licensee does not preclude the Board from causing a complaint to be investigated, issuing a formal complaint against the licensee, or conducting a disciplinary hearing of a formal charge relating to an alleged ground for disciplinary action set forth in NRS 636.295 conducted in accordance with the provisions of chapters 233B, 622, and 622A of NRS."

Materials for Item No. 7 re

- ARBO ED Scholarship

2024 ARBO Annual Meeting

ARBO 2024 Annual Meeting

June 16-18, 2024
Renaissance Hotel
Nashville, Tennessee

Please join us for the 2024 ARBO Annual Member Meeting in Nashville, Tennessee. Members and staff of Regulatory Boards of Optometry in the United States, Canada, Australia, and New Zealand are invited to attend this important meeting. The ARBO Annual Member Meeting provides an excellent forum for keeping up-to-date with regulatory issues. This is a great opportunity to interact with your regulatory colleagues discussing hot topics and shared concerns in the regulatory community.

Meeting Registration: Complete the delegate registration form to register both voting and non-voting delegates who will be attending the meeting. The registration fee for the 2024 meeting is \$550. ARBO Life Members receive a complimentary registration. Non-Members may attend the meeting as observers. The Observer registration fee is \$650.

Online Registration: Please register by completing the [Online Registration Form](#)

Printable Registration Form: You can also register by completing the [Printable Registration Form](#)

Hotel Reservation Information: Rooms are being held at the Renaissance Hotel in Nashville, Tennessee for attendees of the ARBO Annual Meeting at a group rate of \$289.00 US (+ taxes and fees) per night (single/double). In order to take advantage of the group rate, you must make your room reservation by Tuesday, May 21, 2024.

To make, modify or cancel your hotel reservation online please visit [Special Hotel Registration Link](#) or for phone reservations call: Reservations Toll Free: 1-877-901-6632 and reference the ARBO Annual Conference.

Meeting Agenda: [Meeting Agenda](#)

Travel Stipends/Scholarship Information:

- [Travel Stipend Request](#)
- [Ken Lawenda Travel Scholarship Information](#)

Member Announcements:

- **Call for Nominations: COMING SOON!**
- **Call for Resolutions: COMING SOON!**



Association of Regulatory Boards of Optometry

3440 Toringdon Way
Suite 205 PMB #20533
Charlotte, NC 28277

Tel: (704) 970-2710
Fax: (888) 703-4848
Email: arbo@arbo.org

Kenneth Lawenda Scholarship

ARBO has established the Kenneth Lawenda Scholarship in honor of Dr. Kenneth Lawenda, former member of the Board of Directors who passed away unexpectedly in 2023. The scholarship is awarded to a Board member or Staff person from an active ARBO member board who demonstrates the same passion and vision for the regulation of optometry that Dr. Lawenda exemplified. (Note: Multiple scholarships will be awarded.)

Lawenda Scholarship Details:

ARBO Member Boards may nominate one of their Board members or staff for the scholarship. The recipient of the award will receive the following:

- Complimentary registration for the Annual Meeting
- Accommodations for up to three nights at the meeting hotel
- Airfare to the meeting city (coach class, reservation must be made at least 2 weeks in advance of the meeting)

Lawenda Scholarship Criteria:

- Must be a Board member or staff person of an ARBO Member Board in good standing for at least 3 years.
- Candidate must be nominated by the leadership of an ARBO Member Board.
- Nominations must be submitted by March 29, 2024.
- Submit a letter on your Board letterhead stating why you feel the candidate should be given the scholarship.
- Include the following in your letter:
 - Background information on your candidate— length of time on your Board, positions held, involvement in ARBO activities, etc.
 - Regulatory Board program support— Briefly explain any programs/projects for which your candidate has made significant contributions to your regulatory Board.
 - Community/Civic Involvement— List any community and/or civic activities your candidate is involved with.
 - Provide any additional information that you would like the committee to know about your candidate.
- The ARBO Annual Meeting Planning Committee will review applications and recommend a recipient to the ARBO Board of Directors for their final approval.
- The recipient will be notified by April 15, 2024.

To be considered for the Lawenda scholarship for the 2024 ARBO Annual Meeting, please submit your nominations to Lisa Fennell, ARBO Executive Director, by email: lfennell@arbo.org no later than March 29, 2024.

NEVADA STATE BOARD OF OPTOMETRY



MARIAH SMITH, O.D.
Board President

JULIE C. ALAMO-LEON, O.D.
Board Member

Post Office Box 1824
Carson City, Nevada 89702
Telephone: (775) 883-8367
Facsimile: (775) 305-0105
E-Mail: admin@nvoptometry.org

ADAM SCHNEIDER, ESQ.
Executive Director

JEFFREY AUSTIN, O.D.
Board Member

DREW JOHNSON
Public Board Member

March 28, 2024

Association of Regulatory Boards of Optometry
Attn: Lisa Fennell, ARBO Executive Director
lfennell@arbo.org
via email only

Ms. Fennell:

This letter comes collectively from the entire Nevada State Board of Optometry asking that our new Executive Director, Adam Schneider, Esq. be a recipient of an ARBO full scholarship.

We believe Mr. Schneider would be an ideal candidate for this convention. He has a substantial background in healthcare regulation and healthcare litigation. He has represented other kinds of healthcare providers when sued for professional negligence as well as representing such persons in front of those other healthcare providers' state boards. It became immediately evident to us, as early as his interview, that we found an ideal person for the role. His display of medical knowledge, legal knowledge, and the doctor-patient relationship have been tremendous assets for us as we continue to protect the public and the integrity of the profession of optometry in Nevada.

To our knowledge he has participated in every ARBO regular meeting that he has been invited. It is our understanding that not only does he attend, but he also is an active participant in those meetings and is eager to learn all of the nuances associated not only with regulatory law but the field of optometry itself.

His incoming knowledge of Nevada healthcare laws and other boards, such as Nursing or Medical Doctor or Osteopathic Doctor, has provided us with great perspective on how other Nevada healthcare provider Boards conduct their business. It is that background which allowed him to take an active role in helping us with our administrative codes for our chapter's statutes and our new bill passed before his tenure.

He has never attended a convention like ARBO's. Him attending will undoubtedly assist us in our work and benefit both optometrists and patients alike here in Nevada.

Thank you for your and ARBO's consideration.

Sincerely,

/s/ Mariah Smith, O.D.
President

/s/ Drew Johnson
Public Member

/s/ Jeff Austin, O.D.
Vice President

/s/ Julie Alamo-Leon, O.D.
Board Member

Materials for Item No. 8 re

- ARBO Model Practice Act



Model Practice Act for Optometry

3/1/24 Draft

ARBO Model Practice Act for Optometry

Introduction

The Association of Regulatory Boards of Optometry (ARBO) is a not-for-profit, 501(c)(3) association whose membership is comprised of 64 optometric licensing boards from the United States, Canada, Australia and New Zealand. ARBO is committed to serving these regulatory agencies (its Member Boards) by providing quality, relevant programs and services they can rely on to carry out their statutory responsibilities in the interest of public protection.

In 2022, the ARBO Board of Directors convened a task force to create a Model Practice Act for Optometry as a resource document available for use by its Member Boards. ARBO acknowledges and thanks the members of the Model Practice Act Task Force for their valuable input and participation in developing the Model Act. ARBO believes that the Model Act provides a uniform perspective that promotes public protection through regulation.

The purpose of the ARBO Model Practice Act for Optometry is to provide a resource to Optometry Boards to integrate as a model for regulating the practice of optometry. The Model Practice Act for Optometry reflects current issues in professional regulation and facilitates greater standardization of terminology and regulation from jurisdiction to jurisdiction. Greater standardization promotes increased mobility for licensed optometrists, and consistency in legal decisions related to licensure, renewal, discipline, and other board activities. Optometry Boards are free to use some, or all of the ARBO Model Act for their own Practice Act.

The core text of the Model Practice Act for Optometry is in the main section of the document. Comments and options for consideration are shown on the right side. Definitions of words that are capitalized in the Model Act can be found in Section 106. Suggestions and discussion are encouraged to ensure a document that is current and responsive to the needs of ARBO's membership. The language used throughout the ARBO Model Practice Act represents an attempt to promote uniformity to regulation and terminology. Member Boards are encouraged to review and use the Model Practice Act within the context of regulatory and language issues that may be unique to each respective jurisdiction. ARBO understands that modifications may be necessary to address existing regulatory, legal, cultural, and political climates.

ARBO Model Optometry Practice Act

An ACT concerning the regulation of the practice of optometry and related matters.

Be it enacted

ARTICLE I Title, Purpose, and Definitions

Section 101. Title of Act.

This Act shall be known as the "(Name of state or other jurisdiction) Optometry Practice Act."

Section 102. Legislative Declaration.

(a) The Practice of Optometry in the _____ of _____ is declared a professional practice affecting the public health, safety, and welfare and is subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of optometry, as defined in this Act, merit and receive the confidence of the public and that only qualified, individuals be permitted to engage in the Practice of Optometry in the _____ of _____. This Act shall be liberally construed to carry out these objectives and purposes.

(b) It is further declared that the intent of this legislation is to regulate the Practice of Optometry and will result in displacing competition by restricting licensure to practice Optometry, as such practice is defined and interpreted by the Board, to individuals determined by the Board to be qualified under this Act.

(c) It is further declared that any such restriction on competition is outweighed by the broader interest in protection of public health, safety, and welfare. It is understood that the regulatory structure calls for Optometrists and public members to serve on the Board and this legislation recognizes the need for professional expertise provided by Optometrists serving the public interest.

(d) This Act is intended to provide active jurisdiction oversight and supervision through its legislative enactment, the promulgation of enabling regulations, the appointment of Board members by the Governor or legislature, legal representation of the Board by the office of the State Attorney General, legislative appropriation of monies to support the Board, and Board engagement in a periodic review process.

Section 103. Statement of Purpose.

It is the purpose of this Act to promote, preserve, and protect the public health, safety, and welfare by and through the effective regulation of the practice of Optometry; the licensure of Optometrists; the licensure, control, and regulation of individuals, in or out of this state, that practice optometry within this state.

Commented [LF1]: This legislative declaration and the antitrust protection language of Section 102(c) and (d) are important components to include in a Practice Act.

Commented [LF2]: The term state can be changed to province, district, territory, etc. throughout the Practice Act as appropriate.

Section 104. Practice of Optometry.

The Practice of Optometry means practice in which an individual employs primary eye care procedures including the prescription of Diagnostic and Therapeutic Pharmaceutical Agents, medical devices and Ophthalmic Surgery, measures the powers and range of vision of the human eye using subjective and objective means, including the use of lenses and prisms before the eye and auto-refractors and other automated testing devices to determine its accommodative, refractive and binocular state and general scope of function; and the adaptation, sale, and dispensing of frames and lenses in all their forms, including plano or zero power contact lenses, to overcome errors of refraction and restore as near as possible normal human vision, or for orthotic, prosthetic, therapeutic, or cosmetic purposes with respect to contact lenses. Optometry also includes the examination, diagnosis, and treatment of abnormal conditions and diseases of the human eye, its adnexa, and visual system, including the use or prescription of vision therapy, ocular exercises, rehabilitation therapy, subnormal vision therapy, ordering of appropriate diagnostic lab or imaging test, and the dispensing of samples to initiate treatment.

The Board shall have the authority to interpret the practice act consistent with the intent of the legislature. Nothing in this chapter shall be construed as allowing any agency, Board, or other entity of this state other than the _____ Board of Optometry to determine what constitutes the Practice of Optometry.

Section 105. Optometry Telehealth Practice.

- (a) The Practice of Optometry in this jurisdiction through Telehealth or other means, regardless of the location of the practitioner, shall constitute the practice of optometry and shall be subject to regulation under this Act.
- (b) The Practice of Optometry by a practitioner in this jurisdiction through Telehealth or other means, regardless of the location of the Patient(s), shall constitute the Practice of Optometry and shall be subject to regulation under this Act.
- (c) Optometrists providing Telehealth Optometry Services shall take all necessary measures to ensure compliance with relevant practice standards.

Section 106. Definitions.

Act means the Optometry Practice Act duly enacted and as amended from time to time.

Applicant means an individual who has submitted to the Board an application for licensure whether or not such application has been completed.

Approved Optometry Education Program means a degree program of an accredited school or college of optometry that has been approved by the Board.

Commented [LF3]: There are varying approaches to defining the practice of optometry. Language for this can include inclusive language (what optometrists can do), or exclusive language (what optometrists cannot do). The recommended language is very specific, Boards may also utilize language here that is less specific, if preferred.

Commented [LF4]: If exclusionary language is preferred the following could be utilized: The following ophthalmic surgery procedures are excluded from the practice of optometry, except for the preoperative and postoperative care of these procedures:

The following procedures:

- Retina laser procedures
- Penetrating keratoplasty or corneal transplant
- The administration of general anesthesia
- Surgery done with general anesthesia
- Laser or non-laser procedure into the vitreous chamber of the eye to treat any retinal or macular disease.

The following non-laser surgical procedures:

- Surgery related to removal of the eye from a living human being.
- Surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside the eye.
- Surgery requiring incision of the iris and ciliary body, including diathermy or cryotherapy.
- Surgery requiring incision of the vitreous.
- Surgery requiring incision of the retina.
- Surgical extraction of the crystalline lens.
- Surgical intraocular implants.
- Incisional or excision surgery of the extraocular muscles.
- Surgery of the eyelid for suspect malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis and tarsorrhaphy.
- Surgery of the bony orbit, including orbital implants.
- Incisional or excision surgery of the lacrimal system other than probing or related procedures.
- Surgery requiring full thickness conjunctivoplasty with graft or flap.
- Pterygium surgery.

Approved Provider of Continuing Education means an entity that provides Approved Programs of Continuing Education accredited by the Association of Regulatory Boards of Optometry (ARBO) Council on Optometric Practitioner Education (COPE) or approved by the Board.

Approved Programs of Continuing Education means a post licensure education program accredited by the Association of Regulatory Boards of Optometry (ARBO) Council on Optometric Practitioner Education (COPE) or approved by the Board.

Association of Regulatory Boards of Optometry also referred to as ARBO means the not-for-profit organization whose members include the regulatory Boards of optometry from the United States, Canada, Australia, and New Zealand, which provides programs and services to its Member Boards that lessen burdens on state government.

Board or Board of Optometry means the Board of Optometry created and amended thereto under this Act.

Continuing Education means education and training which are oriented to maintain, improve, or enhance competent optometry practice.

Continuing Education Hour means the Optometrist must be present for at least fifty (50) minutes of instruction to receive one hour of credit.

Conviction means conviction of a crime by a court of competent jurisdiction and shall include a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered on admission of guilt, a no contest plea, a plea of nolo contendere, or a guilty plea.

Diagnostic and Therapeutic Pharmaceutical Agent means any prescription or nonprescription drug delivered by any route of administration, used or prescribed for the diagnosis, treatment, prevention, or mitigation of abnormal conditions and diseases of the human eye and its adnexa, and visual system of those which may be used for such purposes, and approved narcotics when used in the treatment of disorders or diseases of the eye and its adnexa.

Examination means a mechanism(s) designed to assess the knowledge, skills and abilities of applicants seeking licensure as Optometrists and is approved by the Board.

Felony means a criminal act as defined by this state or any other state or by definition under federal law.

Final Adverse Action means any action taken or order entered by the Board, whether through a consent agreement, as the result of a contested hearing, issued through a letter of reprimand/admonition/warning, or other action against a Licensee, applicant or individual which is public information under applicable law and which impacts the licensure status or record, practice status or record, or other related practice privileges. Final Adverse Actions include, in addition to the above and without limitations, denial of

licensure applications, denial of licensure renewal applications, and surrender of licensure. Board actions or orders are Final Adverse Actions irrespective of any pending appeals. To the extent applicable, Final Adverse Actions under this statute are intended to encompass, at a minimum, all actions that require reporting to state or federal authorities, including but not limited to the Healthcare Integrity Protection Databank (HIPDB)/National Practitioners Data Bank (NPDB).

Licensee means an individual duly licensed or registered under this Act.

Ophthalmic surgery means a procedure upon the human eye and adnexa in which in vivo tissue is injected, cut, burned, frozen, sutured, vaporized, coagulated, or photodisrupted by the use of surgical instrumentation such as, but not limited to, a scalpel, cryoprobe, laser, electric cautery, or ionizing radiation.

Optometrist means an individual duly licensed to practice Optometry under this Act.

Patient means the individual that seeks or receives optometry services from an individual Optometrist.

Practice of Optometry means the defined scope of optometry as set forth in this Act and as specifically set forth in Article I, Section 104 and Section 105 above.

Telehealth means the use of computers (including the Internet, social media, online chat, text, and email) and other electronic means (such as smartphones, landline telephones, and video technology) to (a) provide information to the public, (b) deliver optometry services to patients, (c) communicate with patients, (d) manage confidential information and case records, (e) store and access information about patients, and (f) arrange payment for professional services.

ARTICLE II Board of Optometry

Section 201. Designation.

The responsibility for enforcement of the provisions of this Act is hereby vested in the Board of Optometry (Board). The Board shall have all of the duties, powers, and authority specifically granted by or necessary for the enforcement of this Act, as well as such other duties, powers, and authority as it may be granted from time to time by applicable law.

Section 202. Membership.

The Board shall consist of _____ members, _____ of whom shall be a representative of the public, and the remainder] [each] of whom shall be optometrists who possess the qualifications specified in Section 203.

Section 203. Qualifications.

(a) Each Optometrist member of the Board shall at all times as a Board member:

- (1) Be a resident of this state;
 - (2) Be currently licensed and in good standing to engage in the Practice of Optometry in this state;
 - (3) At the time of appointment, have been actively engaged in the Practice of Optometry, for at least one (1) out of the last five (5) years; and
 - (4) Have at least three (3) years of experience in the Practice of Optometry.
- (b) Public member(s) of the Board shall be residents of this state who have attained the age of majority and shall not be, nor shall ever have been an Optometrist, or the spouse thereof, or an individual who has ever had any material financial interest in the provision of optometric services or who has engaged in any activity directly or indirectly related to the Practice of Optometry.

Section 204. Appointment.

The Governor shall appoint the members of the Board in accordance with other provisions of this Article and the state constitution.

Section 205. Terms of Office.

- (a) Except as provided in subsection (b), members of the Board shall be appointed for a term of ____ years, except that members of the Board who are appointed to fill vacancies which occur prior to the expiration of a former member's full term shall serve the unexpired portion of such term.
- (b) The terms of the members of the Board shall be staggered. Each member shall serve until a successor is appointed and qualified.
- (1) The present members of the Board shall serve the balance of their terms.
 - (2) Any present Board member appointed initially for a term of less than ____ years shall be eligible to serve for two (2) consecutive full terms.
- (c) No member of the Board shall serve more than two (2) consecutive full terms. The completion of the unexpired portion of a full term shall not constitute a full term for purposes of this section.

Section 206. Vacancies.

- (a) Any vacancy which occurs in the membership of the Board for any reason, including expiration of term, removal, resignation, death, disability, or disqualification, shall be filled by the Governor in the manner prescribed by Section 204.
- (b) In the event that the Governor does not fill any vacancy within a ____ month period, such appointment authority shall vest in the Board to be filled by a majority vote. Any such Board appointed individual shall meet the qualifications of this Act.

Section 207. Removal.

- (a) A Board member may be removed pursuant to the procedures set forth in subsection (b) herein, upon one or more of the following grounds
- (1) The refusal or inability for any reason of a Board member to perform the duties as a member of the Board in an efficient, responsible, and professional manner;
 - (2) The misuse of office by a member of the Board to obtain pecuniary or material gain or advantage personally or for another through such office;
 - (3) The violation of the laws governing the Practice of Optometry by any member; or
 - (4) For other just and reasonable causes as determined solely by the Board pursuant to applicable law.
- (b) Removal of a member of the Board shall be in accordance with the Administrative Procedures Act of this state, or other applicable laws.

Section 208. Organization.

- (a) The Board shall elect from its members a Chairperson and such other officers as it deems appropriate and necessary to the conduct of its business. The Chairperson shall preside at all meetings of the Board and shall be responsible for the performance of all of the duties and functions of the Board required or permitted by this Act. Each additional officer elected by the Board shall perform those duties customarily associated with the position and such other duties assigned from time to time by the Board.
- (b) Officers elected by the Board shall serve terms of one (1) year commencing with the day of their election and ending upon election of their successors and shall serve no more than three (3) consecutive full terms in each office to which they are elected.
- (c) The Board shall employ an Executive Director to serve as a full-time employee of the Board. The Executive Director shall be responsible for the performance of the administrative functions of the Board and such other duties as the Board may direct.

Section 209. Meetings.

- (a) The Board shall meet at least once every three (3) month(s) to transact its business. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the Chairperson of the Board or by two-thirds (2/3) of the members of the Board.
- (b) The Board shall meet at such place as it may from time to time determine. The place for each meeting shall be determined prior to giving notice of such meeting and shall not be changed after such notice is given without adequate prior notice.

- (c) Notice of all meetings of the Board shall be given in the manner and pursuant to requirements prescribed by the Administrative Procedures Act.
- (d) A majority of the members of the Board shall constitute a quorum for the conduct of a Board meeting and, except where a greater number is required by this Act or by any rule of the Board, all actions of the Board shall be by a majority of a quorum.
- (e) All Board meetings and hearings shall be open to the public. The Board may, in its discretion and according to law, conduct any portion of its meeting in Executive Session, closed to the public.

Section 210. Employees.

The Board may, in its discretion, employ individuals in addition to the Executive Director in such other positions or capacities as it deems necessary to the proper conduct of Board business and to the fulfillment of the Board's responsibilities as defined by the Act.

Section 211. Rules.

The Board shall make, adopt, amend, and repeal such rules as may be deemed necessary by the Board from time to time for the proper administration and enforcement of this Act. Such rules shall be promulgated in accordance with the procedures specified in the Administrative Procedures Act.

Section 212. Board Authority and Responsibilities.

- (a) The Board shall be responsible for the control and regulation of the Practice of Optometry in this state including, but not limited to, the following:
 - (1) The licensing by Examination or by licensure transfer of applicants who are qualified to engage in the Practice of Optometry under the provisions of this Act;
 - (2) The renewal of licenses to engage in the Practice of Optometry;
 - (3) The establishment and enforcement of compliance with professional standards of practice and rules of conduct of Optometrists engaged in the Practice of Optometry;
 - (4) The determination and issuance of standards for recognition and approval of degree programs of schools and colleges of optometry whose graduates shall be eligible for licensure in this state, and the specification and enforcement of requirements for practical training;
 - (5) The enforcement of those provisions of the Act relating to the conduct or competence of Optometrists practicing in this state, investigation of any such activities related to the practice or unauthorized Practice of Optometry, and the suspension, revocation, or restriction of licenses to engage in the Practice of Optometry;

(6) With probable cause that an applicant or Licensee has engaged in conduct prohibited by this Act or a statute or rule enforced by the Board, the Board may issue an order directing the applicant or Licensee to submit to a mental or physical examination or chemical dependency evaluation at the expense of the Licensee. For the purpose of this section, every applicant or Licensee is considered to have consented to submit to a mental or physical examination or chemical dependency evaluation when ordered to do so in writing by the Board and to have waived all objections to the admissibility of the examiner's or evaluator's testimony or reports on the grounds that the testimony or reports constitute a privileged communication;

(7) The collection of professional demographic data;

(8) The issuance and renewal of licenses of all individuals engaged in the Practice of Optometry; and

(9) Inspection of any licensed individual at all reasonable hours for the purpose of determining if any provisions of the laws governing the Practice of Optometry are being violated. The Board, its officers, inspectors, and representatives shall cooperate with all agencies charged with the enforcement of the laws of the United States, of this state, and of all other states relating to the Practice of Optometry.

(b) The Board shall have such other duties, powers, and authority as may be necessary to the enforcement of this Act and to the enforcement of Board rules made pursuant thereto, which shall include, but are not limited to, the following:

(1) The Board may join such professional organizations and associations organized exclusively to promote the improvement of the standards of the Practice of Optometry for the protection of the health and welfare of the public and/or whose activities assist and facilitate the work of the Board.

(2) The Board may receive and expend funds, in addition to its [annual/biennial] appropriation, from parties other than the state, provided:

(i) Such funds are awarded for the pursuit of a specific objective which the Board is authorized to accomplish by this Act, or which the Board is qualified to accomplish by reason of its jurisdiction or professional expertise;

(ii) Such funds are expended for the pursuit of the objective for which they are awarded;

(iii) Activities connected with or occasioned by the expenditures of such funds do not interfere with the performance of the Board's duties and responsibilities and do not conflict with the exercise of the Board's powers as specified by this Act.

(iv) Such funds are kept in a separate, account; and

Commented [LF5]: Examples of these funds are grants, private donations, gifts, bequeaths, or other funds. this can be further defined in rules where funds may come from.

(v) Periodic reports are made concerning the Board's receipt and expenditure of such funds.

(3) The Board may establish a Bill of Rights for Patients concerning the services a Patient may expect in regard to optometry services.

(4) Any investigation, inquiry, or hearing which the Board is empowered to hold or undertake may be held or undertaken by or before any member or members of the Board and the finding or order of such member or members shall be deemed to be the order of said Board when approved and confirmed as noted in Section 209(d).

(5) It is the duty of the Attorney General [State's Attorney] to whom the Board reports any violation of this Act which also is deemed as violative of applicable criminal statutes to cause appropriate proceedings to be instituted in the proper court in a timely manner and to be prosecuted in the manner required by law. Nothing in this paragraph shall be construed to require the Board to report violations whenever the Board believes that public's interest will be adequately served in the circumstances by a suitable written notice or warning.

(6) The Board shall have the power to subpoena and to bring before it any individual and to take testimony either orally or by deposition, or both, in the same manner as prescribed in civil cases in the courts of this State. Any member of the Board, hearing officer, or administrative law judge shall have power to administer oaths to witnesses at any hearing which the Board is authorized to conduct, and any other oaths authorized in any Act administered by the Board.

(7) In addition to the fees specifically provided for herein, the Board may assess additional reasonable fees for services rendered to carry out its duties and responsibilities as required or authorized by this Act or Rules adopted hereunder. Such services rendered shall include but not be limited to the following:

- (i) Issuance of duplicate certificates or identification cards;
- (ii) Mailing lists, or reports of data maintained by the Board;
- (iii) Copies of any documents;
- (iv) Certification of documents;
- (v) Notices of meetings;
- (vi) Licensure transfer;
- (vii) Examination administration to licensure applicants;
- (viii) Examination materials.
- (ix) Approval of providers or programs for Continuing Education.

(8) Cost Recovery.

(i) If any order issues in resolution of a disciplinary proceeding before the Board, the Board may request the (Administrative Law Judge (ALJ)/Hearing Officer (HO)) to direct any Licensee found guilty of a charge involving a violation of any laws or rules, to pay to the Board a sum not to exceed the reasonable costs of the investigation and prosecution of the case.

Commented [LF6]: Boards will choose the appropriate term for their state.

(ii) In the case of an Agency, the order permissible under (i) above may be made as to the corporate owner, if any, and as to any Optometrist, officer, owner, or partner of the Agency who is found to have had knowledge of or have knowingly participated in one or more of the violations set forth in this section.

(iii) The costs to be assessed shall be fixed by the (ALJ/HO) and shall not be increased by the Board; where the Board does not adopt a proposed decision and remands the case to a(n) (ALJ/HO), the (ALJ/HO) shall not increase any assessed costs.

(iv) Where an order for recovery of costs is made and timely payment is not made as directed in the Board's decision, the Board may enforce the order for payment in the _____ Court in the county where the administrative hearing was held. This right of enforcement shall be in addition to any other rights the Board may have as to any individual directed to pay costs.

(v) In any action for recovery of costs, proof of the Board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(9) Except as otherwise provided to the contrary, the Board shall exercise its duties, powers, and authority in accordance with the Administrative Procedures Act.

(c) Notwithstanding any other law to the contrary, the Board shall, on a timely basis, publicize Final Adverse Actions ultimately determined against any individual. Publication of such Final Adverse Actions shall include, but not be limited to, reporting to any applicable federal or state repository of final disciplinary actions. The Board shall also timely report to any databank Final Adverse Actions maintained by an association of which the Board is a member.

ARTICLE III Licensing

Section 301. Unlawful Practice.

(a) Except as otherwise provided in this Act, it shall be unlawful for any individual to engage in the Practice of Optometry unless duly licensed as an Optometrist under the applicable provisions of this Act.

(b) No individual shall offer optometry services or use the designation Optometrist or any other designation indicating licensure status or hold themselves out as practicing optometry unless duly licensed as such.

(c) Any individual who, after a hearing, shall be found by the Board to have unlawfully engaged in the Practice of Optometry shall be subject to a fine to be imposed by the Board not to exceed \$ _____ for each offense. Each such violation of this Act or the rules promulgated hereunder pertaining to unlawfully engaging in the Practice of Optometry shall also constitute a _____ (misdemeanor) punishable upon conviction as provided in the criminal code of this state.

(d) Nothing in this Act shall be construed to prevent members of other professions from performing functions for which they are duly licensed. However, such other professionals must not hold themselves out or refer to themselves by any title or description stating or implying that they are engaged in the Practice of Optometry or that they are licensed to engage in the Practice of Optometry.

(e) Students currently participating in an Approved Optometry Education Program are exempt from licensure under this Act when completing internship, externship, or other optometry experience requirements for such programs.

(f) In response to a disaster or emergency declared by the appropriate authority or governor of the state, an individual currently licensed and in good standing to practice optometry in another jurisdiction who is providing optometry services within the scope of practice designated by such license and whose professional licenses in all other disciplines are current and in good standing may, upon prior written notice to the Board and without otherwise applying for a license, provide such services in this jurisdiction for the time said emergency or disaster declaration is in effect. Individuals exercising rights under this Section _____ shall be deemed to have submitted themselves to the jurisdiction of the applicable Board or state agency and to be bound by the laws of this state in addition to other applicable laws by virtue of licensure status in other states.

(g) Individuals who have at any time surrendered any professional license under threat of administrative disciplinary sanction or in response to administrative investigation, or have any professional license currently under suspension, revocation, or agency order restricting or limiting practice privilege, with the exception of expired or lapsed licenses due to voluntary non-renewal of such license, are ineligible to practice under this Section _____.

Section 302. Qualifications for Licensure by Examination as an Optometrist.

(a) To obtain a license to engage in the Practice of Optometry, an applicant for licensure by Examination must provide evidence satisfactory to the Board, subject to Section 307, that the applicant:

- (1) Has submitted a written application in the form prescribed by the Board;

(2) Has attained the age of majority;

(3) Is of good moral character. As one element of good moral character, the Board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to [insert reference to authorizing state statute] and applicable federal law. The [state agency responsible for managing fingerprint data e.g. the department of public safety] may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.

(4) Has graduated and received a Doctor of Optometry degree from an Approved Optometry Education Program;

(5) Has successfully passed an Examination or Examinations prescribed by the Board; and

(6) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 303. Examinations.

(a) Any Examination for licensure required under this Act shall be administered to applicants often enough to meet the reasonable needs of candidates for licensure. If applicable, the Board may confer with and rely upon the expertise of an Examination entity in making such determinations.

(b) The Examination shall document that the applicant meets the standard for minimum competence to engage in the Practice of Optometry. The Board may employ, cooperate with, and contract with any organization or consultant in the preparation, administration, and grading of an Examination but shall retain the sole discretion and responsibility for determining which applicants have successfully passed such an Examination.

(c) The Board shall have the authority by rule to limit the number of attempts on the Examination in order to protect the integrity and security of the Examination and to ensure minimum competence.

Section 304. Qualifications for Licensure by Endorsement.

(a) To obtain a license by endorsement at the equivalent designation and subject to Article IV of this Act, an applicant currently licensed as an Optometrist in another jurisdiction must provide evidence satisfactory to the Board, subject to Article III, Section 307, that the applicant:

Commented [LF7]: It is recommended that the practice act state that the Board approves which optometry education programs they will accept. Rules could state that optometry education programs must be accredited by the Accreditation Council on Optometric Education.

Commented [LF8]: It is recommended that the practice act state that the Board approved the exams they will accept. Rules should state that applicants must pass Parts I, II, and III of the National Board of Examiners in Optometry (NBEO) Exams.

Commented [LF9]: ARBO supports and promotes the use of the National Board of Examiners in Optometry (NBEO) Exams.

- (1) Has submitted a written application and paid the fee as specified by the Board; and
- (2) Has presented to the Board proof of an active optometry license in good standing.

Section 305. Renewal of Licenses.

- (a) Licensees shall be required to renew their license at the time and in the manner established by the Board, including the form of application and payment of the applicable renewal fee. Under no circumstances, however, shall the renewal period exceed three years.
- (b) As a requirement for licensure renewal, each Licensee shall provide evidence satisfactory to the Board that such Licensee has annually completed at least ____ Continuing Education hours from a Program of Continuing Education.
- (c) The Board shall also provide procedures to ensure licensure renewal candidates maintain the qualifications to practice optometry as set forth in this Act.
- (d) If an Optometrist fails to make application to the Board for renewal of a license within a period of two years from the expiration of the license, such individual must reapply as an initial applicant for licensure and pass the current licensure Examination; except that an individual who has been licensed under the laws of this state and after the expiration of the license, has continually practiced optometry in another state under a license issued by the authority of such state, may renew the license upon completion of the Continuing Education requirements set forth by the Board and payment of the designated fee.

Section 306. Continuing Optometry Competence.

The Board shall, by rule, establish requirements for Continuing Education in optometry, including the determination of acceptable program content. The Board shall adopt rules necessary to carry out the stated objectives and purposes and to enforce the provisions of this section and the continued competence of practitioners.

Section 307. Source of Data.

In making determinations under this Article III and to promote uniformity and administrative efficiencies, the Board shall be authorized to rely upon the expertise of and documentation and verified data gathered and stored by not-for-profit organizations which share in the public protection mission of this Board.

ARTICLE IV Enforcement

Section 401. Grounds, Penalties, and Reinstatement.

(a) The Board may refuse to issue or renew, or may suspend, revoke, censure, reprimand, restrict or limit the license of, or fine any individual pursuant to the Administrative Procedures Act or the procedures set forth in Section 402 herein below, upon one or more of the following grounds as determined by the Board:

- (1) Unprofessional conduct as determined by the Board;
- (2) Practicing outside the scope of practice applicable to that Licensee;
- (3) Conduct which violates any of the provisions of this Act or rules adopted pursuant to this Act, including the Standards of Practice;
- (4) Incapacity or impairment that prevents a Licensee from engaging in the Practice of Optometry with reasonable skill, competence, and safety to the public;
- (5) Conviction of a Felony (as defined under state, provincial, or federal law);
- (6) Any act involving moral turpitude or gross immorality;
- (7) Violations of the laws of this jurisdiction, or rules and regulations pertaining thereto, or of laws, rules, and regulations of any other state, or of the federal government;
- (8) Misrepresentation of a material fact by an applicant or Licensee;
 - (i) In securing or attempting to secure the issuance or renewal of a license;
 - (ii) In statements regarding the optometrist's skills or efficiency or value of any treatment provided or to be provided or using any false, fraudulent, or deceptive statement connected with the Practice of Optometry including, but not limited to, false or misleading advertising;
- (9) Fraud by a Licensee in connection with the Practice of Optometry including engaging in improper or fraudulent acts or billing practices or violating related laws;
- (10) Engaging or aiding and abetting an individual to engage in the Practice of Optometry without a license, or falsely using the title of Optometrist;
- (11) Failing to pay the costs assessed in a disciplinary matter pursuant to Section 212(b)(8) or failing to comply with any stipulation or agreement involving probation or settlement of any disciplinary matter with the Board or with any order entered by the Board;
- (12) Being found by the Board to be in violation of any of the provisions of this Act or rules adopted pursuant to this Act;

(13) (i) Conduct which violates the security of any licensure Examination materials; removing from the Examination room any examination materials without authorization; the unauthorized reproduction by any means of any portion of the actual licensing Examination; aiding by any means the unauthorized reproduction of any portion of the actual licensing Examination; paying or using professional or paid Examination-takers for the purpose of reconstructing any portion of the licensing Examination; obtaining Examination questions or other Examination material, except by specific authorization either before, during or after an Examination; or using or purporting to use any Examination questions or materials which were improperly removed or taken from any Examination; or selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing Examination;

(ii) Communicating with any other examinee during the administration of a licensing Examination; copying answers from another examinee or permitting one's answers to be copied by another examinee; having in one's possession during the administration of the licensing Examination any books, equipment, notes, written or printed materials, or data of any kind, other than the Examination materials distributed, or otherwise authorized to be in one's possession during the Examination; or impersonating any examinee or having an impersonator take the licensing Examination on one's behalf;

(14) Being the subject of the revocation, suspension, surrender or other disciplinary sanction of an Optometrist or related license or of other adverse action related to an Optometrist or related license in another jurisdiction or country including the failure to report such adverse action to the Board;

(15) Being adjudicated by a court of competent jurisdiction, within or without this state, as incapacitated, mentally incompetent or mentally ill, chemically dependent, mentally ill and dangerous to the public;

(b) (1) The Board may defer action with regard to an impaired Licensee who voluntarily signs an agreement, in a form satisfactory to the Board, agreeing not to practice optometry and to enter an approved treatment and monitoring program in accordance with this section, provided that this section should not apply to a Licensee who has been convicted of, pleads guilty to, or enters a plea of nolo contendere to a felonious act or an offense relating to a controlled substance in a court of law of the United States or any other state, territory, or country or a Conviction related to sexual misconduct. A Licensee who is physically or mentally impaired due to mental illness or addiction to drugs or alcohol may qualify as an impaired Optometrist and have disciplinary action deferred and ultimately waived only if the Board is satisfied that such action will not endanger the public and the Licensee enters into an agreement with the Board for a treatment and monitoring plan approved by the Board, progresses satisfactorily in such treatment and monitoring program, complies with all terms of the

agreement and all other applicable terms of subsection (b)(2). Failure to enter such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify the Licensee from the provisions of this section and the Board may activate an immediate investigation and disciplinary proceeding. Upon completion of the rehabilitation program in accordance with the agreement signed by the Board, the Licensee may apply for permission to resume the Practice of Optometry upon such conditions as the Board determines necessary.

(2) The Board may require a Licensee to enter into an agreement which includes, but is not limited to, the following provisions:

(i) Licensee agrees that the license shall be suspended or revoked indefinitely under subsection (b)(1).

(ii) Licensee will enroll in a treatment and monitoring program approved by the Board.

(iii) Licensee agrees that failure to satisfactorily progress in such treatment and monitoring program shall be reported to the Board by the treating professional who shall be immune from any liability for such reporting made in good faith.

(iv) Licensee consents to the treating physician or professional of the approved treatment and monitoring program reporting to the Board on the progress of Licensee at such intervals as the Board deems necessary and such individual making such report will not be liable when such reports are made in good faith.

(3) The ability of an impaired Optometrist to practice shall only be restored and charges dismissed when the Board is satisfied by the reports it has received from the approved treatment program that Licensee can resume practice without danger to the public.

(4) Licensee consents, in accordance with applicable law, to the release of any treatment information to the Board from anyone within the approved treatment program.

(5) The impaired Licensee who has enrolled in an approved treatment and monitoring program and entered into an agreement with the Board in accordance with subsection (b)(1) hereof shall have the license suspended or revoked but enforcement of this suspension or revocation shall be stayed by the length of time the Licensee remains in the program and makes satisfactory progress, and complies with the terms of the agreement and adheres to any limitations on the practice imposed by the Board to protect the public. Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify

the Licensee from the provisions of this section and the Board shall activate an immediate investigation and disciplinary proceedings.

(6) Any Optometrist who has substantial evidence that a Licensee has an active addictive disease for which the Licensee is not receiving treatment under a program approved by the Board pursuant to an agreement entered into under this section, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of the license, shall make or cause to be made a report to the Board. Any individual who reports pursuant to this section in good faith and without malice shall be immune from any civil or criminal liability arising from such reports. Failure to provide such a report within a reasonable time from receipt of knowledge may be considered grounds for disciplinary action against the Licensee so failing to report.

(c) Subject to an order duly entered by the Board, any individual whose license to practice optometry in this state has been suspended or restricted pursuant to this Act, whether voluntarily or by action of the Board, shall have the right, at reasonable intervals, to petition the Board for reinstatement of such license. Such petition shall be made in writing and in the form prescribed by the Board. Upon investigation and hearing, the Board may, in its discretion, grant or deny such petition, or it may modify its original finding to reflect any circumstances which have changed sufficiently to warrant such modifications. The Board, also at its discretion, may require such individual to complete other requirements including but not limited to passing an Examination(s).

(d) The Board may in its own name issue a cease and desist order to stop an individual from engaging in an unauthorized practice or violating or threatening to violate a statute, rule, or order which the Board has issued or is empowered to enforce. The cease and desist order must state the reason for its issuance and give notice of the individual's right to request a hearing under applicable procedures as set forth in the Administrative Procedures Act. Nothing herein shall be construed as barring criminal prosecutions for violations of this Act.

(e) All final decisions by the Board shall be subject to judicial review pursuant to the Administrative Procedures Act.

(f) Any individual whose license to practice Optometry is revoked, suspended, or not renewed shall return such license to the offices of the Board within 10 days after notice of such action.

Section 402. Procedure.

Notwithstanding any provisions of the state Administrative Procedures Act, the Board may, without a hearing, temporarily suspend a license for not more than (60 days) if the Board finds that an Optometrist has violated a law or rule that the Board is empowered to enforce, and if continued practice by the Optometrist would create an imminent risk of harm to the public. The suspension shall take effect upon written notice to the Optometrist specifying the statute or rule violated. At the time it issues the suspension

Commented [LF10]: This time period will vary by jurisdiction.

notice, the Board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act within 20 days thereafter. The Optometrist shall be provided with at least 20 days notice effective with the date of issuance of any hearing held under this subsection.

Article V. Confidentiality.

Section 501. Privileged Communications and Exceptions.

(a) No Optometrist shall disclose any information acquired from or provided by a Patient or from individuals consulting with the Optometrist in a professional capacity, except that which may be voluntarily disclosed under the following circumstances:

(1) In the course of formally reporting, conferring or consulting with administrative superiors, colleagues or consultants who share professional responsibility, in which instance all recipients of such information are similarly bound to regard the communication as privileged;

(2) With the written consent of the individual who provided the information;

(3) In case of death or disability, with the written consent of a personal representative, other individual authorized to sue, or the beneficiary of an insurance policy on the person's life, health or physical condition;

(4) When a communication reveals the intended commission of a crime or harmful act and such disclosure is judged necessary by the Optometrist to protect any individual from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety; or

(5) When the individual waives the privilege by bringing any public charges against the Licensee.

(b) When the individual is a minor under the laws of the _____ of _____ and the information acquired by the Optometrist indicates the minor was the victim of or witness to a crime, the Optometrist may be required to testify in any judicial proceedings in which the commission of that crime is the subject of inquiry and when the court determines that the interests of the minor in having the information held privileged are outweighed by the requirements of justice, the need to protect the public safety or the need to protect the minor.

(c) Any individual having access to records or anyone who engages in the Practice of Optometry or who is supervised by an Optometrist, is similarly bound to regard all information and communications as privileged in accord with the section.

(d) Nothing shall be construed to prohibit an Optometrist from voluntarily testifying in court hearings concerning matters of adoption, child abuse, child neglect or other

matters pertaining to children, elderly, and physically and mentally impaired adults, except as prohibited under the applicable state and federal laws.

(e) The _____, as now or hereafter amended, is incorporated herein as if all of its provisions were included in this Act.

Article VI. Mandatory Reporting.

Section 601. Permission to Report.

An individual who has knowledge of any conduct by an Applicant or a Licensee which may constitute grounds for disciplinary action under this chapter or the rules of the Board or of any unlicensed practice under this chapter may report the violation to the Board.

Section 602. Professional Societies or Associations.

A national, state or local professional society or association for Licensees shall forward to the Board any complaint received concerning the ethics or conduct of the practice which the Board regulates. The society or association shall forward a complaint to the Board upon receipt of the complaint. The society or association shall also report to the Board any disciplinary action taken against a member.

Section 603. Optometrists.

(a) Optometrists shall report to the Board information on the following conduct by an applicant or a Licensee:

- (1) sexual contact or sexual conduct with a Patient or a former Patient; the Patient shall only be named with the Patient's consent;
- (2) failure to report as required by law;
- (3) impairment in the ability to practice by reason of illness, use of alcohol, drugs, or other chemicals, or as a result of any mental or physical condition;
- (4) improper or fraudulent billing practices,
- (5) fraud in the licensure application process or any other false statements made to the Board;
- (6) conviction of any Felony or any crime reasonably related to the Practice of Optometry;
- (7) a violation of Board order.

(b) Optometrists shall also report to the Board information on any other conduct by any individual Licensee that constitutes grounds for disciplinary action under this chapter or the rules of the Board.

(c) Any Optometrist who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death shall immediately report this information pursuant to _____.

Section 604. Reporting Other Licensed Professionals.

An Applicant or Licensee shall report to the applicable Board conduct by a licensed health professional which would constitute grounds for disciplinary action under the chapter governing the practice of the other licensed health professional and which is required by law to be reported to the Board.

Section 605. Courts.

The court administrator of district court or any other court of competent jurisdiction shall report to the Board any judgment or other determination of the court that adjudges or includes a finding that an Applicant or a Licensee is mentally ill, mentally incompetent, guilty of a Felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of an abuse or fraud under Medicare or Medicaid; or that appoints a guardian of the applicant or Licensee or commits an applicant or Licensee pursuant to applicable law.

Section 606. Self-Reporting.

An Applicant or Licensee shall report to the Board any personal action that would require that a report be filed pursuant to this Act.

Section 607. Deadlines, Forms.

Reports required by this Act must be submitted not later than 30 days after learning of the reportable event or transaction. The Board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Section 608. Immunity.

Any individual, Optometrist, business, or organization is immune from civil liability or criminal prosecution for submitting in good faith a report under this Act or for otherwise reporting, providing information, or testifying about violations or alleged violations of this chapter.

Article VII. Other.

Section 701. Severability.

If any provision of this Act is declared unconstitutional or illegal, or the applicability of this Act to any individual or circumstance is held invalid by a court of competent jurisdiction, the constitutionality or legality of the remaining provisions of this Act and the application of this Act to other individuals and circumstances shall not be affected and shall remain in full force and effect without the invalid provision or application.

Section 702. Effective Date.

This Act shall be in full force and effect on (date).

DRAFT

Materials for Item No. 9 re

- NRS 372.055, NAC 372.055(2) Prior and Current
- LCB R043-24 re NAC 372.320 – frames and lenses sales tax proposed

NRS 372.055 “Retailer” defined.

3. A licensed optometrist . . . is a consumer of, and shall not be considered, a retailer within the provisions of this chapter, with respect to the ophthalmic materials used or furnished by him in the performance of his professional services in the diagnosis, treatment or correction of conditions of the human eye, including the adaptation of lenses or frames for the aid thereof.

(Prior existing) NAC 372.320(2)

2. The tax applies to the entire charge made by a dispensing optician for eyeglasses and related products furnished in filling a prescription of an . . . optometrist.

(Presently existing) NAC 372.320 Oculists, optometrists and dispensing opticians. ([NRS 360.090](#), [372.055](#), [372.725](#))

1. Oculists and optometrists are the consumers of ophthalmic materials including eyeglasses, frames and lenses used or furnished in the performance of their professional services in the diagnosis, treatment or correction of conditions of the human eye. The tax applies to the sale of the materials to oculists and optometrists.

2. The tax applies to the entire charge made by a dispensing optician for eyeglasses and related products furnished in filling a prescription.

**PROPOSED REGULATION OF THE
NEVADA TAX COMMISSION**

LCB FILE NO. R043-24I

**The following document is the initial draft regulation proposed
by the agency submitted on 03/04/2024**

Informational Report - Executive Order 2023-003

Section 1 - Comprehensive Review of Regulations

CHAPTER 372- SALES AND USE TAXES

APPLICATION OF TAX

1. The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed.

NAC 372.320 Oculists, optometrists and dispensing opticians. (*NRS 360.090, 372.055, 372.725*)

1. Oculists and optometrists are the consumers of ophthalmic materials including eyeglasses, frames and lenses used or furnished in the performance of their professional services in the diagnosis, treatment or correction of conditions of the human eye. The tax applies to the sale of the materials to oculists and optometrists.

2. The tax applies to the entire charge made by a dispensing optician for eyeglasses and related products furnished in filling a prescription, *whether the dispensing optician is licensed or not.*

[Tax Comm'n, Combined Sales and Use Tax Ruling No. 10, eff. 3-1-68]

2. A clear and concise explanation on why such change should occur.

Amend to clarify that the tax applies to the entire charge made by a dispensing optician for eyeglasses and related products furnished in filling a prescription, whether the dispensing optician is licensed or not.

3. Information for each public meeting held to discuss the proposed regulation change, as mandated by Section 3 of Executive Order 2023-003, which must include:
 - a. The date of the meeting(s) and the number of persons who attended (not including Department staff or Commissioners):

Workshop- 4/7/23 (11 people attended)

Hearing- 4/21/23 (12 people attended)

- b. Information for each person who provided public oral or written comment or testimony on the regulation:

There was no public comment, either made orally or in writing for this regulation.

4. The estimated impact on any business, person, or agency if the change is to occur, which must include:

Exhibit 372.2-A

- a. The adverse and beneficial effects;**
- b. The positive or negative economic impact; and**
- c. Cost savings to the state or agency.**

The amendment to this regulation presents no foreseeable or anticipated impact on any business, person, or agency **if** this change is to occur.

Materials for Item No. 10 re

- Email re Nevada Law on Corporate Leases and Surveillance

From: [Director](#)
To: [Dr. Sonam Narayan](#)
Bcc: [License](#)
Subject: RE: Question: Nevada Law on Corporate Leases and Surveillance
Date: Monday, January 22, 2024 9:11:00 AM

Dr. Narayan-

You are correct there is no law in NRS 636, NAC 636, or in a Board policy which speaks one way or another to the use of security cameras in public areas such as the check-in area or front desk area. Likewise those chapters and policies do not speak one way or another to the disclosure to patients and/or placing patients on notice of there being security cameras on property. Therefore you must check the operating agreement and/or lease between the parties on what the parties agreed to be allowed or not.

It is not atypical for OD clinics to put up signs in their clinic about there being video cameras on property; the intent likely being to deter theft of their glasses inventory or the like. But that tends to be in private practice and at the OD's discretion, and not in a commercial practice at the behest of the commercial merchant/lessor. Again, the operating agreement and/or lease will be the primary source for what the parties agreed to prior to entering into the relationship.

There is no reasonable expectation of privacy in waiting areas or front desk areas. Instead reasonable expectations of privacy attach to places such as, e.g., one's home, hotel room, certain public restrooms, and limited areas of one's vehicle. I preface that as being in the context of more traditional fact patterns when analyzing the 4th Amendment of the Constitution, and not specific one way or another as to healthcare clinics leasing space from a commercial merchant.

You say .363, but I know you actually mean .373. And no, I would not say that .373 is particularly instructive to your question one way or another. First, subsection 373 initially deals with OD-physician business relationships. Second, the Board would not classify the terms supervision or professional judgment as used in 636 to regard whether to use security cameras at all or at who's behest, let alone what kinds of cameras, let alone where to place them on the walls or the like.

Perhaps not the direct answers you were looking for, but I hope you find this email at least inferentially helpful.

By statute it is too late for me to place this kind of inquiry on the Board's next meeting for 1/24, but I will place it onto the next meeting's agenda presently set for 3/28. If you email me the lease and operating agreement, that might provide better context for the Board. If you email me in 4/2024, I will be able to advise of the Board's analysis at that time but you must allow for the possibility that the Board will say this a private business matter and not the domain of the Board to interfere into what the lease or operating agreement might say which each party obviously entered into knowingly and voluntarily.

Adam Schneider, Esq.
Executive Director

Nevada State Board of Optometry
P.O. Box 1824
Carson City NV 89702
775-883-8367 - office
775-305-0105 – fax
www.nvoptometry.org

From: Dr. Sonam Narayan <sonam.a.narayan@gmail.com>
Sent: Sunday, January 21, 2024 3:54 PM
To: admin <admin@nvoptometry.org>
Subject: Question: Nevada Law on Corporate Leases and Surveillance

Hi Nevada Board of Optometry,

I was reading through your laws to help answer a question of mine and could not find a clear answer. I hope you can help. I wanted to ask if it is legal for a corporation leasing an independent optometry office inside their building (ie. Walmart, Sam's Club, Costco, etc) to place their own security camera inside said leased space? I read in general Nevada law that it is illegal in a space where a "reasonable amount of privacy is expected". I am hoping this includes a camera inside the space of a waiting room and doctor's desk/front desk. The exam and pretest room are not in question in this case, all parties understand that is illegal. In addition said camera would be likely pointed towards the face of the front desk, so the corporation can claim they are not violating HIPAA. I am hoping there is law that says the independent doctor may have such a security camera but not the leasing corporation, as personally I do not wish to see a change where a corporation that does not employ me can have a camera pointed at my face the majority of the day, even if it is video only.

P.S. I may be interpreting it incorrectly, but does NRS 636.363, points #3 and #4, assist in this matter? '3. A person shall not directly or indirectly supervise an optometrist within the scope of his or her practice of optometry unless the person is licensed to practice optometry pursuant to this chapter. 4. A person, including an officer, employee or agent of any commercial or mercantile establishment, shall not directly or indirectly control, dictate or influence the professional judgment of the practice of optometry by a licensed optometrist, unless the person is licensed to practice optometry pursuant to this chapter.'

The only other general (and vague) law I could find was: "Under Nevada law, it is a crime to film or photograph someone without their consent in a private place where they have a reasonable expectation of privacy."

Thank you for your help,
Sonam

Sonam Narayan, OD, MS

Materials for Item No. 11 re

- Letter from OMD re NRS 636.135 and 636.155

Dear Adam Schneider,

I hope this message finds you well. My name is Ken Yongwoo Baek, and I am a United States citizen writing to inquire about the eligibility criteria for applying for a new Optometrist license in the state of Nevada.

I have recently successfully completed the National Board of Examiners in Optometry (NBEO®) entry-into-the-profession examinations, including Part I ABS, Part II PAM, Part III, and TMOD, as a sponsored candidate. However, upon reviewing the applicant requirements for licensure in Nevada, I have encountered a discrepancy regarding the submission of transcripts.

I wish to bring to your attention that I hold a medical degree from a foreign medical school and have undergone four years of rigorous residency training in ophthalmology in South Korea. As a result, I am a licensed medical doctor and a board-certified ophthalmologist in South Korea. Additionally, I have obtained the Educational Commission for Foreign Medical Graduates (ECFMG) certificate, which is widely recognized as an official foreign medical credential in the United States.

While I can readily upload all necessary documentation, including my officially translated and notarized medical school degree, medical school transcript, active medical doctor license, active ophthalmologist license, residency training records, and ECFMG certificate, I am unable to furnish transcripts directly from an optometry program, as my educational background lies in ophthalmology.

Given my extensive medical training and credentials, I am eager to contribute to the optometric profession and provide quality eye care to the residents of Nevada. I kindly request guidance on whether there are alternative pathways or considerations available for individuals with medical backgrounds like mine to pursue licensure as optometrists in Nevada.

I understand the importance of adhering to regulatory standards and would greatly appreciate any assistance or clarification you can provide regarding my situation. Your expertise and guidance in this matter would be invaluable to me.

Thank you very much for your attention to this matter. I look forward to your response and the opportunity to discuss this further.

Warm regards,

Ken Yongwoo Baek

NRS 636.135 Duty of Board to accredit or approve accreditation of schools of optometry. The Board shall accredit schools, or approve the accreditation of schools by any nationally recognized accrediting organization or agency, in and out of this State teaching the science and art of optometry which it finds provide a sufficient and thorough course of study for the preparation of optometrists.

NRS 636.155 Proof of applicant's qualifications. Except as otherwise provided in [NRS 636.206](#) and [636.207](#), an applicant must file with the Executive Director satisfactory proof that the applicant:

2. Has graduated from a school of optometry accredited or approved by the Board pursuant to [NRS 636.135](#);

Materials for Item No. 12 re

- Website maintenance package

WEBSITE MAINTENANCE PLANS

Services Offered	Basic	Basic +	Pro
Automatic Malware Scan	YES	YES	YES
The word Malware stands for Malicious Software. It can consist of things like Trojan horses, adware, worms, spyware and any other undesirable code which a hacker will try to inject into your website. If any malware code is inserted into the site, you will normally not notice anything out of the ordinary based on appearances, but it can have a dramatic effect on your site's search ranking. This is because the bots and Spyders from search engines such as Google have the capability to detect malware when they are indexing the pages on your site, and consequently they can blacklist your website which will in turn affect your search rankings.			
Malware Removal	YES	YES	YES
Malware works to remain unnoticed, either by actively hiding or by simply not making its presence on a system known to the user. The goal of using Malware removal technique is to stop any operations the malware may attempt on the system before they occur, including activities which might exploit bugs or trigger unexpected system behavior. Usage of security monitoring script to remove backdoors, Rootkits, Trojan horses, worms, Fraud tools, adware, spyware and other malware. We connect via FTP or SSH and use the latest research to perform a deep analysis of the application server, database, and software environment. We constantly evaluate the techniques used by hackers, allowing us to develop new tools to combat them. We use advanced heuristic analysis to flag new and emerging threats for immediate investigation.			
Blacklisting Monitoring	YES	YES	YES
Email is the lifeline of any business and customers, and being improperly blacklisted not only tarnishes credibility but it directly impacts the business in a negative way. Blacklisting Monitoring helps to eliminates concerns over unanticipated IP blacklisting, downtime and chances of financial harm due to email disruption.			
Blacklist Removal	YES	YES	YES
Black list Removal process provides a protective layer around the website that diverts site traffic through proxy servers. This means that when people try to put malicious code on your site at the server level, they do not have access to your IP. Our Firewall technology also patches website vulnerabilities remotely via the virtual hardening and patching technology to help your website load faster.			
Scan & Block Hacking attempts	YES	YES	YES
1) Limiting the access to FTP: - Most FTP hacking attempts are automated so rely on guessing both the username and the password. We ensure the FTP usernames are not predictable in any way from the domain name – by appending some random letters or digits. 2) Dynamically blocking Login attempts: Program created that will detect failed login attempts and automatically block the source IP address for a period of time. 3) Identifying entry points. Installing proper scanning software programs to identify all entry points from the internet into the internal network of the company. Any attack to the network needs to start from these points.			

4) Removing default, test and example pages and applications that usually come with web server software.

5) Configuring firewalls. A firewall will have its own configurations depending upon the security aspect of organization. From time-to-time proper analysis of the composition and nature of the traffic itself is done to maintain security.

Denial of Service (DDoS) Protection	YES	YES	YES
A distributed denial-of-service (DDoS) attack is one in which a multitude of compromised systems attack a single target, thereby causing denial of service for users of the targeted system. There are two types of DDoS attacks: a network-centric attack which overloads a service by using up bandwidth and an application-layer attack which overloads a service or database with application calls. The inundation of packets to the target causes a denial of service. Defensive responses to denial-of-service attacks typically involve the use of a combination of attack detection, traffic classification and response tools, aiming to block traffic that they identify as illegitimate and allow traffic that they identify as legitimate. The Defensive techniques involves usage of: Firewall, Switches, Routers and IPS based applications.			
Automated Website Backups with Database	YES	YES	YES
Automated Website Backup is a process to undergo backup service that protects Webpages, databases, files, and emails. Backups are done incrementally to ensure efficient, accurate data storage. It will allow protection from threats by hackers and other cyber criminals and easy recovery and restoration of your data from previous versions. Automated Website Backup offers a reliable backup solution for all data, including: 1) All of website files 2) MySQL database files 3) Images and additional website information 4) Scripts and applications used for your website 5) cPanel email forwarding structure and stored emails.			
Manual Website Backups with Database	NO	YES	YES
Backup is the activity of copying files or databases so that they will be preserved in case of equipment failure or another catastrophe. Backup is usually a routine part of the operation. It provides insurance against all types of setbacks, such as security compromises and inadvertently deleting your entire site.			

Website/Application Firewall Integration	YES	YES	YES
Web Application Firewall protects against the most critical web application security risks, such as SQL injection, cross-site scripting, illegal resource access and remote file inclusion. 1) Total website security – protection from application layer attacks 2) Highly targeted vulnerability remediation (known as virtual patching) 3) Automated remediation that reduces the time, complexity and cost of 4) Protecting your Web applications without the need for manual intervention.			
CMS versions monitor & update	NO	YES	YES
The main reasons for keeping every aspect of your CMS up to date are: Security Performance Bug fixes Compatibility Features			
Third –Party Plug-in version monitor & update	NO	YES	YES
Plugins need to be updated as soon as updates are available, particularly patches to plugins which are bug and security fixes. Sometimes plugin upgrades are so big that we need to recreate any customized template files or stylesheets or re-enter data.			
Third –Party Plug-in version monitor & update	NO	YES	YES
Plugins need to be updated as soon as updates are available, particularly patches to plugins which are bug and security fixes. Sometimes plugin upgrades are so big that we need to recreate any customized template files or stylesheets or re-enter data.			
Cross-Browser & Device Compatibility Check	NO	YES	YES+ Detailed Function checks
Live testing environment with access to various browsers across different operating systems in order to enhance efficiency and user experience and thereby, business.			

Mobile Responsive Check (Simulated Environment)	NO	YES	YES+ Detailed Function checks
Responsive design refers to a technique that enables websites to change their layout and content based on the device being used to view them. We intended to show, how visual elements of the site respond to different screen sizes.			
Functionality Checks & Fixing-All pages	YES	YES	YES
Functionality Checks & Fixing-All Links	YES	YES	YES
Functionality Checks & Fixing-All Forms	YES	YES	YES
Functionality Checks & Fixing-Other functional elements of the site	NO	YES	YES+ Detailed Function checks
Usability Testing – User scenario creation & checks	NO	YES	YES+ Detailed Function checks
Requirement wise Modification on Website/Performance Enhancement	NO	YES	YES
AMOUNT (Monthly)	\$230	\$380	\$540
AMOUNT (Yearly Discounted)	\$2570	\$4280	\$5900

Terms of maintenance:

- If a monthly plan is chosen – service will be charged in advance which is non-refundable on a pro rata basis.
- Yearly Plan will be charged on pro rata basis as per the discounted amount. A charge of 2 initial months is non-refundable.
- For Monitoring & fixing multiple elements of the website on a regular basis, many internal & external resources/services will be used.
- All the service hours are subject to man hours spent (details below per month). Any additional charges per hour spent will be based upon technology of the website.

Basic Plan	Basic +	Pro
10 Hours	17 Hours	23 Hours

- The three plans defined are designed on a general study of the size and security requirements of websites and web applications owners. A custom plan can be created : “PRO Advanced” for websites having a larger database.

Materials for Item No. 13 re

- CE re telehealth and ophthalmology/vision loss litigation

Eye-Related Med Mal Claims: Proving Vision Loss CLE: WED., MAR. 27TH, @1:00 P.M. E.D.T.

Please join Todd J. Krouner, Attorney at Law Office of Todd J. Krouner who will be speaking in an upcoming Strafford live video webinar, "[Malpractice Claims Against Ophthalmologists: Theories, Defenses, Proving Vision Loss, Guidance on Experts, and More](#)" scheduled for Wednesday, March 27, 1:00pm-2:30pm EDT.

Ophthalmologists continue to face a wave of medical malpractice lawsuits over eye products, trauma injuries, LASIK procedures, cataracts, corneal treatments, glaucoma, and refractive surgery, and more.

There are a wide range of allegations in ophthalmology suits, such as failing to obtain adequate informed consent, having an unsafe office environment, failing to fully document patient information, abandoning patients, misdiagnosing conditions, equipment malfunction, making surgical errors, and failing to follow-up or show empathy.

Unique and complicated proof issues abound in eye injury lawsuits, whether injuries arise from ophthalmic surgery, neurosurgery, diabetes or auto accidents. Because almost all medical-liability litigation involves the testimony of medical experts, counsel should be familiar with the 2022 American Academy of Ophthalmology Advisory Opinion on Expert Witness Testimony.

Our panel will examine current trends in medical malpractice claims brought against ophthalmologists from both the plaintiff and defense perspectives. The panel will review special proof considerations when vision loss is claimed as an injury.

We will review these and other key questions:

- Which types of ophthalmology-based claims are most frequently the basis of medical malpractice suits?
- What risks are exposing ophthalmology practices to litigation?
- What kinds of proof are involved in effectively demonstrating eye injuries and/or loss of vision?

After the presentations, there will be a live question and answer session so we can answer your questions about these important issues directly.

I hope you'll join us.

[For more information or to register >](#)

Or call 1-800-926-7926

Ask for Ophthalmological Malpractice: Pursuing or Defending Claims on 3/27/2024

Mention code: MA2P22-K9PLAZ

Sincerely,

Justin Hummel,
Vice President

Telemedicine's Hidden Medical Malpractice Risks: Standard of Care and Causation Issues Unique to Virtual Care

[FIND OUT MORE](#)

A live CLE video webinar on Wednesday,
February 14
1:00pm-2:30pm EST

Healthcare providers are increasingly using telemedicine solutions or clinical services using electronic communication methods. Since 2020, telemedicine has matured and gained greater acceptance, but time has also exposed vulnerabilities. This webinar will review the legal developments resulting from these changes in medical practice.

Issues of informed consent and an advance waiver may present differently in the remote context. Liability questions may be more complex when doctors practice across state lines.

The panel will review these and other material issues:

- The duties of the telemedicine provider
- The commonest liability theories to date
- Identification of experts
- Commonest defenses

[MORE INFORMATION](#)

*Including the program outline &
faculty bios*

[OR REGISTER NOW >](#)

Faculty

Joseph P. McMenamin
Christian & Barton

Jordan K. Merson
Merson Law

Gillian A. Fisher
*McGivney Kluger Clark &
Intoccia*

Strafford

Strafford's webinars are developed under the guidance of distinguished advisory boards in virtually every practice area we cover.

We have been serving attorneys since 1984 and produce over 900 live interactive webinars a year.

You can call 1-800-926-7926 (Ask for Telemedicine's Hidden Medical Malpractice Risks on 2/14/24
Mention code: MA2P23-K9CLAZ)

Materials for Item No. 14 re

- Meeting Minutes, January 24, 2024

NEVADA STATE BOARD OF OPTOMETRY



MINUTES OF PUBLIC MEETING

January 24, 2024

1. **Action Item 1. Roll Call, Call to Order, Welcome, Introductions.** President Mariah Smith, O.D. opened the live meeting at 8:00 a.m. President Smith and Board members Jeffrey Austin, O.D., Stephanie Lee, O.D., and Drew Johnson were present in-person. Executive Director Adam Schneider attended in-person. Deputy Attorney General Rosalie Bordelove, Esq. appeared by Zoom. Pursuant to AB219, public telephonic access number 669-444-9171, meeting ID 895 8378 3729, Passcode 13096 were read into the record.
2. **Item 2. Public Comment.** President Smith invited public comment. No public comment elicited.
3. **Action Item 3. Executive Director Jenkins payout amount.** Director Jenkins appeared by Zoom. Director Schneider referred the Board to Director Jenkins' letter dated December 20, 202 and reiterated that Director Jenkins has already agreed to refund the Board's entire overpayment of Sick pay in the amount of \$5087. The issue before the Board was the \$8,568 in possible overpayment of Vacation time. Discussion occurred about Director Jenkins' understanding of a cap of 400 hours in vacation time based upon her years' worth of service in the 1980s-1990s as a private government agency employee but that the cap had changed to a use-it-or-lose-it 240 hours without her knowledge. Dr. Austin noted that no state agency in his experience would allow infinite accumulation, and the state employee needs to ask such questions. Dr. Lee stated nobody on the Board had told Director Jenkins that the cap had changed for Director Jenkins to take additional vacation time before her retirement. Director Jenkins stated she would abide by the Board's decision. The Board agreed the maximum payout would be at 400 hours, and that the refund should be based upon the difference in the amount of hours over 400, i.e., 423 hours comprised of the 240 hour cap plus Director Jenkins' additional accumulated 183 hours. This equates to a refund of \$1271 in vacation time. President Smith moved to have the Board's auditor perform the formal math before the Board approved the final refund amount with a construct of \$5087 in Sick and \$1271 in Vacation. Dr. Austin amended the motion to add that if the difference was more than \$1,500 in Vacation time, then the final payout be revisited at the next Board meeting. Dr. Lee seconded. Motion as amended passed unanimously. Director Jenkins proposed that the Board can take a round number to not have the Board incur the additional auditor expense. Drs. Smith and Austin wanted the auditor involved to provide oversight on the revised calculations. Director Jenkins stated for the record that Niki Neilon is an extraordinary auditor but that after fiscal year

2024-2025 the Board needs a different auditor due to Ms. Neilon reaching the three-year maximum with the Board.

4. **Action Item 4. FY2022-2023 audit.** Director Schneider reminded the Board it approved a proposed audit report at the Board's prior meeting. Director Schneider referenced page 33 of the audit describing the circumstances of the overpayment to former Director Jenkins' final payout amount. Director Schneider stated he had discussed page 33 with President Smith and Member Johnson already. Dr. Lee moved for the Board to approve the audit as submitted in the Board Meeting materials with no need for adjustments. President Smith seconded. Motion passed unanimously.
5. **Action Item 5. Subpoena duces tecum for financial records upon optometry practices in possible violation of NRS 636.373(4)** Director Schneider commented this topic was essentially a continuation of the prior meeting regarding VSP corporate practices as represented to the Board by multiple licensees. Dr. Lee raised a concern from the prior meeting that Rowan Optometry PC licensees did not have control over their own patient schedules, charts, and access to their clinics, all of which has a direct affect to clinical care that the public receives. NAC 636.240 was discussed, which regards agreements between licensees and unlicensed persons must not include provisions for the unlicensed person to exercise control over the operation of the licensee's practice or blocking access to the schedules or equipment. Dr. Lee reiterated the purpose of this topic was assist these licensees in obtaining compliance with Nevada's two-door laws, and in order to aid in the compliance of these laws, the Board needs to review any agreements that are in place between these licensees and these unlicensed persons. Specific documents to be provided by subpoena would be 3 years tax returns along with all back up documentation for those returns for Rowan Optometry PC (years 2020-2022), all bank statements for all bank accounts for Rowan Optometry PC (years 2020-2023), monthly gross receipt reports for Rowan Optometry PC (years 2020-2023), and all agreements or contracts with Rowan Optometry PC and VSP Ventures. Dr. Lee surmised that it will not be a large jump to get Rowan Optometry PC compliant with the two-door laws, and the Board reviewing such documents will assist that process. Dr. Lee moved for the Executive Director to issue a subpoena upon Rowan Optometry PC for such documents. President Smith inquired if the scope of the subpoena should be expanded to other large private equity groups in the State of Nevada. Dr. Lee clarified the purpose of the topic was to help the licensees from the prior meeting who are having an issue and help operate their practices within the law. President Smith acknowledged her understanding. Dr. Lee moved for a subpoena upon Rowan Optometry PC for the prior listed documents. President Smith seconded. Motion passed unanimously.
6. **Action Item 6. Interpretation of NAC 636.080, NRS 636.150, NRS 626.155 re passing score for NBEO Part I.** Director Schneider sought guidance from the Board on its interpretation of "passing score" for part I of the NBEO and if an applicant could be deemed to have passed the section in the aggregate when the applicant received scores of 70 in part I's subsections over the course of several attempts. Director Schneider directed the Board to the applicant's NBEO test scores and discussed the applicant passed each subsection when combining the applicant's fifth and sixth attempts. Director Schneider reminded the Board that NAC 636.080 was repealed as unnecessary due to the Board adopting ARBO's position that the maximum amount is three times. The Board

interpreted NRS 636.190 stating “grade of 70 or higher for each area tested is required to pass the examination” means passing all subsections of part I in the same attempt. President Smith provided context that the law had to be vague when allowing for the possibility that the Board may NBEO in the future or a future test administrator may not organize such tests with “parts” or “subsections.” Member Johnson inquired into testing format and repeat questions, and how many times it is offered. Dr. Lee suggested ala the applicant’s email that the potential applicant work for the Indian Health Servies (IHS) which does not require a state-issued license. President Smith moved for Director Schneider to inform the potential applicant about the Board’s interpretation of NRS 636.190 and therefore would not qualify as an applicant for the State of Nevada. Member Johnson requested Director Schneider inform the applicant about the IHS. Dr. Lee seconded. Motion passed unanimously.

7. **Action Item 7. Interpretation of AB 432 Sections 12 and 19(5) re synchronous optometric telemedicine upon Nevada patients by non-Nevada licensed optometrists with preexisting/ongoing doctor-patient relationship.** Director Schneider noted the topic comes from an optometrist licensed in California but not in Nevada seeking information on optometry telemedicine. Director Schneider commented AB 432 Section 19’s only section that concerns non-Nevada optometrists is subsection five, and all subsections are silent as to preexisting doctor-patient relationship in allowing for synchronous telemedicine. Director Schneider requested the Board’s analysis bear in mind questions posed from a Nevada-licensed medical doctor about the telemedicine laws. The Board concluded that Section 19(1) precludes non-Nevada optometrists from providing synchronous telemedicine to patients in Nevada. The Board noted its duty to advise other states’ Boards of Optometry if non-Nevada optometrists are practicing optometry in Nevada without a Nevada license. Director Schneider reiterated the inquiring optometrist is not practicing telemedicine, but instead inquired into the Board for interpretation of the telemedicine laws before doing so. Dr. Lee recused herself due to knowing the inquiring optometrist, but suggested an application by endorsement. Dr. Austin suggested the inquiring optometrist apply for a Nevada license by endorsement. Member Johnson moved for Director Schneider to write the inquiring optometrist thanking her for the thoughtful letter, that without a Nevada license she would not be allowed to practice synchronous telemedicine under the laws of the State of Nevada, Dr. Austin seconded, adding to advise that application by endorsement is a simple process. Motion passed unanimously, notwithstanding Dr. Lee’s recusal. Director Schneider acknowledged understanding. Director Schneider inquired of the Board why AB 432’s Section 19, subsection 5 does not allow non-Nevada licensed optometrists to perform synchronous telemedicine yet allows non-Nevada licensed optometrists to perform asynchronous telemedicine. Dr. Austin explained the intent of subsection five was limited to consults only, e.g., situations where a Nevada licensee seeks a non-Nevada licensed optometrist’s interpretation of imaging with no care or treatment provided by the non-Nevada licensed optometrist.

8. **Action Item 8. Licensee compliance with NAC 636.215(2) re ownership percentages of fictitious name businesses and corporate transparency.** Director Schneider commented that in 2019 the fictitious name reporting requirements added licensees' percentage of business ownership, but that the form which the Board provides to licensees had not changed since the law changed. Director Schneider noted he has since changed the Fictitious Name Application form plus the License Renewal form at Questions 13-15 to obtain such information. Director Schneider inquired into the Board if the Board wants the Executive Director's office to obtain such information from the preceding 4.5 years of Fictitious Name submissions. President Smith moved to adopt Director Schneider's changes to the Fictitious Name form and License Renewal form and not engage the Executive Director's office to obtain business ownership percentages from prior Fictitious Name forms of the past 4.5 years. Dr. Austin seconded, noting he was comfortable with receiving the information over the course of this renewal cycle and the next cycle. Motion passed unanimously.
9. **Action Item 9. Consideration of Agency Budget with review for transition to Administrative Collaborative office in Reno, NV, utility stipend to Board employees per June 2023 Board Meeting Minutes and termination of lease at present physical location.** Director Schneider reminded the Board at the prior meeting that the property manager terminated the lease in November 2023, and that he accepted the termination. Director Schneider updated the Board on the lease termination and the property manager's proposed Termination of Lease. Director Schneider stated that once complete, the Board's physical location will be in Reno, NV with the Administrative Collaborative. Director Schneider reminded the Board of its June 2023 Meeting for a \$300/month per employee utility stipend. Director Schneider reiterated the change in location will save the Board thousands of dollars. Discussion occurred about excess funds in the Board's operating budget, and Member Johnson inquired into the possibility of placing existing Board excess funds into interest-bearing accounts and/or certificates of deposit with the goal to reduce licensee renewal fees. Deputy Attorney General Bordelove stated she would research the issue, and that in her experience upon an audit noting excess reserves that the recommendation is typically to reduce licensee fees. President Smith moved for the Board to reestablish its physical location with the Administrative Collaborative's office and implement the utility stipend. Dr. Austin seconded. Motion passed unanimously.
10. **Action Item 10. Consideration and approval of November 28, 2023 Board Meeting Minutes.** Dr. Smith confirmed all Board members had looked over the proposed Minutes. Dr. Lee moved to accept as proposed. Dr. Austin seconded. Motion passed unanimously.
11. **Executive Director update re status of termination of Thentia purported contract and reimbursement.** Director Schneider reported that Thentia satisfied its obligation by reimbursing the Board \$6567.60.
12. **Executive Director update re licensee renewals.** Director Schneider updated the Board that of the approximately 600 licensees that could renew as active or inactive, approximately 175-185 have done so since the renewal process started. Director Schneider reminded the Board that Nancy Padilla will likely start incurring overtime in February 2024.
13. **Action Item 11. Public Comment.** No public comment was offered.

14. **Action Item 12. Adjournment.** Dr. Austin moved to adjourn the meeting. Dr. Lee seconded. Motion passed unanimously. The meeting adjourned at 9:10 a.m.

* * * * *

FY 2023-2024 Regular meeting schedule

Thursday 3/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 4/25/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 5/30/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 6/27/2024 12:00p.m (pst) Reg. Bd. Meeting- phone or Zoom

FY 2024-2025 Regular meeting schedule

Wednesday 7/31/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Wednesday 8/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on March 28, 2024.

Adam Schneider, Executive Director

Materials for Item No. 15 re

- Workshop Meeting Minutes, January 24, 2024

NEVADA STATE BOARD OF OPTOMETRY



MINUTES OF NAC WORKSHOP MEETING

January 24, 2024

1. **Call to Order.** President Mariah Smith, O.D. opened the live meeting at 9:25 a.m.¹ President Smith and Board members Jeffrey Austin, O.D., Stephanie Lee, O.D., and Drew Johnson were present in-person. Executive Director Adam Schneider attended in-person. Deputy Attorney General (herein DAG) Rosalie Bordelove, Esq. appeared by Zoom.
2. **Action Item 1- NAC 636 Workshop.** President Smith stated the need to discuss possible elimination of NAC subsections consistent with the Governor's prior Orders (identified post hoc herein as Executive Order 003-2023). Director Schneider stated he reviewed AB 432, pre-AB 432 NRS 636, and NAC 636 bearing in mind the pending codification of 2019 amendments (identified post hoc herein as R066-19).
3. **Public Comment-** none provided. No attendees in-person or Zoom or telephonically.

As to AB 432

Section 3 defines comprehensive examination. Its subsection 2 says "the term." Dr. Austin clarified "the term" refers to "comprehensive examination(s)," and not a period of time. Board stated no clarifying changes needed.

Section 4-10 discussed. No clarifications elicited.

Section 11 regards remote patient monitoring and uses the phrase "from a patient of the licensee." Section 6 defines "licensee." Colloquy as to include or not licensees of the licensee's practice group. Board stated no clarifying changes needed.

Sections 12-13 discussed. No clarifications elicited.

Section 14 regards the surviving members of deceased licensee who is the sole owner of an optometry practice and uses the phrase "after the death." Colloquy as whether it should include "permanent incapacitation" or "vegetative state" and if so, then "surviving member of the licensee's family" should include the "incapacitated licensee's durable power of attorney, or legal guardian as appointed pursuant to NRS 159 – Guardianship of Adults." DAG Bordelove commented about the

¹ Pursuant to AB219, public telephonic access number 669-444-9171, meeting ID 895 8378 3729, Passcode 13096 were read into the record for the Board meeting at 8:00a.m. and is the identical information for this Workshop.

process LCB undergoes when a NAC attempts to expand a statute beyond the express language versus capturing the statute's legislative intent. DAG Bordelove suggested reaching out to the LCB drafter to discuss the process. President Smith discussed possible need for next legislative session to include definition of "permanent incapacitation." DAG Bordelove commented that for an AB of AB 432's size, it is common to have a clean-up bill in the next session. Director Schneider sought clarification as to "do not exempt" and "a person." Drs. Smith and Austin clarified its purpose was that merely because a surviving family member owned the optometry business upon death, the surviving family member cannot practice optometry without a license. Colloquy and agreement that the intent of this section is to also address a licensee's permanent incapacitation, and the permanently incapacitated licensee's durable power of attorney, legal guardian as appointed pursuant to NRS 159- Guardianship of Adults.

Section 15 regards the personal mailing address, telephone number, and electronic mail address of the licensee provided to the Board. Colloquy and agreement to clarify that such information will be kept confidential within the Board's internal files absent such information being the licensee's publicly known mailing address, telephone number or electronic mail address.

Section 16 regards disciplinary action. Director Schneider discussed possible differentiation between a bona fide "disciplinary action" requiring reporting to National Practitioner's Databank versus an administrative action such as being "disciplined" for not timely reporting Continuing Education credits. Director Schneider cited to California Board of Optometry having such differentiation. President Smith discussed prior Board discussions on same, and scenarios of non-Nevada optometrists seeking application by endorsement whom are repeatedly being disciplined for administrative issues and if the Board wanted to know that conduct during the application process. Director Schneider discussed possible inclusion of "crimes of moral turpitude" not inclusive of driving under the influence. Director Schneider described the license application process and sections specific to other States' discipline. DAG Bordelove stated that alcohol abuse is mentioned in NRS 636 (identified herein post hoc as NRS 636.295(3) (grounds for disciplinary action "alcohol or other substance abuse.")) Colloquy and agreement that as used in this section, "disciplinary action" means an action resulting in a report to the National Practitioner's Databank regarding patient care, or a finding of unprofessional conduct as defined in NRS 636.295.

Section 17 regards optometry students and residents, and their supervision. Director Schneider discussed section (1)(b) that an OD or ophthalmologist (herein OMD) "examines the person on whom the student performed any procedure before the person is discharged." Director Schneider asked if it should include that the OD or OMD must pre-operatively authorize the procedure. Board stated no clarifying changes needed. Dr. Austin discussed limitations on a student because they are not licensed, and can only practice up to the scope of practice as the student's supervising licensee. Colloquy and agreement that as used in sections 1 and 2, within the scope of license means up to the scope of practice as the supervising licensee. Section 3 describes care provided in an emergency. Colloquy as to "emergency" and reasonable time limits on same. Colloquy and agreement that as used in section 3, the person may provide care up to 10 hours of informing the supervising licensee. Section 4 defines "clinic" and uses the term "provides services." Colloquy and agreement that the intent of section 4 includes the providing of prescriptions.

Section 18 regards the unlawful act to duplicate or extend a prescription if the licensee has not performed a comprehensive exam or does not have access to the complete results of comprehensive exam within 2 years. Colloquy as to limitations and prohibition of online vision test technology. Colloquy and agreement that the intent of this section allows the originating licensee or licensee within the originating licensee's practice group in extenuating circumstances to issue, offer to issue, duplicate, or extend a prescription for the patient of the originating licensee or the originating licensee's practice group within the immediately preceding two years.

Section 19 regards telehealth. Clarification that section 1 does not allow for non-Nevada licensed optometrists to practice telehealth in Nevada, even with pre-existing doctor-patient relationships. Dr. Smith provided context that the intent of Section 2 is meant to be specific to the OD who has seen the patient in the prior two years, and the intent of Section 3 is for new patients with no established doctor-patient relationship. Dr. Austin described scenarios where an incomplete prescription would then require a direct call to the patient personally in order to qualify as synchronous, and an OD within the practice group has the records of his or her partner or their practice to allow for asynchronous. Dr. Lee discussed section 9 and that prescriptions cannot occur solely through autorefraction, compared to section 3 allowing for synchronous examinations. Discussion as to 2025 session for NRS 636 that “the licensee” could be changed to “a licensee” as long as the treating licensee has access to and reviews the medical records of the prior two years. Dr. Lee re-raised section 9 as to the usage of autorefractions and impact on synchronous versus asynchronous. Dr. Smith reminded the Board that already existing in NRS 636 (identified post hoc herein as NRS 636.346(3)) requires the licensee to perform the final examination on the patient before discharge. Discussion as to Section 2 changing “the” to “a” and when it says “the licensee completing a comprehensive examination on the patient in the immediately preceding two years” to then add “or has access to such records and has reviewed such records.” Section 3 regards synchronous optometric telemedicine of a non-comprehensive examination of new patients so long as the licensee has access to comprehensive examination information from an optometrist or ophthalmologist within preceding two years. Colloquy on the licensee actually reviewing the medical records versus mere “access” after the examination, and that “information obtained” is not intended to be a replacement for the licensee’s review of the medical records. Colloquy and agreement that as used in Section 3, no synchronous non-comprehensive examination can be conducted unless the licensee has access to the patient’s records and contemporaneously reviews such records. Colloquy and agreement that as used in this section, “access” includes the act of reviewing such information prior to or contemporaneous with the examination. Nothing in this section is meant to prevent a licensee from providing care to a patient whom is already an existing patient within the licensee’s practice group of the immediately preceding two years. Dr. Smith confirmed that “synchronous,” “new,” and “non-comprehensive” will remain in Section 3. Colloquy and agreement that as used in this section (9)(a), the issuance of a prescription for an ophthalmic lens cannot occur without the licensee performing a synchronous manifest refraction. Colloquy that section 2 is the broad overview, whereas sections 3 and 4 are the specific scenarios and the necessity of sections 3 and 4 to exist because section 2 on its own could allow for abuse and compromise ocular health of the community. Director Schneider re-raised that section 2 can be augmented with access to and review of records. Discussion of the desire of the statutes to allow good doctors to provide good care while preventing abuses of telehealth laws’ intent. Director Schneider discussed section 4(b) and what was meant by “prescription,” e.g., drugs or glasses or contacts or treatment plan or vision therapy. Dr. Smith discussed that NRS 636.022 defines prescription. Board stated no clarifying changes needed, but for LCB to reference NRS 636.022 when codifying section 4(b).

As to existing NRS 636

NRS 636.025 regards scope of practice. Board stated section (1)(b) does not need to be changed. Section (1)(i) regards removing of a foreign object from the surface or epithelium of the eye, and foreign object is already defined.

NRS 636.145 regards hearings. Director Schneider discussed a more detailed hearings statute for the Board of Medical Examiners. DAG Bordelove reminded the Board that exemptions were lifted on multiple Boards in 2017, and therefore NRSs 233B, 622A, and 622 inclusive of 622.370 control, but that nothing prohibits the Board from placing those statutes into NRS 636. DAG Bordelove stated if that occurs for the Board to ensure statutory harmony with the controlling chapters.

Discussion of NRS 630.346(3) that in a disciplinary hearing, proof of actual injury need not be established, and is worthwhile for this Board as an NAC.

NRS 636.206 regards applications by endorsement. Section (2)(a) regards discipline. Dr. Smith stated for the definition to be consistent with previously discussed AB 432 Section 16, i.e., “disciplinary action” means an action resulting in a report to the National Practitioner’s Databank regarding patient care, or a finding of unprofessional conduct as defined in NRS 636.295. Section (2)(a)(6) states “malpractice,” but should be inclusive of “professional negligence” to align with the actual recognized cause of action in Nevada and that a license by endorsement is a revocable privilege.

NRS 636.215 regards licenses. NAC should be used to state “1. The purpose of licensing optometrists is to protect the public health and safety and the general welfare of the people of this State. 2. Any license issued pursuant to this chapter is a revocable privilege.” Dr. Austin commented NRS 636 allows for the Board to suspend a licensee’s license.

NRS 636.287 regards OPAC training of the successful completion of not fewer than 40 hours of clinical training in administering and prescribing pharmaceutical agents in a training program which is conducted by an ophthalmologist and approved by the Board. Consistent with Board policy, NAC should be used to state “In the event a licensee allows their license to expire and wishes to reapply, the licensee’s prior approved OPAC training is valid for the life of the licensee, therefore, the applicant is not required to retake the 40-hour training to recertify.” Dr. Smith commented this could be a 2025 legislative goal to remove that restriction upon licensees to allow to practice to the full scope of their optometry school education and training.

NRS 636.305 regards Board complaints. Consistent with other healthcare boards, NAC should be used to add “The voluntary surrender of a license, the failure to renew a license or the retirement of a licensee does not preclude the Board from causing a complaint to be investigated, issuing a formal complaint against the licensee, or conducting a disciplinary hearing of a formal charge relating to an alleged ground for disciplinary action set forth in NRS 636.295 conducted in accordance with the provisions of chapters 233B, 622, and 622A of NRS.” Discussion for 2025 legislative session to the effect that: 1) the investigation may include but is not limited to, compelling a licensee to appear before the Board; 2) “The proceedings of an investigative committee are confidential and are not subject to the requirements of NRS 241 and such proceedings are confidential between the licensee and the investigative committee members until such time as the investigative committee finds sufficient cause to recommend a formal complaint to the Board.” Discussion that adding an investigative committee is another basis to increase the Board to five members which is a 2025 legislature goal. Public Member Johnson suggested that the fifth member ideally have a background in insurance or another non-ocular field of healthcare.

NRS 636.373 regards prohibition on supervision or control or influence over professional judgment of optometrist unless licensed to practice optometry. Discussion on what is professional judgment. Director Schneider speculated the Nevada Supreme Court has defined the term in past holdings. Board stated no clarifying changes needed.

NRS 636.420 regards administrative fines that the Board “may impose an administrative fine” and AB 432 Section 28. Director Schneider referred the Board to page 11 of AB 432. Discussion as to citation versus disciplinary action requiring a complaint. Board stated no clarifying changes needed when administrative is administrative, separate from reportable discipline as discussed earlier in the workshop.

As to existing NAC 636

NAC 636.220 regards a licensee cannot employ an unlicensed person to perform any services for which an optometrist license is required by law. NRS 636.346 regards supervision of authorized activities of assistants. Discussion as to the profession of orthoptists and schooling of vision therapy, esotropia, exotropia, strabismus. Should a licensee hire an orthoptist, the orthoptist is considered an assistant and does not need to display their professional certificate. Reference to AB 432 Section 19 in NRS 636.346 will help clarify proper employee or technician or assistant supervision to the licensees. Discussion as to NAC 636.210(4) being specific to the OD-employer possibly being subject to discipline for the OD-employee's unprofessional conduct during the performance of services pursuant to the employment. An additional subsection, with reference to NRS 636.346, should include the licensee has the ultimate responsibility over any conduct, treatment, act, or omission by the licensee's employee, technician, or assistant, and all responsibility for all care provided to the licensee's patients. Dr. Lee re-raised this NAC and its impact on attempted digital optometrics.

NAC 636.xxx regards licensee reporting requirements. Section (1)(c) regards the licensee must report within 30 days- "A civil action relating to the practice of optometry is filed against the licensee" to be change to "upon service of process of a civil action related to the practice of optometry against the licensee, or the licensee's optometry business as registered with the Board, or the licensee's business practicing under an assumed or fictitious name as registered with the Board."

NAC 636.xxx regards licensee fees. Section (q) regards a name change for \$100. The name change fee applies during non-renewal applications.

As to existing NAC 636 for proposed elimination

NAC 636.110 ("Do not meet the specifications of the American National Standards Institute" defined.). Discussion and agreement for removal.

NAC 636.130 (Posting of signs). Discussion and agreement for removal.

NAC 636.150(1)(b) (Ophthalmic products "Does not meet the specifications of the American National Standards Institute"). Discussion and agreement for removal.

NAC 636.160(2)-(3) (Spectacle lenses). Discussion and agreement for removal.

As to existing NAC 636 for proposed edits

NAC 636.142(1) Broadcast advertisements- removal of "oral" Discussion and agreement for selected edit.

NAC 636.160(3) Spectacle lenses- change to "trifocal progressive" and removal of "and if the lenses are." Discussion and agreement for selected edit.

NAC 636.170(2) Contact lenses- add at the last part of the sentence "in a different replacement schedule as indicated by the Federal Drug Administration or the contact lens manufacturer." Discussion and agreement for selected edit.

NAC 636.190 Optometric examinations disclaimer of the following services not included for an eye examination will add AB 432 Section 3's definition of a comprehensive examination. Discussion and agreement for selected edit.

NAC 636.210(1)(b) representation as specialist- add "unless he or she is an American Academy of

Optometry diplomate, Optometric Glaucoma Society fellow, Optometric Retina Society fellow, Scleral Lens Education Society fellow, or . . .” Discussion and agreement for selected edit.

NAC 636.210(2) display of license- removal of “in a conspicuous manner” replace with “available upon request” Discussion and agreement for selected edit.

NAC 636.215(5) change “10 working” to “90 calendar” Discussion as to burdens upon the licensee during the course of ownership change or practice sale and 10 working days being too burdensome. Discussion and agreement for selected edit.

NAC 636.xxx(3)(q) Licensee fees- add legal name change for \$100 for anytime besides at the time of a license renewal. Discussion as to limited frequency of this occurring, disproportional impact on women, applicability to domestic partnerships. Discussion and agreement for selected edit.

NAC 636.xxx(6)(d) Continuing Education to include “Category 1 ophthalmology-specific” Discussion and agreement for selected edit.

NAC 636.xxx(6)(e) Continuing Education to include “Any ophthalmology residency program that is affiliated with an accredited medical school.” Discussion and agreement for selected edit.

NAC 636.670(2) Contents- removal of “with their ability to transmit oxygen” Discussion and agreement for selected edit.

NAC 636.670(4)(b)(2) Contents- removal of “with their percentage of water content and thickness” Discussion and agreement for selected edit.

NAC 636.670(5) add “For spectacle lenses, a prescription shall be valid for a period of 24 months for patients age 18-65 years old unless the prescriber documents a reason for the shorter period of time.” Discussion on other laws allowing for an expiration date of 2 year prescription, and optician board laws that if there is no expiration date on the prescription the optician deems it to be 2 years from the date of prescription (identified post hoc herein as NRS 637.175 (“A prescription received by a dispensing optician shall be deemed to have an expiration date of 2 years after the date the prescription was issued unless the practitioner who wrote the prescription includes on the prescription a different period.”) Public Member Johnson discussed most states allow for two year contacts prescriptions. Dr. Smith noted her experience of younger patients not following contact prescriptions. Drs. Smith and Lee discussed patient complaints with prescriptions occur regardless if one-year or two-year. Public Member Johnson discussed that a two-year expiration may encourage better eye health and patients presenting to an optometrist while discouraging patients from seeking incomplete online vision services. Drs. Smith and Lee agree this NAC needs to not place an additional burden on the prescriber of stating an express sentence in the medical records for the basis for the prescription length, but that medical record taken as a whole must support the reason for the shorter period of time. Patients will still be advised to present for annual eye health examinations, or sooner eye health examinations within the licensee’s discretion.

Board discussed a January 21, 2024 letter from Luis Moreno, M.D. inquiring into optometry telehealth law and requesting confirmation of his understanding of such laws for purposes of his optometric scribe business. Board noted no stated affiliation with any licensees or being asked by any licensee to submit such questions. Board authorized Director Schneider to respond to Dr. Moreno consistent with the workshop and to explain that AB 432 exists as Nevada law and the Legislative Counsel Bureau has final approval on any changes to the language which are pending by virtue of the workshop.

4. **Public Comment-** none provided. No attendees in-person or Zoom or telephonically.

5. **Action Item 3. Adjournment.** Workshop adjourned at 2:54 a.m.

* * * * *

FY 2023-2024 Regular meeting schedule

Thursday 3/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
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Wednesday 8/28/2024 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on March 28, 2024.

/s/
Adam Schneider, Executive Director

Materials for Item No. 16 re

Complaint 24-11

- Complaint inquiry Letter (redacted)
- Complaint Order to produce Healthcare records (redacted)
- Contact Lens Rx, 3-5-24 (redacted)
- Online reviews (redacted)
- Attorney David J Mortensen (redacted)
- Attorney Guillermo (redacted)
- Dr. Luis A Moreno Jr MD (redacted)
- Exam Pre-Test Rooms
- Letter to Adam Schneider, Esq (redacted)
- Complainant records re 3-5-24 (redacted)
- Complainant records re 3-18-20 Rx 9-6-21, Rx 12-15-22 (redacted)
- NSBO Response 3-25-24 (redacted)

NEVADA STATE BOARD OF OPTOMETRY



MARIAH SMITH, O.D.
Board President

JULIE C. ALAMO-LEON, O.D.
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ADAM SCHNEIDER, ESQ.
Executive Director

JEFFREY AUSTIN, O.D.
Board Member

DREW JOHNSON
Public Board Member

March 14, 2024

via email only

Re: NSBO Complaint# 24-11

Patient:

Dear Dr. -

This office has received information and a complaint alleging the care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It is alleged:

1. On or about March 5, 2024, the patient presented to _____ for an eye exam.
2. Nothing in the patient's online booking states the eye exam would be performed by a non-optometrist technician only.
3. Upon arrival, no oral or written disclosure was provided to the patient that no licensed optometrist was present or that the upcoming examination was going to be performed by a non-optometrist technician only.
4. The patient was examined by a non-optometrist technician only.
5. Based upon the technician's difficulty in obtaining the patient's prescription, the patient inquired into the technician if the technician was an optometrist, and if not, where was the optometrist. The technician replied he was not an optometrist and that there was no optometrist at the location. The technician attempted to reassure the patient that he was authorized by you to examine patients and write prescriptions, and that he writes all prescriptions under your name which you authorize as a "tele visit" or "tele-vision" examination.
6. The patient asked if the telehealth portion of the exam had already occurred, or when was it going to occur, because the patient had yet to talk to or seen by or examined by you or any other licensed optometrist. The technician did not supply a substantive

- response as to his understanding of what constitutes a telehealth examination, and instead attempted to reassure the patient he is authorized by you to do full examinations.
7. The patient was never seen by you or any other licensed optometrist, nor was there any attempt by the technician to contact you or any other licensed optometrist to perform the examination.
 8. The technician diagnosed the patient with astigmatism.
 9. The diagnosis of astigmatism was wrong, and the prescription provided to the patient demonstrates the lack of astigmatism.
 10. The technician performed a contact lens fitting, and stated he needed to do so in order for it to be legal.
 11. The contact lens prescription has no base curve or diameter. He was not examined by the technician, or you, or any other licensed optometrist using any visualization equipment to assess the accuracy of the fit.
 12. No education or examination was provided to the patient about the health of his eyes.
 13. No education was provided to the patient that he must contact you or your office immediately should he experience any flashes, floaters, curtains or cobwebs.
 14. The patient's insurance is through _____, and he may have been billed for this non-optometrist examination as if it was conducted by a licensed optometrist.
 15. Other persons, presumably patients of your practice, have left online reviews stating similar complaints of not being examined by you or any other licensed optometrist; provided concurrently herewith.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636/AB 432, please provide a written response to each allegation noted above, as well as a full and complete copy of your healthcare records, billing, invoices, and communications to and from the aforesaid patient. Please include any further information you believe would be useful for the Board to make a determination in this matter.

While the Board has the discretion to issue an order to cease and desist pursuant to NRS 636.290(2)(b), your reply to director@nvoptometry.org will be due on or **by the end of business March 26, 2024**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

Please return the healthcare records and billing with the signed Custodian of Records Declaration, enclosed herewith. If you are not the custodian of records, please indicate where the healthcare records can be obtained.

Allegation no. 15 on page two of this correspondence suggests your practice at the subject location and other practice locations of yours may be systemically violating optometric telemedicine laws as established in AB 432. **Therefore in light of these allegations, your response deadline will not be extended/continued.**

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636/AB 432. This letter is not to be construed as a determination as to

whether or not there has been a violation of such laws until a thorough investigation is completed, wherein your response should you choose to timely provide one is part of that process. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to:

NRS 636.025(1)(f) (fitting of contact lenses under the supervision of the optometrist);
NRS 636.295(6) (false or misleading representations with respect to optometric services);
NRS 636.346(1) (assistant fitting ophthalmic lenses if acting under the direct supervision of a licensed optometrist);

NRS 636.346(3) (licensed optometrist performing final eye examination of the patient);
AB 432 Section 18 (unlawful issuance of prescription for ophthalmic lens if the licensee has not performed a comprehensive examination or does not have access to the complete results of a comprehensive examination performed on the person within the immediately preceding two years);

AB 432 Section 19(2) (optometric telemedicine only if the licensee has completed a comprehensive examination on the patient within in the immediately preceding 2 years);

AB 432 Section 19(3) (synchronous optometric telemedicine of non-comprehensive examination if the licensee has access to all the information from a comprehensive examination by an optometrist or ophthalmologist within the immediately preceding two years);

AB 432 Section 19(9)(a) (optometric telemedicine performed to the standard of care as if conducted in person);

AB 432 Section 19(9)(a)(2) (prescription for ophthalmic lenses solely upon the application of lensometry); and

AB 432 Section 19(9)(a)(3) (prescription for ophthalmic lenses solely upon the application of auto-refraction).

Respectfully,

/s/ Adam Schneider

Adam Schneider, Esq.
Executive Director

NEVADA STATE BOARD OF OPTOMETRY



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Board Member

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Public Board Member

March 14, 2014

ORDER TO PRODUCE HEALTHCARE RECORDS

The Nevada State Board of Optometry sends greetings to:

Pursuant to the authority of Nevada Revised Statute (NRS) 636.141, .305 and .310, and NRS 629.061(1)(g), you are directed to produce and deliver to the Nevada State Board of Optometry, the materials as set forth in this Order regarding NSBO Complaint# **24-11**:

Properly authenticated and complete copies of any and all health care records, billing, invoices, and communications to and from patient:

Any text messages or phone records to and from your technician **on or about March 5, 2024** regarding the examination and prescription provided to patient:

Any metadata of your electronic medical records system showing your access **on or about March 5, 2024** into the electronic chart of patient:

Such materials are to be provided to the Executive Director of the Nevada State Board of Optometry **on or by end of business March 26, 2024** to director@nvoptometry.org. Failure to timely or completely comply and produce said records in the aforesaid manner may subject you to potential disciplinary action and administrative sanctions pursuant to NRS 636.420.

NEVADA STATE BOARD OF OPTOMETRY

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

Contact Lens

Date: 03/05/2024
Expires: 03/05/2025
Rx #: 241217709

Patient:
DOB:
Address:

Lens and Dispensing

	Manufacturer	Dispense
OD	Johnson & Johnson Vision Acuvue Oasys 1 Day 90 Pack	
OS	Johnson & Johnson Vision Acuvue Oasys 1 Day 90 Pack	

Rx Details

	MV	BC	Sph	Cyl	Axis	Diam	Add	Desig.	Tint
OD			-8.00						
OS			-8.50						

Southeast, NV, NV

Mar 7, 2024

Dr. . My first appointment the Dr. wasn't even there. It was an assistant that did my eye exam. He addressed my concerns and was very committed to getting my prescription correct. Unfortunately it was not. I scheduled a recheck and told the agent on the phone I wanted the recheck with the Dr. Come to find out Dr is only there 2 days a week. Went in for the recheck, waited 35 minutes before I went back to see where they were with calling me, the line was long which I have never experience with that location and the prior Dr. Was taken back, told the associate the issue. Checked my eyes, went into a room, in which I was moved around 3 different times before I got to see the Dr., due to needing the room. Dr. came in, told my concerns. [OD] puts the machine up to my face, I had to readjust it myself to fit correctly. [OD] seemed preoccupied as I heard what seemed to be a wrapper being undone as [OD] she was going thru slides. None of the slides I could see out of and by this time [OD] was going so fast between them i couldn't even get my answer out fast enough. I was irritated and gave vague responses. [OD] then took me out of the room into the hallway. There was so much chaos going on I don't know how anyone was able to do there work properly. I was told to put on old school glasses where [OD] transferred in and out different prescriptions. By this point [OD] was able to get it better but I was "done". Too much going on, [OD] was delegating between me, staff and other customers. Just got my glasses for the 2nd time, they are better but still not correct. I have a tri focal. My distance is still blurry and the tri focal is not clear as well.

Las Vegas, NV

Feb 15, 2024

This review is for the doctor only. I went to where Dr. has a location inside. I had an appt scheduled with The dr. for an eye exam. I wanted to ask about getting Lasik surgery and had a few more questions. (it's been since 2020 since my last eye exam). I never even saw the doctor! [OD] didn't come in to introduce [OD], or welcome me as a new patient, or look at my health history. I know [OD] didn't read it because there a few red flags that EVERY doctor I've ever seen talks to me about. Hell, I don't even think [OD] was there and I don't know how legally an eye exam can be performed without the doctor. I saw the front desk girl and two techs WHO WERE ALL INCREDIBLE! They really knew their stuff. But they never went to medical school and it should not be put on them to do the work of a doctor. I have 2 insurance's and I'm going to inform the insurance companies they are paying a doctor and [OD]'s not even there. I ordered my glasses and I'm hoping they're ok and if so I will never come back.

Westside, Las Vegas, NV

Feb 21, 2024

From start to finish this was the worst eye exam. I have gone to this eye doctor since I was 12 however I didn't know the practice changed. I still made an appointment at this location as I was used to coming here. From calling in the receptionist was extremely rude. She was not professional and talking and if she just wanted me off the phone. When I arrived, she told me to go get my eye prescription from the glasses section very rudely since they no longer have any records from the previous practice that was here. I went and they said they didn't have it and she then again says did you even go ask them. I told them multiple times I am here for a contacts exam and when paying before the exam I had to remind them. With attitude and snarky she said, "oh my bad, I forgot." The interactions with her moving forward were all snarky. She also didn't look into my insurance and started charging random numbers that I knew weren't part of my plan. Then the Lady that did my eye exam said "what the fuck " when the paper was out of the eye machine with the hot air balloon. Originally, I thought she was the doctor but only found out she wasn't because I have dry eyes and she said let me get the doctor. When I went into the eye exam room, the lens to look through were dirty/oily as if it wasn't cleaned between exams. They offered me Lasik at the med spa moments later. This practice does not seem professional or even clean what's so ever. I never even saw the doctor so when I asked to cancel my appointment if I'm not seeing a doctor they gave me attitude. I told them when I first got there I get air optic contacts for astigmatism and they only have a generic brand of contacts for regular eyes to test. I refused the service as this was a waste of time especially for someone with astigmatism. The new dr is [OD]. The [OD] staff is outstanding it's just the new doctor side that is terrible.

a week ago

It is very rude to take money for an appointment to see an eye doctor and there's no eye doctor there. My appointment was on Thursday as I was leaving. I heard at the desk as I was leaving that the doctor is only there on Wednesday and Saturday. My appointment was to be for a doctor, not a technician to do two tests on me and push glasses. Push glasses, push glasses. I made the appointment to have my cataract checked by REAL Dr. I intend to share this information and how your office disrespects people with anyone who will listen

2 weeks ago

Not happy with the service. First of all, Dr. [OD] does not do the exam, it is only a tech. The exam was quick and basic. I had a 10 am appointment and they took the 10:30 appointment before me. So I had to wait. When the front desk person wrote out my vision prescription so I could order my frames with _____, it was filled out wrong. I will never use them again!

BEWARE: exam was not done by optometrist only by technician. Very bad experience. The front desk lady is misleading and doesn't disclose that NO OPTOMETRIST WILL DO THE EXAM, RATHER IT WAS A Technician. This must be disclosed beforehand. My visit was booked for contact exam, she

asked for copay 25 dollars then after I was done she asked for 75 more for contact fitting although they don't even fit me in the brand I am using. This was very deceiving. I definitely DO NOT RECOMMEND this place and I will never go there again.

2 weeks ago

I NEVER SAW A DOCTOR. I WAS EXAMINED BY TECH.

From: dmortensen@hutchlegal.com
Subject:

Date:
To: sprescott@hutchlegal.com
Cc: jgandy@hutchlegal.com,
sprescott@hutchlegal.com

Please allow this correspondence to serve as some observations and recommendations as it relates to your desire to engage in telemedicine and to establish a "pop up" retail shop in the Resorts World Casino.

Optometric Telemedicine

Nevada has only recently passed legislation which allows for optometric telemedicine in Nevada. A copy of these changes have been *attached hereto for* your reference and took effect on October 1, 2023. It is our understanding that these laws are largely consistent with those in other states. Although the new laws exist, there is little information about the Board of Optometry's *interpretation* of these laws or how they will be enforced.

Generally speaking - you may engage in optometric telemedicine *under certain conditions*.

- Both you and the patient must be physically located in Nevada at the time of the telemedicine examination. If the patient is not located within the state of Nevada, you may engage in telemedicine so long as you have completed a comprehensive examination within the past two years *and* it is allowed by the laws of the state where the patient is located. (Practically speaking, it may be difficult to navigate the laws of 49 individual states to ensure that you are complying with those laws for out-of-state patients).
- If the patient is an existing patient that you have provided a comprehensive examination to in the past two years, you may use telemedicine to perform a non-comprehensive examination and/or provide healthcare services or remote monitoring of a previously diagnosed condition. This would include:
 - Acquiring data about the health of the patient;
 - Assessing changes in previously diagnosed chronic health conditions;
 - Confirming the stability of the health of the patient; or
 - Confirming expected therapeutic results.
- If the patient is a new patient, you may complete a non-comprehensive examination so long as you have patient records from a comprehensive examination completed by another provider within the previous two years.
- You may not issue issuing a prescription for ophthalmic lenses based solely upon one

or more of the following:

- Answers provided by a patient in an online questionnaire;
- The application of lensometry; or
The application of auto-refraction;
- If the patient is an existing patient and you have not completed a comprehensive examination in the past two years, you may use telemedicine to provide a consultation (provider to provider discussion) for the sole purpose of determining whether the patient needs a comprehensive examination ***upon request from another healthcare provider*** so long as that provider gives you all of the necessary medical records to assist in making that determination. This consultation may not include any diagnosis, treatment recommendations, or prescription.

Care and treatment provided through telemedicine will be held to the same standard of care as care and treatment provided through traditional means. This means that patients should still complete all of the same documents as your in-person patients would for the same type of appointment. Patients may not be asked to waive these standards as a condition of telemedicine. Should the telemedicine findings be inconclusive or irregular, patients should be brought in for an in-person examination prior to giving a prescription or providing care and treatment.

Practically speaking, these regulations mean that patients must receive a comprehensive *in person* examination at least once every two years to be eligible for any telemedicine appointments. Telemedicine should be used to *supplement* in-person optometry care rather than *replace*.

Pop Up Retail

Generally speaking, there is no restriction on a *retail only* pop-up so long as you are complying with Nevada laws as they relate to sales tax. However, the pop up must be limited to *retail only* services and not provide any optometry services, which would include, but is not limited to, vision screenings. A retail only pop-up would be able to provide cash-and-carry items such as sunglasses, "fashion glasses" (without prescription), goggles or safety glasses. You may also offer frames to be used with a valid existing prescription.

Please keep in mind that the *fitting* of glasses must be done under the direct supervision of a licensed optometrist. If you plan on offering prescription frames at the pop up, you may wish to do so in a manner that would require the individual to pick up the completed glasses at one

of your brick-and-mortar offices to ensure proper fitting.

You may provide optometry services for ***no more than 14 total days per year*** at a location outside of your office (such as a pop-up) so long as you give proper written notice to the Board of the exact dates and location that you will provide those services and the types of services being offered. Should you wish to provide optometry services for more than 14 days in a year, you must apply for a duplicate license that must be displayed at the location where services are being provided and register that location with the Board of Optometry.

After reviewing the foregoing, should you have any questions, comments, or concerns, please do not hesitate to contact our office.

Thank you.

Dave

David J. Mortensen

Partner



HUTCHISON & STEFFEN, PLLC

[{702} 385-2500](tel:7023852500)

hutchlegal.com

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as-enrolled.pdf
366 KB

From: guhuitron@gmail.com
Subject:
Date:
To: ~~arelyoussef@me.com~~,
4luismoreno@gmail.com,
Nicole.Skibinski@eyeque.com



Hi everybody,

Hope this email finds you very well. Please find a guideline for the understanding of optometric practice via telemedicine in the State of Nevada, according to the recent amendments integrated to the Nevada Revised Statutes. As you're very aware these adjustments are effective as of October 01, 2023.

Sorry I couldn't deliver a shorter version of this, but I wanted you to find a clear summary of said changes, with the most relevant implications on your day-to-day business.

Do not hesitate to contact me if you have any questions, or if you find anything unclear.

Best,

Guillermo.

Receiving this e-mail all parties agree and acknowledge that this communication does not establish a lawyer-client relationship or constitute a legal binding opinion.



**The use of telemedicine in
the State of Nevada**
60 KB



**The use of telemedicine in
the State of Nevada**
60 KB

The use of telemedicine for the practice of
optometry in the State of Nevada

This is a summary or guideline on the basic items for the compliance of Telemedicine practice in the State of Nevada. It is not meant to be an extensive paper on the subject, nor to represent a thorough explanation of the legislation that the regulation.

The practice of Optometry for the State of Nevada, is regulated essentially by the Nevada Revised Statutes ("NRS"), more specifically under the Title 54 - Professions, Occupations and Businesses.

Existing law defines "Telehealth" as follows:

"The delivery of services from a provider of health care to a patient at a different location through the use of information and audio -visual communication technology, not including facsimile or electronic mail"

Existing law defines "Optometric Telemedicine" to mean in general:

"The use of telehealth by a licensed optometrist to deliver health care services within the scope of the practice of the optometry to a patient at a different location. "

Both definitions are relevant to understand the scope of what falls under the "Telemedicine" or "Telehealth" umbrella.

Now, effective as of October 01, 2023 Assembly Bill 432 ("Bill"), introduced some amendments to the NOR, specially to chapter 636. Please find here some highlights on said adjustments:

	Relevant amendment	How to put in practice Things to Cover
1	This Bill requires (with certain exceptions) a licensed optometrist to have performed a comprehensive examination on a patient within the immediately preceding 2 years to deliver health care services to the patient through optometric telemedicine.	The best way to remain in full compliance is to actually be certain of the existence of prior comprehensive examination within the immediately preceding 2 years of telemedicine consultation. Things to be aware: (i) The definition of "comprehensive examination" (ii) the existence of records to prove this comprehensive examination. Also, a good practice, would be to inform to every patient that the consultation via telemedicine is required to be within the scope of the Nevada current legislation and regulations, including but not limited to the NOR.
2	This Bill prohibits a licensed optometrist from issuing, offering to issue, duplicating or extending a prescription for certain lenses if the optometrist has not performed, or does not have access relating to, a comprehensive eye examination performed within the immediately preceding 2 years on the intended recipient of the lenses.	Important to keep records of all patients that have had a comprehensive examination performed. This Bill is very clear on this, so please be aware of the importance of not prescribing lenses, without having performed a comprehensive eye examination.
3	This Bill, defines "Comprehensive Examination", as follows: "Comprehensive Examination" means an examination of a patient which is conducted in person and during which all of the following tests, procedures or actions are performed: (a) The documentation of the primary reason for which the examination is conducted. (b) A review of the medical history and ocular history of both the patient and his or her immediate family. (c) A review of any medications used by the patient (d) A review of any allergies of the patient (e) A review of documentation identifying the patient's primary care physician. (f) General medical observations, including, without limitation, neurological and psychological orientation. (g) Eye pressure.	Two takeaways that are really relevant here (i) A Comprehensive Examination must be performed in person (ii) A Comprehensive Examination, includes all of the tests, procedures and actions described in the Bill.

	(h) Gross, confrontation of formal visual fields. (i) A basic sensorimotor examination. (j) A complete pupillary assessment, including, without limitation, an examination of the presence of an afferent pupillary defect. (k) Eye alignment. (l) Visual acuities. (m) Keratometry or autokeratometry. (n) Anterior segment examination using a slit beam and magnification, as through a biomicroscope slit lamp to include ocular adnexa, eyelid, eyelashes, conjunctiva, pupil, cornea, anterior chamber and lens. (o) Posterior segment examination that includes the examination of the optic nerve, macula, retina and vessels; and. (p) A review and assessment of all data collected pursuant to paragraphs (a) to (o), inclusive, and the development of a plan to provide necessary treatment. The term includes an examination in which a test, procedure or action specified in paragraphs (a) to (p), inclusive, of subsection 1 was not performed if the person conducting the examination was unable to perform the test, procedure or action and used an alternative method to obtain comparable data to that which would have been obtained by the proper performance of the test, procedure or action. On the other hand, existing law defines "non-comprehensive examination" as follows: "Non-comprehensive examination": An examination that includes some but not all of the elements of a Comprehensive Examination.	
4	"Synchronous optometric telemedicine": means a form of optometric telemedicine in which information is exchanged via electronic communication in real time and includes without limitation, communication via telephone, video, a mobile application, or an online platform on an internet website.	Remember, the basic rule is: <i>A licensee may engage in synchronous or asynchronous optometric telemedicine to provide health care services to a patient only if the licensee has completed a comprehensive examination on the patient within the immediately preceding 2 years.</i>
5	A licensee may use synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years.	Relevant to remember that is ok to perform a non-comprehensive examination by telemedicine, but never a comprehensive examination by telemedicine.
6	A licensee may engage in asynchronous optometric telemedicine to conduct a consultation regarding a patient on whom the licensee has not completed a comprehensive examination within the immediately preceding 2 years if: (a) An optometrist, ophthalmologist or primary care physician providing care to the patient requests that the licensee conduct the consultation and provides the licensee with all the information about the patient that is necessary to determine whether the patient requires a comprehensive examination; and (b) The consultation performed by the licensee is limited to a determination of whether the patient requires a comprehensive examination and does not involve any diagnosis, recommendation for or treatment of the patient or a prescription for the patient.	Remember that "Asynchronous optometric telemedicine" is a form of consultation where data is collected and then transmitted. There is no real time interaction, here. Relevant takeaway: Avoid performing any diagnosis, recommendation for or treatment of the patient or a prescription for the patient, when engaging in telemedicine, unless a comprehensive examination been performed, within the immediately preceding 2 years.
7	A licensee may engage in a remote patient monitoring of a patient of whom the licensee has completed a comprehensive examination within the immediately preceding 2 years for the purposes of: (a) Acquiring data about the health of the patient (b) Assessing changes in previously diagnosed chronic health conditions. (c) Confirming the stability of the health of the patient; or	Remember that "Remote Patient Monitoring" means the monitoring by a licensee of data: (i) Collected from a patient of the licensee at one location and transmitted to the licensee at another location; and;

	(d) Confirming expected therapeutic results.	(ii) That is necessary to make informed decisions about providing health care services to the patient.
8	The prescription for ophthalmic lenses bases solely upon one or more of the following, is strictly prohibited: (i) Answers provided by a patient in an online questionnaire (ii) The application of lensometry (iii) The application of auto-refraction.	This Bill is very clear regarding this item. Be aware that the prescription of ophthalmic lenses under the conditions described herein, is prohibited,
9	A licensee may engage in optometric telemedicine to provide health care services to a patient who is located at an originating site outside the State of Nevada, if the licensee has completed a comprehensive examination of the patient within the immediately preceding 2 years and such action is permitted by the laws of the state in which the patient is located.	Relevant takeaways: It is allowed to engage in optometric telemedicine, when (i) a comprehensive examen has been performed, and (ii) such action is permitted by the laws of the State in which patient is located. Please be aware that this requires a case-by-case analysis, to take in consideration, at least the following items: 1- Every legislation and regulation from each State. 2- If available, every guideline or summary from every State's Board of Optometry.
10	A licensee may engage in synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years,	It would be better if this information obtained from another optometrist or ophthalmologist comes from written records. It's easier to prove the existence of said records, that way.

The use of telemedicine for the practice of
optometry in the State of Nevada

This is a summary or guideline on the basic items for the compliance of Telemedicine practice in the State of Nevada. It is not meant to be an extensive paper on the subject, nor to represent a thorough explanation of the legislation and the regulation.

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Both definitions are relevant to understand the scope of what falls under the "Telemedicine" or "Telehealth" umbrella

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	Relevant amendment	How to put in practice Things to Cover
1	This Bill requires (with certain exceptions) a licensed optometrist to have performed a comprehensive examination on a patient within the immediately preceding 2 years to deliver health care services to the patient through optometric telemedicine.	The best way to remain in full compliance is to actually be certain of the existence of prior comprehensive examination within the immediately preceding 2 years of telemedicine consultation. Things to be aware: (i) The definition of "comprehensive examination" (ii) the existence of records to prove this comprehensive examination. Also, a good practice, would be to inform to every patient that the consultation via telemedicine is required to be within the scope of the Nevada current legislation and regulations, including but not limited to the NRS.
2	This Bill prohibits a licensed optometrist from issuing, offering to issue, duplicating or extending a prescription for certain lenses if the optometrist has not performed, or does not have access relating to, a comprehensive eye examination performed within the immediately preceding 2 years on the intended recipient of the lenses.	Important to keep records of all patients that have had a comprehensive examination performed, This Bill is very clear on this, so please be aware of the importance of not prescribing lenses, without having performed a comprehensive eye examination.
3	This Bill, defines "Comprehensive Examination", as follows: "Comprehensive Examination" an examination of a patient which is conducted in person and during which all of the following tests, procedures or actions are performed: (a) The documentation of the primary reason for which the examination is conducted. (b) A review of the medical history and ocular history of both the patient the patient and his or her immediate family. (c) A review of any medications used by the patient (d) A review of any allergies of the patient (e) A review of documentation identifying the patient's primary care physician. (f) General medical observations, including, without limitation, neurological and psychological orientation. (g) Eye pressure.	Two takeaways that are really relevant here (i) A Comprehensive Examination must be performed in person (ii) A Comprehensive Examination, includes all of the tests, procedures and actions described in the Bill

	(h) Gross, confrontation offonnal visual fields. (i) A basic sensorimotor examination. (j) A complete pupillary assessment, including, without limitation, an examination of the presence of an afferent pupillary defect. (k) Eye alignment. (l) Visual acuities. (m) Keratomelly or autokeratomelly. (n) Anterior segment examination using a slit beam and magnification, as through a biomicroscope slit lamp to include ocular adnexa, eyelid, eyelashes, conjunctiva, pupil, cornea, anterior chamber and lens. (o) Posterior segment examination that includes the examination of the optic nerve, macula, retina and vessels; and. (p) A review and assessment of all data collected pursuant to paragraphs (a) to (o), inclusive, and the development of a plan to provide necessary treatment The tenn includes an examination in which a test, procedure or action specified in paragraphs (a) to (p), inclusive, of subsection I was not performed if the person conducting the examination was unable to perform the test, procedure or action and used an alternative method to obtain comparable data to that which would have been obtained by the proper perfonnance of the test, procedure or action. On the other hand, existing law defines "non-comprehensive examination" as follows: "Non-comprehensive examination": An examination that includes some but not all of the clements of a Comprehensive Examination.	
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6	A licensee may engage in asynchronous optometric telemedicine to conduct consultation regarding a patient on whom the licensee has not completed a comprehensive examination within the immediately preceding 2 years if: (a) An optometrist, ophthalmologist or primary care physician providing care to the patient requests that the licensee conduct the consultation and provides the licensee with all the information about the patient that is necessary to determine whether the patient requires a comprehensive examination; and (b) The consultation performed by the licensee is limited to a detennination of whether the patient requires a comprehensive examination and does not involve any diagnosis, recommendation for or treatment of the patient or a prescription for the patient.	Remember that "Asynchronous optometric telemedicine"^{fl} is a form of consultation where data is collected and then transmitted. There is no real time Interaction here. Relevant takeaway: Avoid performing any diagnosis, recommendation for or treatment of the patient or a prescription for the patient, when engaging in telmedicioc, unless a comprehensive examination has been performed, within the immediately preceding 2 years.
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	(d) Confirming expected therapeutic results.	(ii) That is necessary to make informed decisions about providing health care services to the patient.
8	The prescription for ophthalmic lenses bases solely upon one or more of the following, is strictly prohibited: (i) Answers provided by a patient in an online questionnaire (ii) The application of lensometry (iii) The application of auto-refraction.	This Bill is very clear regarding this item. Be aware that the prescription of ophthalmic lenses under the conditions described herein, is prohibited.
9	A licensee may engage in optometric telemedicine to provide health care services to a patient who is located at an originating site outside the State of Nevada, if the licensee has completed a comprehensive examination of the patient within the immediately preceding 2 years and such action is permitted by the laws of the state in which the patient is located.	Relevant takeaways: It is allowed to engage in optometric telemedicine, when (i) a comprehensive examen has been performed, and (ii) such action is permitted by the laws of the State in which patient is located. Please be aware that this requires a case-by-case analysis, to take in consideration, at least the following items: 1.- Every legislation and regulation from each State. 2.- If available, every guideline or summary from every State's Board of Optometry.
10	A licensee may engage in synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years.	It would be better if this information obtained from either optometrist or ophthalmologist comes from written records. It's easier to prove the existence of said records, that way.

Luis A. Moreno, Jr., MD, FAAEM

(818) 515-7035 4luismoreno@gmail.com 16 Panorama Crest Ave, Las Vegas, NV 89135

January 21, 2024

Adam Schneider, Esq.
Executive Director
Nevada State Board of Optometry
PO Box 1824
Carson City, NV 89702

Dear Nevada State Board of Optometry,

Beginning in 2004, I commercialized the medical scribe industry, wrote the textbook on emergency medicine scribes, created a non-profit arm regulating the medical scribe industry, and a national certification exam. In optometry, I see similarities in the development of optometric scribes that I would like to explore locally and nationally to increase efficiency in processing patient exams and provide greater access for underserved communities. The information I am asking for and hope you will provide will be used in a publication and in developing the optometric scribe concept.

Regarding the law that allows optometric telemedicine, which reportedly took effect on October 1, 2023, could you provide me with information regarding the specific provisions of this law? I am particularly interested in learning about the scope of practice enabled by this legislation, the regulatory framework governing optometric telemedicine, and any guidelines or requirements that practitioners must adhere to when providing telemedicine services. Furthermore, I would appreciate any relevant documentation, such as official statements, guidelines, or publications related to the implementation of this law. I would also like to receive details about upcoming *events*, seminars, or informational sessions on this topic. Please confirm or refute my following understanding:

- Generally speaking - you may engage in optometric telemedicine *under certain conditions*. On October 1, 2023, Nevada passed legislation that allows for optometric telemedicine in Nevada. These laws are mainly consistent with those in other states. Although the new laws exist, there is little information

about the Board of Optometry's *interpretation* of them and how they will be enforced.

- Suppose the patient is located outside Nevada and the OD or MD is in Nevada. In this case, you may engage in telemedicine so long as the patient has completed a comprehensive examination within the past two years, **and** it is allowed by the state's laws where the patient is located. (Practically speaking, it may be challenging to navigate the laws of 49 individual states to ensure that you comply with those laws for out-of-state patients).
- Suppose the patient is an existing patient for whom you have provided a comprehensive examination in the past two years. In that case, you may use telemedicine to perform a non-comprehensive examination and/or provide healthcare services or remote monitoring of a previously diagnosed condition. This would include:
 - Acquiring data about the health of the patient;
 - Assessing changes in previously diagnosed chronic health conditions;
 - Confirming the stability of the health of the patient; or
 - Confirming expected therapeutic results.
- If the patient is new, you may complete a non-comprehensive examination if you have records from a comprehensive examination completed by another provider within the previous two years.
- You may not issue a prescription for ophthalmic lenses based solely upon one or more of the following:
 - Answers provided by a patient in an online questionnaire;
 - The application of lensometry
 - The application of auto-refraction
- Suppose the patient is an existing patient, and you have not completed a comprehensive examination in the past two years. In that case, you may use telemedicine to provide a **consultation** (provider-to-provider discussion} to determine whether the patient needs a comprehensive examination **upon request from another healthcare provider** so long as that provider gives you all of the necessary medical records to assist in making that determination.

This consultation may not include any diagnosis, treatment recommendations, or prescription.

- Care and treatment provided through telemedicine will be held to the same standard of care as care and treatment provided through traditional means. This means that patients should still complete the same documents as your in-person patients would for the same type of appointment. Patients may not be asked to waive these standards as a condition of telemedicine. Should the telemedicine findings be inconclusive or irregular, patients should be brought in for an in-person examination before giving a prescription or providing care and treatment.
- Practically speaking, these regulations mean that patients must receive a comprehensive *in-person* examination at least **once every two years** to be eligible for any telemedicine appointments. Telemedicine should be used to *supplement* in-person optometry care rather than *replace* it.

Again, I appreciate your time and any assistance you can provide. Please reach out to me at your convenience to discuss this matter further. I can be reached at (818) 515-7035 or 4luismoreno@gmail.com.

Luis A. Moreno, Jr., M.D., FAAEM
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NV Medical License 24727

From: 4luismoreno@gmail.com
Subject:
Date:
To: director@nvoptometry.org

Good morning Director, Mr. Adam Schneider,

Hopefully by now the biennial exams and the computer technical issues have been resolved. Could you please answer my previously emailed questions and confirm or refute my conclusions within it that were emailed on January 23?

I appreciate your time and consideration. I look forward to hearing from you.

Sent from Gmail Mobile

On Fri, Feb 9, 2024 at 10:22AM Luis Moreno <4luismoreno@gmail.com> wrote:

Thank you for the update, Mr. Schneider. I look forward to hearing from you when you can.

Sent from Gmail Mobile

On Fri, Feb 9, 2024 at 12:08 AM Director <director@nvogtomet(Y..org)> wrote:

Dr. Moreno- the Board's website experienced a crash and that has become the priority in light of the renewal backlog. I hope to get to your issues next week. Thank you for your patience.

From: Director

Sent: Friday, February 2, 2024 9:12 AM

To: Luis Moreno <4luismoreno@gmail.com>

Subject: RE: Requesting clarification on telemedicine rules for optometry

Dr. Moreno• I am hopeful to get to this next week. Thank you for your patience as our Board is in the middle of its biennial licensing renewals, with several hundred already processed and several hundred more yet to be processed.

Adam Schneider, Esq.

Executive Director

Nevada State Board of Optometry

P.O. Box 1824

Carson City, NV 89702

[775-883-8367](tel:775-883-8367) - office

[775-305-0105](tel:775-305-0105) - fax

www.nvontometey.org

From: Luis Moreno <4luismoreno@gmail.com>

Sent: Thursday, February 1, 2024 9:20 AM

To: Director <director@nvoP-tometrv..org>

Subject: Re: Requesting clarification on telemedicine rules for optometry

Good morning Mr. Schneider,

I am following up on my previous email to you. Would you please answer the questions below?

Thank you for your time,

Sent from Gmail Mobile

On Thu, Jan 25, 2024 at 8:48 AM Luis Moreno <4luismoreno@gmail.com> wrote:

Good morning Mr. Schneider,

Thank you for your assistance two days ago. Unfortunately, I could not attend the Public Workshop yesterday, where I would have been able to inquire about the telemedicine laws about which I emailed you. Is it possible to have you provide answers to my questions from that email? Is there a link where I could watch the recording of the Public Workshop that took place?

Thank you for your time,

Luis Moreno MD, FAAEM

On Tue, Jan 23, 2024 at 1:26 PM Director <director@nvogtomet.org> wrote:

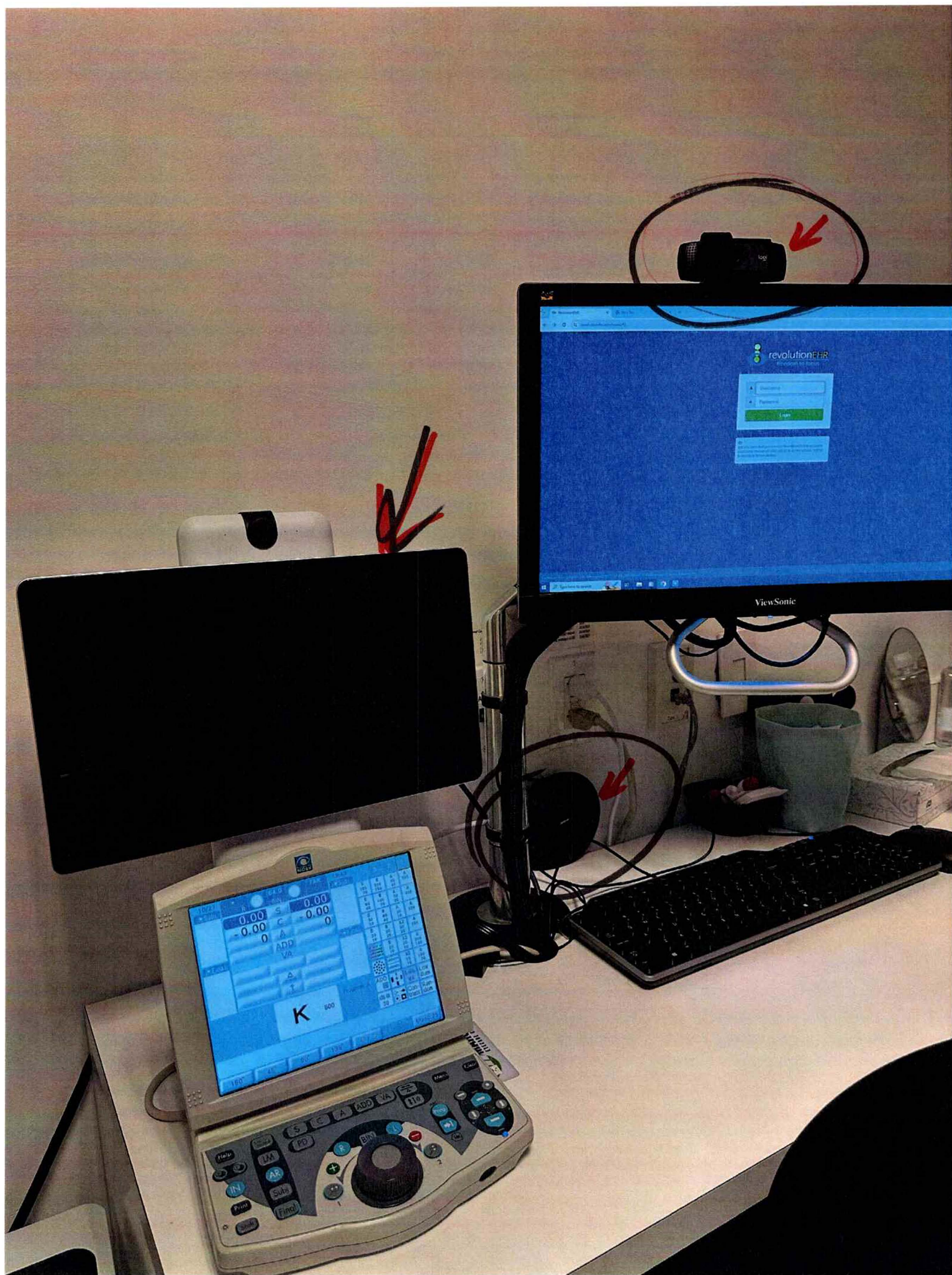
Dr. Moreno- you are on the NSBO Newsletter email distribution list, correct? The Board held a meeting in 10/2023 (at 630J:>m, the intent being to allow more licensees to participate after their clinics were done for the day) seeking any and all perspectives from any and all licensees about the new laws inclusive of the telemedicine section (i.e. section 19 of Assembly Bill 432). I see that you have read it in detail. The contours of those statutes will be discussed at the Board meeting tomorrow to be codified into the regulations which help clarify those statutes.

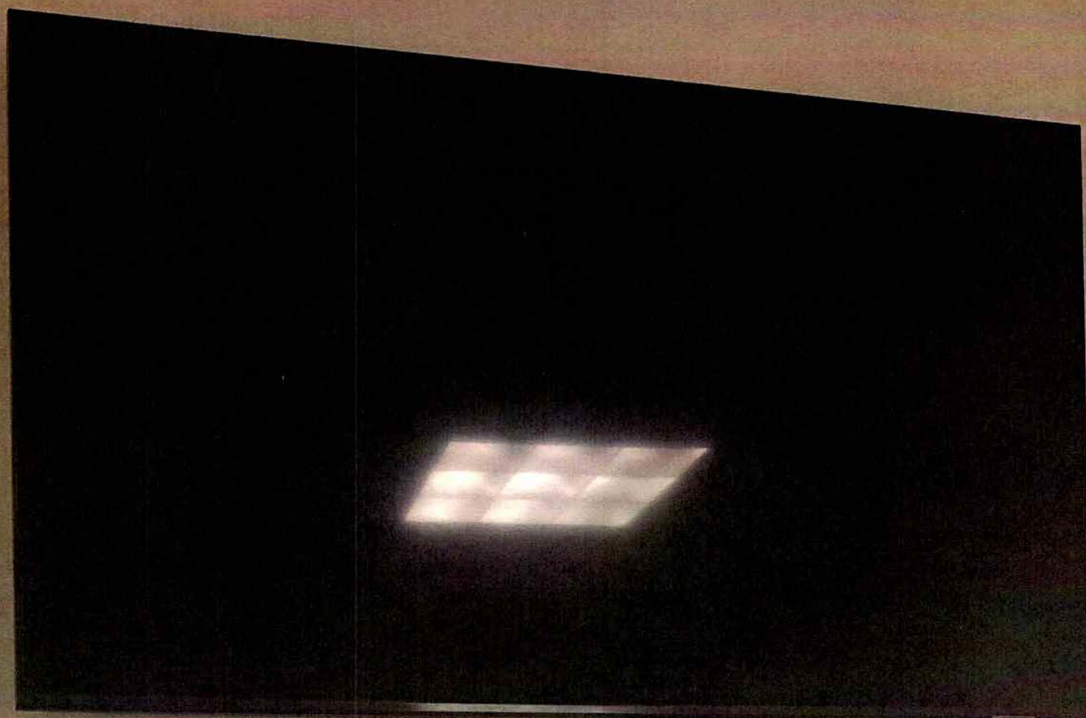
11

11 It is unpredictable at what time section 19 will be discussed during this all-day meeting starting at 9am, but I certainly encourage your participation if you're able. Attached is the Notice of Workshop, likewise available on the NSBO website. Regardless of your participation, I will broach your questions to the Board when section 19 arises.

Adam Schneider, Esq.

Executive Director



[illegible][illegible]

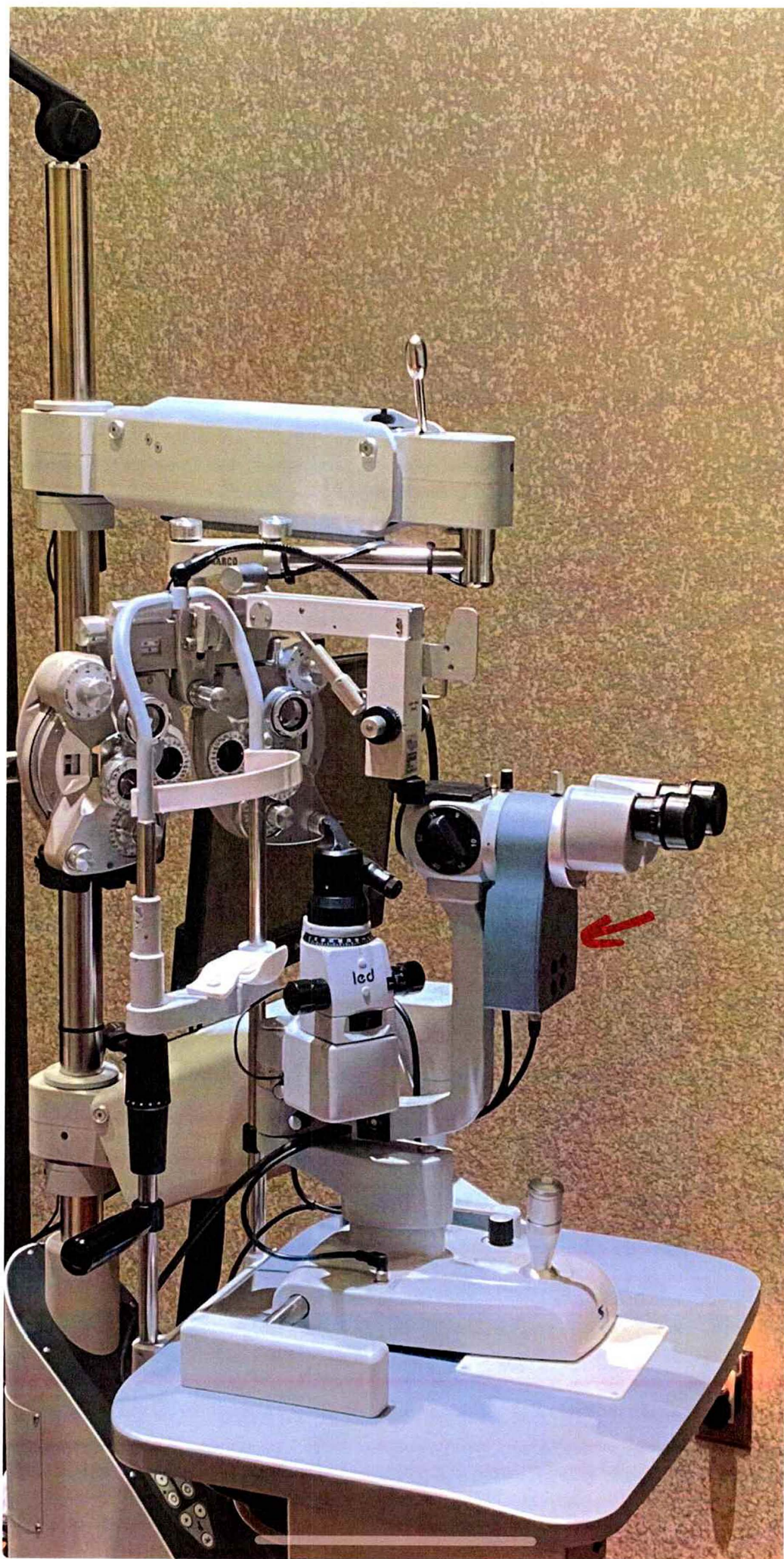
2. Agree that the operational guidelines (the operational, highly sensitive, and confidential) regarding the use of the system, will be used and approved by the relevant authorities. This is a condition for the system to be used in the relevant environment. This is a condition for the system to be used in the relevant environment. This is a condition for the system to be used in the relevant environment.

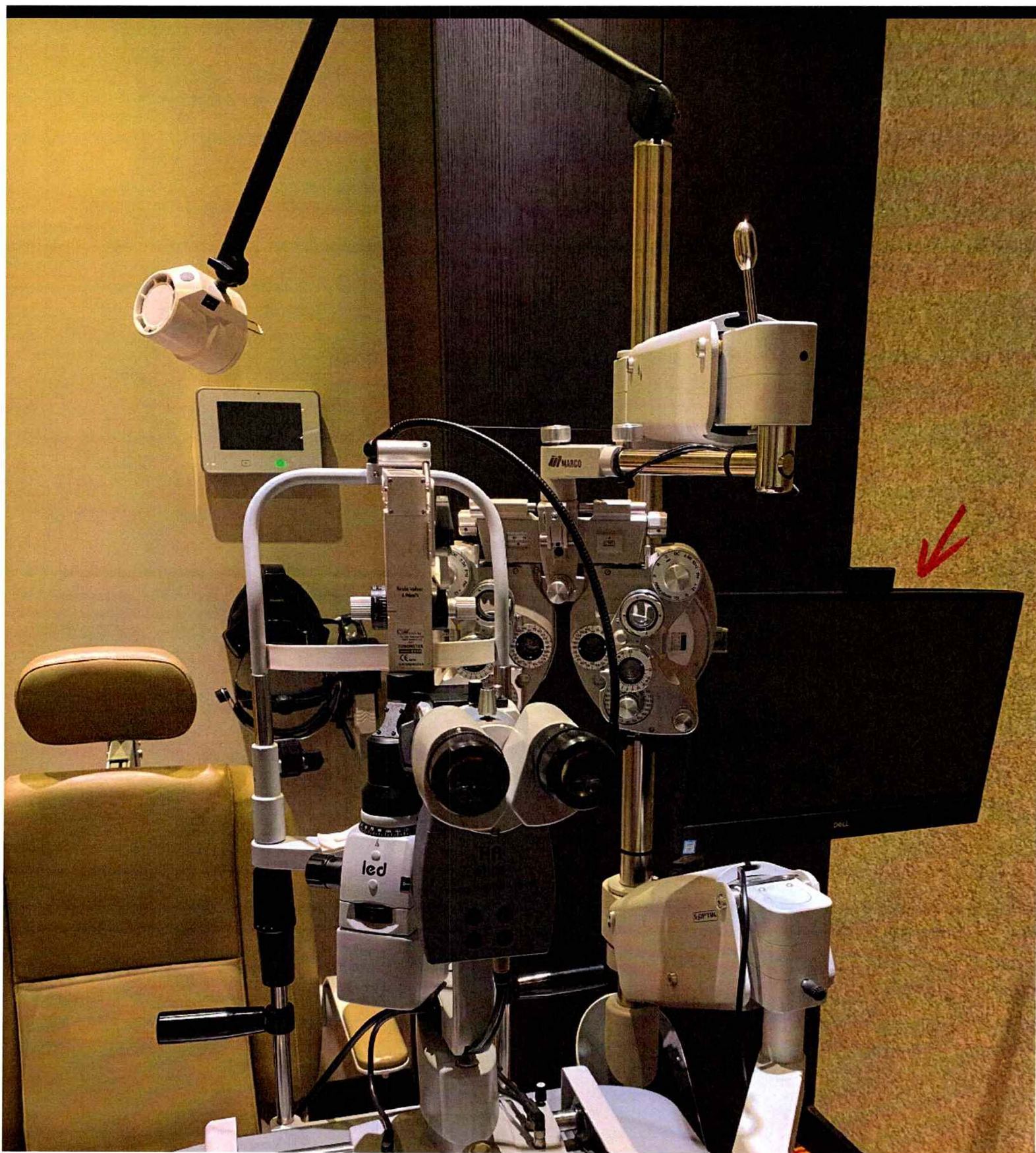
[illegible]

Figure 1 illustrates how errors in the measurement of aggregate human capital affect the growth rate of the economy. (Assumption 1 is maintained in this table.)

•II



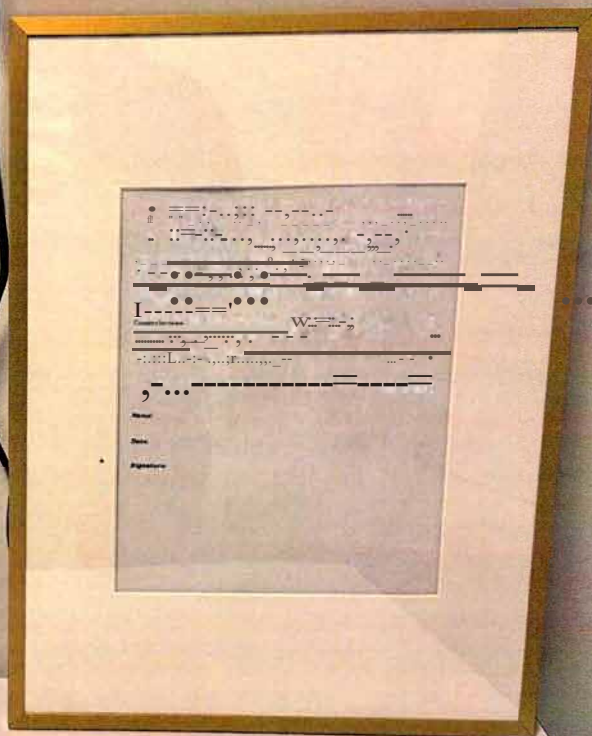
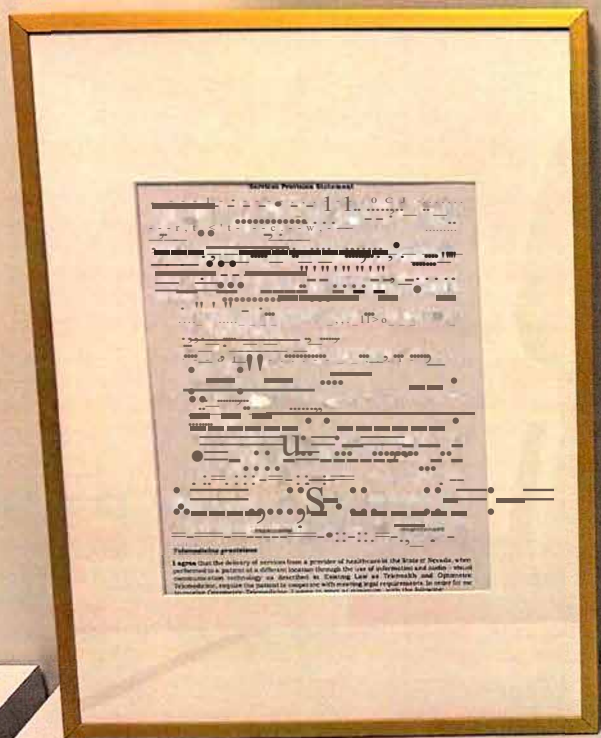


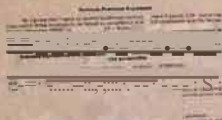
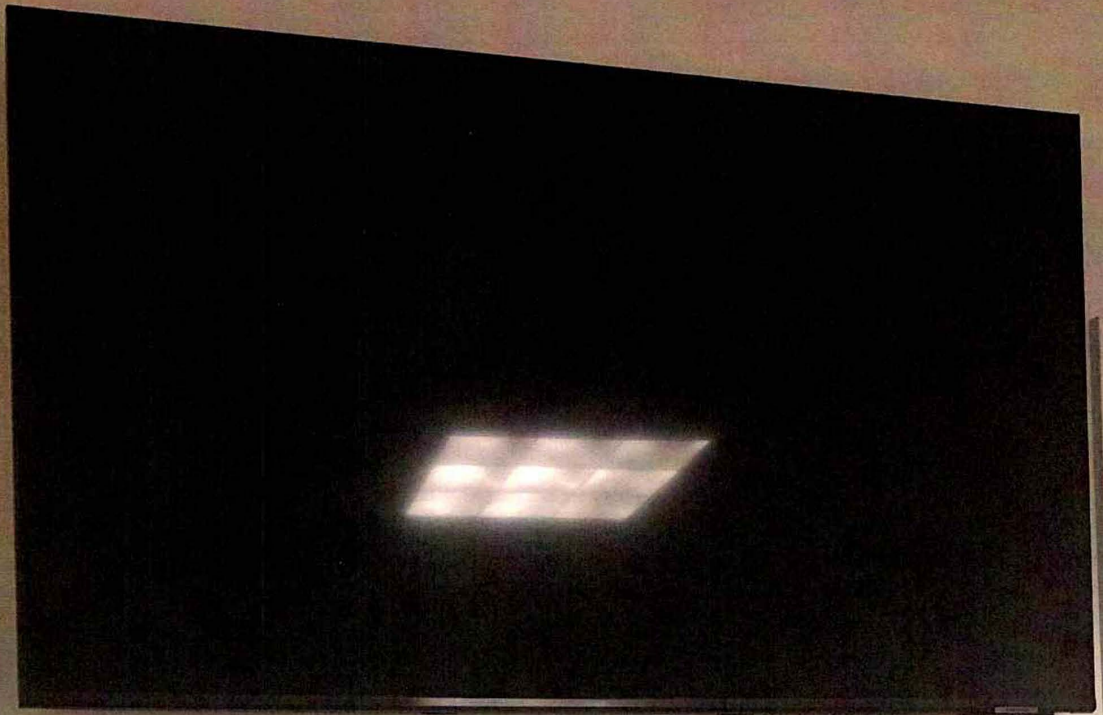




CR-2
Digital Retinal Camera
MANUFACTURED BY CANON MEDICAL SYSTEMS, INC.
MADE IN JAPAN







The purpose of this assessment is to provide you with information about your current level of physical activity and to help you set goals for increasing your activity level. This information will be used to help you develop a plan to increase your activity level and to provide you with feedback on your progress.

Instructions: Please complete this assessment by checking the appropriate boxes for each activity and by providing your signature.

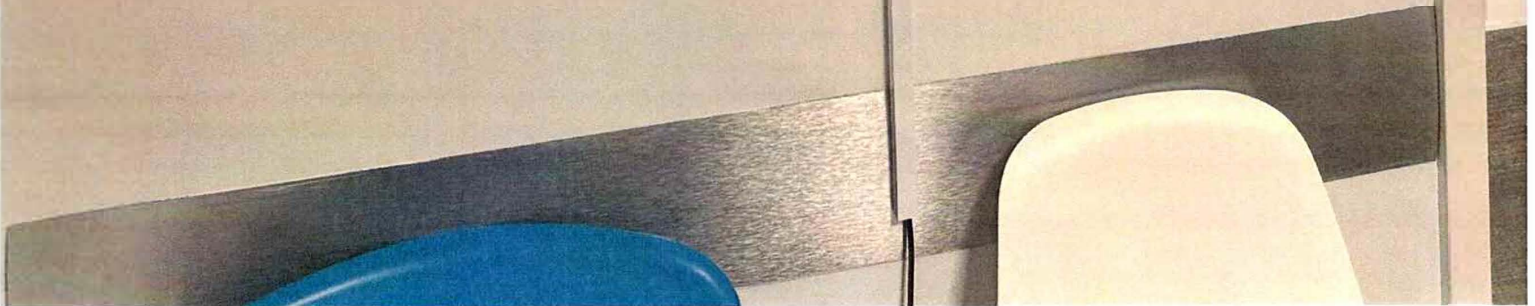
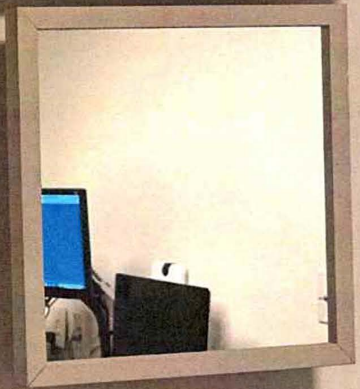
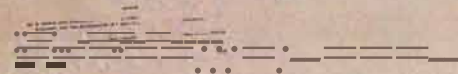
Activity: _____

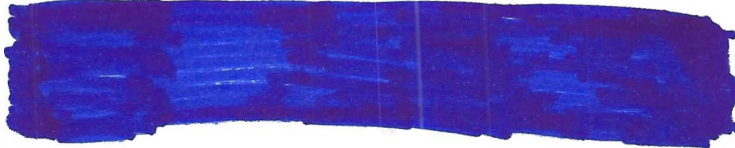
Frequency: _____

Duration: _____

Intensity: _____

Signature: _____





Glasses | Contacts | LASIK*

Date: 03/26/2024

Dear Adam Schneider, Esq

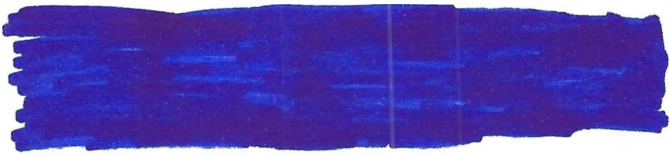
I am writing to provide an overview of the extensive effort and time that our team has dedicated to navigating the complexities of tele-optometry in Nevada. Over the past several months, we have invested significant resources into understanding the legislative landscape, training our staff, and seeking guidance from industry experts to ensure compliance with the evolving regulations.

To begin with, we engaged the services of two experienced attorneys specializing in healthcare law to help us summarize and interpret the nuances of the legislature law in Nevada regarding tele-optometry. Their insights were invaluable in guiding our approach and ensuring that we were in full compliance with all regulatory requirements. Their input was instrumental in helping us address areas of confusion and ensure that our operations were aligned with the regulatory standards set forth by the board.

In addition, we consulted with Luis Moreno, MD the founder of Scribe America, leveraging his expertise in technician-scribe training to develop a comprehensive training program for our staff.

This training was conducted by a licensed optometrist (OD) and a medical doctor (MD) who had extensive clinical and tele-optometry experience, ensuring that our staff was well-equipped to deliver high-quality tele-optometry service to our patients.

Furthermore, we made a concerted effort to hire college graduate staff members who possessed the necessary skills and qualifications to excel in a tele-optometry setting. These individuals were closely supervised by a virtual doctor with extensive tele-optometry experience, providing them with the guidance and support needed to deliver exceptional care to our patients. We added equipment to our exam rooms that consisted of cameras, monitors, microphones, and video chat portals and upgraded our diagnostic equipment. We were trained on a FDA-approved Hippa-compliant platform in addition to our EHR. We also have cameras mounted on slitlamps for photos and videos. Consent forms and disclosures were created by our attorneys.



Glassess | Contacts | LASIK*

Throughout this process, we proactively reached out to Mr Adam Schneider the board director to seek clarification on any questions or concerns that arose.

Additionally, we had the opportunity to engage in discussions with assemblyman Gregory Koenig, OD who introduced the bill AB 432, gaining valuable insights into the legislative intent behind the legislation and how it impacts tele-optometry practices in Nevada. These conversations helped

us better understand the implications of the bill and how we could adapt our operations to comply with its requirements.

In conclusion, our team has dedicated countless hours and resources to navigate the complexities of tele-optometry in Nevada, ensuring that we are well-positioned to provide safe, effective, and compliant services to our patients. We remain committed to upholding the highest standards of care and compliance as we continue to adapt to the evolving healthcare landscape.

Thank you for your attention to this matter, and please do not hesitate to reach out if you have any further questions or require additional information.

Sincerely,



OD



Re: NSBO Complaint #24-11

Patient:

Dear Mr. Schneider,

acting on my behalf and on behalf of the practice that I represent, and regarding your office's inquiry, I hereby issue this response by addressing each and every item as described in said communication, as follows:

1.- Your office's inquiry:

"On or about March 5, 2024, the patient presented to for an eye exam."

Our response: Yes, that's correct. According to our own records that's an accurate statement.

2.- Your office's inquiry:

"Nothing in the patient's online booking states the eye exam would be performed by a non-optometrist technician only"

Our response: The examinations that we perform in the practice are rendered by fully licensed optometrists in the State of Nevada, that might be duly assisted by a healthcare service provider performing under the permissible use as stated in the Nevada Revised Statutes. Under this notion, disclosing such a statement would be inaccurate. Website does disclose a "Service Provision Statement"

3.- Your office's inquiry:

"Upon arrival, no oral or written disclosure was provided to the patient that no licensed optometrist was present or that the upcoming examination was going to be performed by a non-optometrist technician only."

Our response: In my practice according with our policies and more importantly, with applicable regulation for the State of Nevada, only fully licensed optometrists sometimes duly assisted by service provider performing under the permissible use as stated in the Nevada Revised Statutes, perform eye examination for every patient. In that order of ideas, disclosing in any form (written and/or oral) the absence of licensed optometrist would only result in the impossibility to perform healthcare optometric services in full legal compliance.

Disclousere are posted at the front desk, exam rooms and verbal and written consents were obtained

4.- Your office's inquiry:

“The patient was examined by a non-optometrist technician only.”

Our response: As stated by some of my previous answers, the patient received eye examination by a fully licensed optometrist, aid by telemedicine and duly assisted by a healthcare service provider performing under the permissible use as stated in the Nevada Revised Statutes. In every examination performed under my practice assistants may prepare a patient for examination, collect preliminary data, or even perform simple and noninvasive testing of patients, but in every case a licensed optometrist conducts the final eye examination of the patient. In the case of patient the assistant under my supervision merely collected data that would be input on a secure FDA compliant software, EHR system that only allows the provider to finalize a prescription.

5.- Your office’s inquiry:

“Based upon the technician’s difficulty in obtaining the patient’s prescription, the patient inquired into the technician if the technician was an optometrist, and if not, where was the optometrist. The technician replied he was not an optometrist and that there was no optometrist at the location. The technician attempted to reassure the patient that he was authorized by you to examine patients and write prescriptions, and that he writes all prescriptions under your name which you authorize as a “tele visit” or “tele-vision” examination.”

Our response: The technician assisting did not obtain the prescription by himself, as stated before this is not a task that the assistant is entrusted in doing, so saying that the technician had difficulty in obtaining patient’s prescription is inaccurate. We use digitalized systems when performing telemedicine consultation, here the assistant is merely able to input data acquired during his collection of patient’s information, but the role assigned for the assistant in the system does not have the ability to log and authorize any actions that an optometrist’s role would actually perform, under this systems.

The assistant did not manifest in any form to be “authorized” to examine patients and write prescriptions. As you can actually verify, the prescription was issued by me, after performing the appropriate examination.

6.- Your office’s inquiry:

“The patient asked if the telehealth portion of the exam had already occurred, or when was it going to occur, because the patient had yet to talk to or seen by or examined by you or any other licensed optometrist. The technician did not supply a substantive response as to his understanding of what constitutes a telehealth examination, and instead attempted to reassure the patient he is authorized by you to do full examinations.”

Our response: We believe that there was a misunderstanding on the patient’s end. The actual examination and telemedicine services were performed after communicating the

patient the rules of telemedicine. The patient actually consented on receiving these services, and then the examination begun.

The assistant did not state that he was authorized to do full examinations.

7.- Your office's inquiry:

"The patient was never seen by you or any other licensed optometrist, nor was there any attempt by the technician to contact you or any other licensed optometrist to perform the examination."

Our response: As stated in some of my previous answers, the assistant merely performed assisting services under my direct supervision. The actual final eye examination was performed by me, aid by telemedicine.

8.- Your office's inquiry:

"The technician diagnosed the patient with astigmatism."

Our response: The assistant technician did not diagnose the patient, the patient got diagnosed by me, as a fully licensed optometrist. The assistant's task regarding this was strictly to communicate the patient with the diagnosis determined by the optometrist.

9.- Your office's inquiry:

"The diagnosis of astigmatism was wrong, and the prescription provided to the patient demonstrates the lack of astigmatism."

Our response: The diagnosis of astigmatism was not incorrect. Past records show that the patient has had an astigmatism on refraction and automated testing. Contact lens prescription must be converted and often times a mild astigmatism is not included in the prescription (various fitting techniques are employed when fitting a contact lens, refractive error, patients age, corneal astigmatism, vertex distance). With this particular patient there is no lens on the market that would have a -0.50 cyl. It doesn't make clinical sense to fit a patient with a toric lens OD -10.25-0.50x005 OS -11.25-0.50x20. This refraction cannot be fit into a standard soft toric lens. Nevertheless, based on the actual records, the actual examination and my professional appreciation it would be safe to say that the patient in fact does have astigmatism.

10.- Your office's inquiry:

"The technician performed a contact lens fitting, and stated he needed to do so in order for it to be legal."

Our response: The assistant technician did not perform contact lens fitting, the technician merely communicated that the optometrist in supervision would have to perform the full procedure required for a contact lens fitting.

11.- Your office's inquiry:

"The contact lens prescription has no base curve or diameter. He was not examined by the technician, or you, or any other licensed optometrist using any visualization equipment to assess the accuracy of the fit."

Our response: The contact lens prescription did not have complete measurements because it had not been finalized. This was duly informed to the patient and was encouraged to return for a subsequent examination.

12.- Your office's inquiry:

"No education or examination was provided to the patient about the health of his eyes."

Our response: Me, as the optometrist in charge communicated with the assistance of the assistant technician to the patient information regarding his refractive error as well as the health of his eyes. We would like to bring to your attention that this statement from the patient is contradictory with his own statement that the technician discussed the astigmatism with the patient, when what actually happened is that assistant communicated information provided by me regarding the examination performed and basic health information regarding the state of patient's eyes. Retinal detachment precautions were given, and photos were reviewed and labeled as within normal limits.

13.- Your office's inquiry:

"No education was provided to the patient that he must contact you or your office immediately should he experience any flashes, floaters, curtains or cobwebs."

Our response: As stated in my previous answer, as the optometrist in charge I communicated with the assistant technician basic cares suitable for a fundus interpreted as healthy within normal limits.

14.- Your office's inquiry:

"The patient's insurance is through Blue Cross Blue Shield, and he may have been billed for this"

Our response: We did not bill through the Blue Cross Blue Shield, and no vision plan or medical insurance was billed.

15.- Your office's inquiry:

“Other persons, presumed patients of your practice, have left online reviews stating similar complaints of not being examined by you or any other licensed optometrist; provided concurrently herewith.”

Our response: Online review’s reliability is a concern for every healthcare provider, we take very seriously every claim but, in this case, as a fully licensed optometrist concerned with meeting legal requirements and with keeping patients happy and safe, I find hard to believe allegations of this nature.

In summary,

1.- Patient agreed to receive and actually received healthcare services by a fully licensed optometrist aid by telemedicine, under applicable law.

2.- The following procedures where perform by the assistant: welcomed the patient, prepared the patient for examination, collected preliminary data, perform simple and noninvasive testing of patients, communicated to the patient the results of the final examination performed by the optometrist. Each and every one of these procedures and tasks where performed under the permissible use as stated in the Nevada Revised Statutes.

3.- Patient got diagnosed after completing a final eye examination from me, a fully licensed optometrist in the State of Nevada, aid by telemedicine.

4.- Patient got education on the basic cares suitable for his condition.

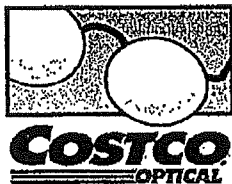
5.- Telemedicine was performed by a licensed optometrist, in compliance with the new inclusions to the Nevada Revised Statutes by Assembly Bill 432, effective as of October 01, 2023 in the State of Nevada.

6.- With this confirmation and the actual records forwarded to your offices with this response, you can witness that my practice is in full compliance of existing legislation and regulation for the State of Nevada, specifically including but not limited to: NRS 636.025 (1) (f), NRS 636.295 (6), NRS 636.346 (1), NRS 636.346 (3), AB 432, section 18, AB 432, section 19 (2), AB 432, section 19 (3), AB 432, section 19 (9) (a), AB 432, section 19 (9) (a) (2), and AB 432, section 199 (a) (3).

Please find attached to this letter, all documentation regarding the accuracy of this claims.

Respectfully,

, O.D.



FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
2/22/21

INVOICE NO.
2334073 2021

PROFILE NO.
00006214115

MEMBER NO.
111937151293

OPTICAL DEPT.
[REDACTED]

PATIENT
[REDACTED]

** REPRINT BY LM **

Profile No



PRESCRIBING DOCTOR		Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
[REDACTED]		3/18/20	3/18/21	DM	
CONTACT LENSES					
	BC1	DIA.	POWER		
R	8.50	14.30	-8.00		
L	8.50	14.30	-8.50		
COLOR: (R) 1 NO COLOR (L) 1 NO COLOR					
SPECIAL INSTRUCTIONS					
QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION	
R 1	1207173	Acuvue Oasys 1 Day Hydraluxe 90pk 8.5, 9.0 14.3	76.47	76.47	
L 1	1207175	Acuvue Oasys 1 Day Hydraluxe 90pk 8.5, 9.0 14.3	76.47	76.47	
			TAX:	12.80	
			TOTAL:	165.74	

SLIP PRINT

DISPENSE

0 02292 25167 2

INVOICE DATE/NO.
2/22/21 2334073 2021
LOC. # [REDACTED]

685

PATIENT'S NAME

DVI [REDACTED]

Patient Encounter

Patient	Provider	Encounter
[REDACTED]	[REDACTED]	Date: 09/06/2021
[REDACTED]	[REDACTED]	Type: Annual Eye Exam with
[REDACTED]	[REDACTED]	
DOB: [REDACTED]	[REDACTED]	
Sex: [REDACTED]	[REDACTED]	

History

Reason For Visit

Patient Reason:

Reason: Pt is here for annual eye exam and would like to check the overall health in the eyes. PT would like to update glasses and contact lens rx. Pt is aware of slight change in the vision.

Referring

Addl Reason:

Covid-19 screening questions completed.
Pt reported NO to all questions.

Temp: 97.8

Provider Reason:

Review of Systems

Ocular:

Constitutio Negative

ENT: Negative

Neuro: Negative

Psych: Negative

Cardio: Negative

Respirator Negative

GI: Negative

GU: Negative

Musc/Skel: Negative

Integ: Negative

Endo: Negative

Hem/Lymp Negative

Allergy/Im Negative

Additional Comments:

reports good health

Current Medications

Orientation/MoodOrientation/Mood

Orientation: Normal

Mood: Normal

Past, Family, Social HistoryOcular History

Ocular:

Additional Comments:

Family History

Ocular:

Medical:

Additional Comments:

Social History

Tobacco: No

Smoking:

Alcohol: No

Hobbies:

Contact Lens HistoryCurrent Lenses

OD: Acuvue Oasys 1-Day with HydraLuxe (90 pk) (Johnson & Johnson Vision)

OS: Acuvue Oasys 1-Day with HydraLuxe (90 pk) (Johnson & Johnson Vision)

	BC	Sph	Cyl	AxIs	Diam	Add	Add Des	Tint
OD:	8.50	-8.00			14.3			
OS:	8.50	-8.50			14.3			

Lens History

Lens Age:

Supply

None

Wearing History

Ave Daily Wearing Time:

Ave Replacement Period:

Today's Wearing Time:

Continuous Wear Period:

Care History

Solutions

Drops Used:

Other

Additional Comments:

Examination

VA/Color/Stereo

Uncorrected Visual Acuity

OD Distance VA (20/)	400	OS Distance VA (20/)	400
OD Distance VA Modifier	-1	OS Distance VA Modifier	-1
OU Distance VA (20/)	400	OU Distance VA Modifier	-1
VA Method	Snellen		

Cover/NPC/EOM**EOM (Motility)**

OD Full Range	Yes	OS Full Range	Yes
---------------	-----	---------------	-----

Pupils/VF**Confrontation/Automated**

OD Full Field Conf.	Yes	OS Full Field Conf.	Yes
---------------------	-----	---------------------	-----

Pupils

APD Negative	Yes	Binoc. Dist. PD	65.0
PERRLA	Yes		

Initial/Final Refraction**Keratometry**

OD H Meridian	010	OS H Meridian	011
OD H Power	+43.75	OS H Power	+44.50
OD V Meridian	100	OS V Meridian	101
OD V Power	+44.50	OS V Power	+45.25

Lensometry With Prism

OD	-9.00 -1.00 x 003	OS	-10.00 -1.00 x 019
OD Near Add	+1.00	OS Near Add	+1.00

Autorefraction

OD	-10.25 -1.00 x 003	OS	-10.75 -0.75 x 019
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Final Refraction With Prism

OD	-9.50 -1.00 x 003	OS	-10.75 -0.75 x 019
OD Distance VA (20/)	20	OS Distance VA (20/)	20
Near Add VA	20	OU Distance VA (20/)	20

Secondary Refraction

Wavefront Optimized AR

OD Axis	003	OS Axis	019
OD Cylinder	-1.00	OS Cylinder	-0.75
OD Sphere	-10.25	OS Sphere	-10.75

Biomicroscope Eval**Slit Lamp**

Adnexa OD	NL	Adnexa OS	NL
Anterior Chamber OD	Deep & Quiet	Anterior Chamber OS	Deep & Quiet
Bulb Conj OD	Clear	Bulb Conj OS	Clear
Cornea OD	Clear	Cornea OS	Clear
Episclera OD	Clear	Episclera OS	Clear
OD Iris	Flat and Clear	OS Iris	Flat and Clear
OD Lens	Clear	OS Lens	Clear
Palpebral Conjunctiva	Clear	Palpebral Conjunctiva	Clear
Sclera OD	Clear	Sclera OS	Clear

DPAs/IOP**DPAs Used**

DPAs	Dil. Declined
------	---------------

NCT

OD NCT	14	OS NCT	14
IOP NCT	02:02 PM		

Internal Ocular Eval General**Examining Techniques**

FundusTechnique OD	90D	FundusTechnique OS	90D
--------------------	-----	--------------------	-----

Fundus

AV Crossing OD	Normal	AV Crossing OS	Normal
AV Ratio OD	Greater than 2/3	AV Ratio OS	Greater than 2/3
Art Reflex OD	0	Art Reflex OS	0
Fov Reflex OD	4+	Fov Reflex OS	4+
Macula OD	Clear	Macula OS	Clear
Post Pole OD	Clear	Post Pole OS	Clear
Vitreous OD	Clear	Vitreous OS	Clear

Posterior Pole

OD Order	optos update	OS Order	optos update
OD Report	wnl wwop temp	OS Report	wnl wwop temp

Optic Nerve

C/D H OD	0.30	C/D H OS	0.30
NR Rim OD	Clear	NR Rim OS	Clear
ONH Color OD	Pink	ONH Color OS	Pink
ONH Margins OD	Distinct 360	ONH Margins OS	Distinct 360

Assessment and Plan**Diagnoses**

Dx Date	Dx	Description	Eye	Care Plan
10/17/2016	H52.223	Regular astigmatism, bilateral		
10/17/2016	H52.13	Myopia, bilateral		Contact lenses Rx given
				Glasses Rx given
				RTC 09/06/2022 for Annual Eye Exam with Contact Lens Evaluation

Diagnoses Comments**Additional Comments****Coding**

Service	Description	Diagnoses
92014	COMP. OPHTH. SERVICE, EST PT	H52.13, H52.223
92016	REFRACTION	H52.13, H52.223
92310 - Level 1	Spherical Soft Lens Evaluation	H52.13
S9986 - Fundus	Fundus Camera Screening Program (UPDATE)	H52.13, H52.223

Signed by [REDACTED] on 09/06/2021

This information is a summary of all examination findings from this patient encounter, and should be taken only as a representation of clinical data and decisions made at that individual visit.



**FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES**

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
9/21/21

INVOICE NO.
0435097

2022 PROFILE NO.
00006214115

MEMBER NO.
111937151293

OPTICAL DEPT.

PATIENT

** REPRINT BY LM **

Profile No



PRESCRIBING DOCTOR		Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
		9/06/21	9/06/22	CD	
CONTACT LENSES					
	BC1	DIA.	POWER		
R	8.50	14.30	-8.00		
L	8.50	14.30	-8.50		
COLOR: (R) 2 NO COLOR (L) 2 NO COLOR					
SPECIAL INSTRUCTIONS					
OWE ALL BOXES					
QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION	
R 2	1207173	Acuvue Oasys 1 Day Hydraluxe 90pk 8.5, 9.0 14.3	76.47	152.94	
L 2	1207175	Acuvue Oasys 1 Day Hydraluxe 90pk 8.5, 9.0 14.3	76.47	152.94	
TAX:			25.62		
TOTAL:			331.50		

SLIP PRINT

DISPENSE



INVOICE DATE/NO.
9/21/21 0435097 2022
LOC. # 685

PATIENT'S NAME
DVI

Patient Encounter

Patient	Provider	Encounter
Chen, Alpha 12345 Main Street Las Vegas NV 89101 DOB: 05/20/1976 Sex: Male	Thomas, Eric 12345 Main Street Las Vegas NV 89101 DOB: 05/20/1976 Sex: Male	Date: 12/05/2022 Type: Comprehensive Contact Lens

History

Reason For Visit

Patient Reason:

PRFV - Pt needs updated Rx for CLS

Referring

Provider Reason:

Add Reason:

History of Present Illnesses

Updating Rx

Location: OU - Pt wears CLS most of the time - uses Acuvue Oasys daily

Quality: Awareness - does not wear GLS

Severity:

Duration: 0 years

Timing:

Context:

Mod - Needs updated Rx for CLS

Assoc

Review of Systems

Ocular:

Constitution Negative

ENT: Negative

Neuro: Negative

Psych: Negative

Cardio: Negative

Respirator Negative

GI: Negative

GU: Negative

Musc/Skel: Negative

Integ: Negative

Endo: Negative

Hem/Lymp Negative

Allergy/Im Negative

Additional Comments:

NP LDOS 2021 AV

Current Medications

Reviewed by [REDACTED] on 12/05/2022 12:32 PM

No known active medications

AllergiesMedication Allergies

No known medication allergies

Comments

Other Allergies

Comments

Past, Family, Social HistoryOcular History

Ocular: Negative

Additional Comments:

Family History

Ocular:

Medical:

Additional Comments:

Social History

Tobacco: Unknown

Smoking:

Alcohol: Unknown

Hobbies:

Contact Lens HistoryCurrent Lenses

OD: Acuvue Oasys 1 Day with Hydraluxe 90 pack (Johnson & Johnson Vision)

OS: Acuvue Oasys 1 Day with Hydraluxe 90 pack (Johnson & Johnson Vision)

	BC	Sph	Cyl	Axis	Diam	Add	Add Des	Tint
OD:	8.50	-8.00			14.3			
OS:	8.50	-8.50			14.3			

Lens History

Lens Age:

Supply

None

Wearing History

Ave Daily Wearing Time:

Ave Replacement Period:

Today's Wearing Time:

Continuous Wear Period:

Care History

Solutions

Drops Used:

Other

Additional Comments:

Contact Lens History**Examination****Occupation - Employer**Moderate Documentation

Comment

VA/BM/VitalsAided Visual Acuity

Rx Worn

No current spectacles or contacts

Uncorrected Visual Acuity

OD Distance VA (20/)

HM

OS Distance VA (20/)

HM

OU Distance VA (20/)

HM

VA Method

Snellen

Vital Signs - Standard

Test Type

bp err

EOM/Pupils/VF/Cover/Pupils

APD Negative

Yes

PERLA

Yes

EOM (Motility)

OD Full Range

Yes

OS Full Range

Yes

Confrontation/Automated

OD Full Field Conf.

Yes

OS Full Field Conf.

Yes

Cover Test

ACT Distance Descriptor

ortho

ACT Near Descriptor

ortho

UCT Distance

No Motion

UCT Near

No Motion

Final Ref/Phoria/Near Testing

Final Refraction With Prism

OD	-9.25 -0.75 x 175	OS	-10.50 -0.50 x 015
OD Distance VA (20/)	20	OS Distance VA (20/)	20

Biomicroscopy**Slit Lamp**

<i>Adnexa OD</i>	NL	<i>Adnexa OS</i>	NL
<i>Anterior Chamber OD</i>	Deep & Quiet	<i>Anterior Chamber OS</i>	Deep & Quiet
<i>Bulb Conj OD</i>	Clear	<i>Bulb Conj OS</i>	Clear
<i>Cornea OD</i>	Clear	<i>Cornea OS</i>	Clear
<i>Episclera OD</i>	Clear	<i>Episclera OS</i>	Clear
<i>OD Iris</i>	Flat and Clear	<i>OS Iris</i>	Flat and Clear
<i>OD Lens</i>	Clear	<i>OS Lens</i>	Clear
<i>Palpebral Conjunctiva</i>	Clear	<i>Palpebral Conjunctiva</i>	Clear
<i>Sclera OD</i>	Clear	<i>Sclera OS</i>	Clear

IOP/Pach**NCT**

OD NCT	14	OS NCT	14
IOP NCT	10:27 AM		

Ocular Health Evaluation**Fundus**

<i>AV Crossing OD</i>	Normal	<i>AV Crossing OS</i>	Normal
<i>AV Ratio OD</i>	Greater than 2/3	<i>AV Ratio OS</i>	Greater than 2/3
<i>Art Reflex OD</i>	0	<i>Art Reflex OS</i>	0
<i>Fov Reflex OD</i>	4+	<i>Fov Reflex OS</i>	4+
<i>Macula OD</i>	Clear	<i>Macula OS</i>	Clear
<i>Optomap OD</i>	Yes	<i>Optomap OS</i>	Yes
<i>Periphery OD</i>	Clear and Flat, No Holes/Breaks	<i>Periphery OS</i>	Clear and Flat, No Holes/Breaks
<i>Post Pole OD</i>	Clear	<i>Post Pole OS</i>	Clear
<i>Vitreous OD</i>	Clear	<i>Vitreous OS</i>	Clear

Optic Nerve

<i>C/D H OD</i>	0.10	<i>C/D H OS</i>	0.10
<i>C/D V OD</i>	0.10	<i>C/D V OS</i>	0.10
<i>NR Rim OD</i>	Clear	<i>NR Rim OS</i>	Clear
<i>ONH Color OD</i>	Pink	<i>ONH Color OS</i>	Pink
<i>ONH Margins OD</i>	Distinct 360	<i>ONH Margins OS</i>	Distinct 360

DPAs Used

DPAs Dll. Declined

Examining Techniques

FundusTechnique OD 90D FundusTechnique OS 90D

Assessment and Plan**Diagnoses**

Dx Date	Dx	Description	Eye	Care Plan
12/05/2022	H52.223	Regular astigmatism, bilateral		Glasses recommended to patient. Return to clinic in one year for comprehensive encounter.
12/05/2022	H52.13	Myopia, bilateral		Return to clinic in one year for comprehensive encounter. Contact lens recommended to patient. Educated on the signs and symptoms of RD. RTO STAT if observed. Glasses recommended to patient.

Diagnoses Comments

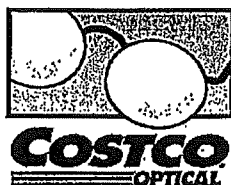
Discuss glasses as a good back up and potential NV issues

Additional Comments**Coding**

Service	Description	Diagnoses
S0620 Wellness	Wellness Exam New	H52.223
S9986 Optomap	Optomap Retinal Exam	
92310 Cls Eval	Contact Lens Evaluation	

Signed by [REDACTED] on 12/07/2022

This information is a summary of all examination findings from this patient encounter, and should be taken only as a representation of clinical data and decisions made at that individual visit.



**FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES**

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
12/05/22

INVOICE NO.
1609999 2023

PROFILE NO.
00006214115

MEMBER NO.
111937151293

OPTICAL DEPT.

PATIENT

** REPRINT BY LM **

Profile No



SLIP PRINT

PRESCRIBING DOCTOR		Rx WRITTEN		Rx EXPIRES	OPTICIAN	CASE
		12/05/22		12/05/23	CD	
CONTACT LENSES						
	BC1	DIA.	POWER			
R	8.50	14.30	-8.00			
L	8.50	14.30	-8.50			
COLOR: (R) 4 NO COLOR						
(L) 4 NO COLOR						
SPECIAL INSTRUCTIONS						
OWE ALL 8 BOXES						
QTY	ITEM	DESCRIPTION			UNIT PRICE	EXTENSION
R 4	1207173	Acuvue Oasys 1 Day Hydraluxe			79.87	319.48
		90pk 8.5, 9.0 14.3				
L 4	1207175	Acuvue Oasys 1 Day Hydraluxe			79.87	319.48
		90pk 8.5, 9.0 14.3				
TAX:					53.52	
TOTAL:					692.48	

DISPENSE

0 02475 29953 8

INVOICE DATE/NO.
12/05/22 1609999 2023
LOC. # 685

PATIENT'S NAME
DVI

Dr. [REDACTED] COST AND POLICY GUIDELINES

Patient Name: [REDACTED]

INITIAL CONTACT LENS FITTING AND EXAM

The fitting and yearly monitoring of contact lenses involves two parts:

1. A complete eye health exam (often including dilation of the pupil) and
2. A detailed contact lens evaluation exam.

Patients who desire contact lenses may require a complete dilated exam at their initial visit and subsequent dilated exams every 5 years to monitor their ocular health. Contact lens testing is done to determine the fit and prescription of your initial contact lenses. Certain tests are required every year to ensure that the contact lenses are still the proper fit and power. Contact lens prescriptions, like other medical prescriptions, are good for a period of 12 months.

Fitting contact lenses is often a straightforward and highly successful process. Occasionally contact lens fittings can be more involved and is often a tricky process. Patients wearing toric, rigid gas permeable, PMMA hard, mono vision and bifocal contact lenses can be more difficult to fit with contacts and may require more time, office visits, and patience to achieve the best results.

Patients who have been diagnosed with an irregular corneal surface due to surgery or scarring, or have a diagnosis of keratoconus are the most difficult type of contacts to fit and wear successfully. These patients will require a special type of contact lenses and even more extensive evaluation and follow-up to avoid potential harm to the eye.

In order to keep costs at a minimum for our patients, the charges for the fit and evaluation of contact lenses will include follow-up exams for a period of 30 days. Patients new to contacts will need insertion and removal training with one of our staff. Refitting of contact lenses will be performed during the first 30 days after the initial exam. The number of "refits" is usually one or two and there is no charge for these refitting visits. There may be a charge for additional contact lenses as outlined in the information on MEDICAL RETURN POLICY.

CONSENT FORM

Patients are required to sign a consent form yearly if they wish to wear contact lenses. The consent form is meant to educate and inform the patient about their choice to wear contact lenses. Any questions you have may be answered by any one of our staff and your Doctor.

TELEOPTOMETRY

I agree that the delivery of services from a provider of healthcare in the State of Nevada when performed to a patient at a different location the use of information and audio-visual communication technology as described in Existing Law as Telehealth and Optometric Telemedicine, require the patient to cooperate with meeting legal requirements. In order for me to receive Optometric Telemedicine, I agree to meet at minimum, with the following:

- a) The provision of my medical records from my primary care provider, and/ or previous healthcare service providers.
- b) The provision of all records and information from previous optometrist or ophthalmologist.
- c) My consent for the optometrist to perform Optometric Telemedicine. I agree that if a formal written consent is required from me, I shall have to provide it

Patient Name: _____

CONTACT LENS PRESCRIPTION

1. We cannot release to another office or lab your prescription unless you have been fit with contacts by one of our doctors.
2. We will release your prescription to a "mail-order" firm if that firm accepts liability for the performance of the lenses and the acceptance is in writing.
3. Contact lens prescriptions are good for a period of only one year. Your contact lens prescription will expire one year from the date of your last contact lens exam.

PAYMENT POLICY

Full payment of exam fee and contact lenses at the time the lenses are ordered.
We accept cash, check, MasterCard, Visa, Discover, American Express and Care Credit.

I have read, had an opportunity to ask questions, understand and agree to all of the above conditions.

8-5-24
DATE


SIGNATURE OF PATIENT (Parent or guardian if patient is a minor)

DISPENSING TECHNICIAN

MEDICAL EXAM FEE

Medical Exam \$99.00 - \$150.00

FITTING FEES

Spherical Fit \$75.00
Toric / Monovision \$95.00
Complex Fit (Keratoconus / Irregular corneal/RGP) \$500.00 - up

CONTACT LENS FEES

Clean & Polish of Lenses \$ 10.00
Specialty Contact Lenses \$820.00

EYECARE REGISTRATION AND HISTORY

1

PATIENT INFORMATION

Date 3/5/24

SS/HIC/Patient ID # _____

Patient Name _____

Last Name

First Name

Middle Initial

Address _____

City _____

State _____

E-mail _____

Sex _____ Age _____ Birthdate _____

☒ Married ☐ Widowed ☐ Single ☐ Minor

☐ Separated ☐ Divorced ☐ Partnered for _____ years

Occupation _____

Patient Employer/School _____

Employer/School Address _____

Employer/School Phone _____

Spouse's Name _____

Birthdate _____ SS# _____

Spouse's Employer _____

Whom may we thank for referring you? _____

2

INSURANCE

Who is responsible for this account? _____

Relationship to Patient _____

Insurance Co. Anthem

Group # _____

Is patient covered by additional insurance? ☐ Yes ☐ No

Subscriber's Name _____

Birthdate _____ SS# _____

Relationship to Patient self

Insurance Co. Anthem BCBS

Group # _____

ASSIGNMENT AND RELEASE

I certify that I and/or my dependent(s) have insurance coverage with

_____ and assign directly to

_____ Name of Insurance Company(ies)

Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

Signature of Patient, Parent, Guardian or Personal Representative _____

Please print name of Patient, Parent, Guardian or Personal Representative _____

Date _____ Relationship to Patient _____

3

PHONE NUMBERS

Home (_____) _____ Cell (_____) _____ Spouse's Work Phone (_____) _____ Ext _____

Best time and place to reach you _____

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household.) _____

Name _____ Relationship _____

Home (_____) _____ Cell (_____) _____ Work Phone (_____) _____ Ext _____

4

EYE HEALTH HISTORY

Physician's Name _____

Date of last visit _____

Date of last eye exam _____

Name of doctor _____

Do you wear glasses? ☐ Yes ☐ No

☐ All the time ☐ Occasionally

☐ Reading ☐ Driving ☐ TV

Do you wear contacts? ☐ Yes ☐ No

Type _____ Hours/Day _____

Describe any problems you have with your contacts _____

Place a mark on "Yes" or "No" to indicate if you have had any of the following:

Bloodshot Eyes	☐ Yes ☐ No	Floaters or Spots	☐ Yes ☐ No
Blurred Vision - Distance	☐ Yes ☐ No	Glaucoma	☐ Yes ☐ No
Blurred Vision - Near	☐ Yes ☐ No	Headaches	☐ Yes ☐ No
Burning Eyes	☐ Yes ☐ No	Itching Eyes	☐ Yes ☐ No
Cataracts	☐ Yes ☐ No	Light Sensitive	☐ Yes ☐ No
Color Vision, Poor	☐ Yes ☐ No	Loss of Vision	☐ Yes ☐ No
Crossed Eyes	☐ Yes ☐ No	Migraine Headaches	☐ Yes ☐ No
Discharge from Eyes	☐ Yes ☐ No	Night Vision, Poor	☐ Yes ☐ No
Dizzy Spells	☐ Yes ☐ No	Red Eyes	☐ Yes ☐ No
Double Vision	☐ Yes ☐ No	Seeing Halos	☐ Yes ☐ No
Dry Eyes	☐ Yes ☐ No	Seeing Flashes	☐ Yes ☐ No
Eye Infection	☐ Yes ☐ No	Temporary Loss of Vision	☐ Yes ☐ No
Eye Injury	☐ Yes ☐ No	Twitching Eyelid	☐ Yes ☐ No
Eye Strain	☐ Yes ☐ No	Vision Poor	☐ Yes ☐ No
Fainting Spells, Blackouts	☐ Yes ☐ No	Watery Eyes	☐ Yes ☐ No

5 HEALTH HISTORY

Physician's Name _____

Date of last visit _____

Place a mark on "Yes" or "No" to indicate if you have had any of the following. Also place a mark to indicate if a blood relative has had any of the following problems.

	Yourself		Family Members	
AIDS/HIV	☐ Yes	☐ No	☐ Yes	☐ No
Arthritis	☐ Yes	☐ No	☐ Yes	☐ No
Artificial Heart Valve	☐ Yes	☐ No	☐ Yes	☐ No
Artificial Joints	☐ Yes	☐ No	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	☐ Yes	☐ No
Bleeding	☐ Yes	☐ No	☐ Yes	☐ No
Blindness	☐ Yes	☐ No	☐ Yes	☐ No
Cancer	☐ Yes	☐ No	☐ Yes	☐ No
Cataracts	☐ Yes	☐ No	☐ Yes	☐ No
Chemical Dependency	☐ Yes	☐ No	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	☐ Yes	☐ No
Drug Sensitivity	☐ Yes	☐ No	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No	☐ Yes	☐ No
Eye Surgery	☐ Yes	☐ No	☐ Yes	☐ No
Glaucoma	☐ Yes	☐ No	☐ Yes	☐ No
Hay Fever	☐ Yes	☐ No	☐ Yes	☐ No
Heart Condition	☐ Yes	☐ No	☐ Yes	☐ No

	Yourself		Family Members	
Hepatitis (Type _____)	☐ Yes	☐ No	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No	☐ Yes	☐ No
Kidney Disease	☐ Yes	☐ No	☐ Yes	☐ No
Lazy Eye	☐ Yes	☐ No	☐ Yes	☐ No
Lupus	☐ Yes	☐ No	☐ Yes	☐ No
Migraine Headaches	☐ Yes	☐ No	☐ Yes	☐ No
Pacemaker	☐ Yes	☐ No	☐ Yes	☐ No
Poor Color Vision	☐ Yes	☐ No	☐ Yes	☐ No
Retinal Disease	☐ Yes	☐ No	☐ Yes	☐ No
Rheumatic Fever	☐ Yes	☐ No	☐ Yes	☐ No
Shingles	☐ Yes	☐ No	☐ Yes	☐ No
Skin Conditions	☐ Yes	☐ No	☐ Yes	☐ No
Stroke	☐ Yes	☐ No	☐ Yes	☐ No
Thyroid Conditions	☐ Yes	☐ No	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No	☐ Yes	☐ No
Turned Eye	☐ Yes	☐ No	☐ Yes	☐ No
Are you pregnant? _____	Number of children _____			
Tobacco use _____	Alcohol use _____			

MEDICATIONS

List any medications you are currently taking, including eye drops:

None

Pharmacy Name _____

Phone (_____) _____

ALLERGIES

List your allergies to medications or other substances:

None

6 MEDICARE/MEDIGAP AUTHORIZATION

I request that payment of authorized Medicare benefits and, if applicable, Medigap benefits, be made either to me or on my behalf to

_____ for any services furnished to me by that provider.

Name of Doctor or Clinic

To the extent permitted by law, I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services, my Medigap insurer, and their agents any information needed to determine these benefits or benefits for related services

Signature of Beneficiary, Guardian or Personal Representative

Date

3/5/24

Please print name of Beneficiary, Guardian or Personal Representative

Relationship to Beneficiary

Patient Encounter

Patient	Provider	Encounter
---------	----------	-----------

Date: 03/05/2024

Type: Tela-Vision Encounter

DOB: [REDACTED]

Sex: [REDACTED]

History

Reason For Visit

Patient Reason:

Reason: Patient is here for an annual eye exam. Patient is aware the telemedicine visit is by a technician.

Referring

Provider Reason:

Addl Reason:

Review of Systems

Ocular:

Constitutio Negative

ENT: Negative

Neuro: Negative

Psych: Negative

Cardio: Negative

Respirator Negative

GI: Negative

GU: Negative

Musc/Skel: Negative

Integ: Negative

Endo: Negative

Hem/Lymp Negative

Allergy/Im Negative

Additional Comments:

Current Medications

Allergies

Medication Allergies

Comments

None

Other Allergies

Comments

None

Past, Family, Social History**Ocular History**

Ocular: Negative

Additional Comments:

Family History

Ocular:

Medical:

Additional Comments:

Social History

Tobacco: No

Smoking: Unknown if ever smoked

Alcohol: No

Hobbies:

Family Medical History**Family Ocular History****Contact Lens History****Current Lenses**

OD: Acuvue Oasys 1 Day 90 Pack (Johnson & Johnson Vision)

OS: Acuvue Oasys 1 Day 90 Pack (Johnson & Johnson Vision)

	BC	Sph	Cyl	Axis	Diam	Add	Add Des	Tint
OD:	8.50	-8.00			14.3			
OS:	8.50	-8.50			14.3			

Lens History

Lens Age:

Supply

None

Wearing History

Ave Daily Wearing Time: 12 hours

Ave Replacement Period: 1 day

Today's Wearing Time:

Continuous Wear Period:

Care History

Solutions

Drops Used:

Other

Contact Lens History

Additional Comments:

Examination**Eye Conditions**Eye Conditions

<i>AMD</i>	No	<i>Cataract</i>	No
<i>Conjunctivitis/Bleph.</i>	No	<i>Diabetes</i>	No
<i>Diabetic Retinopathy</i>	No	<i>Dry Eye</i>	No
<i>Floaters/Flashes</i>	No	<i>Glaucoma</i>	No
<i>Iritis/Uveitis</i>	No	<i>Retina</i>	No

Physical Exam-Tela-VisionNCT

<i>OD NCT</i>	14	<i>OS NCT</i>	15
<i>IOP NCT</i>	12:31 PM		

EOM (Motility)

<i>OD Full Range</i>	Yes	<i>OS Full Range</i>	Yes
----------------------	-----	----------------------	-----

Confrontation/Automated

<i>OD Full Field Conf.</i>	Yes	<i>OS Full Field Conf.</i>	Yes
<i>OD Limitation Conf.</i>	Yes	<i>OS Limitation Conf.</i>	Yes

Pupils - Size and APD Assessment

<i>OD Bright</i>	3.50	<i>OS Bright</i>	3.50
<i>OD Dim</i>	4.50	<i>OS Dim</i>	4.50
<i>Neg</i>	Yes		

TelaVision- Fundus/Anterior SegSlit Lamp

<i>Adnexa OD</i>	NL	<i>Adnexa OS</i>	NL
<i>Cornea OD</i>	Clear	<i>Cornea OS</i>	Clear
<i>OD Iris</i>	Flat and Clear	<i>OS Iris</i>	Flat and Clear
<i>OD Lens</i>	Clear	<i>OS Lens</i>	Clear
<i>Sclera OD</i>	Clear	<i>Sclera OS</i>	Clear

Fundus

<i>AV Crossing OD</i>	Normal	<i>AV Crossing OS</i>	Normal
<i>AV Ratio OD</i>	Greater than 2/3	<i>AV Ratio OS</i>	Greater than 2/3
<i>Art Reflex OD</i>	0	<i>Art Reflex OS</i>	0
<i>Macula OD</i>	Clear	<i>Macula OS</i>	Clear
<i>Periphery OD</i>	Clear & Flat, No Holes/Breaks	<i>Periphery OS</i>	Clear & Flat, No Holes/Breaks
<i>Post Pole OD</i>	Clear	<i>Post Pole OS</i>	Clear
<i>Vitreous OD</i>	Clear	<i>Vitreous OS</i>	Clear

Optic Nerve

<i>C/D H OD</i>	0.20	<i>C/D H OS</i>	0.20
<i>NR Rim OD</i>	Clear	<i>NR Rim OS</i>	Clear
<i>ONH Color OD</i>	Pink	<i>ONH Color OS</i>	Pink
<i>ONH Margins OD</i>	Distinct 360	<i>ONH Margins OS</i>	Distinct 360
<i>SVP OD</i>	Yes	<i>SVP OS</i>	

Refraction-Tela-Vision**Aided Visual Acuity**

<i>OD Distance VA (20/)</i>	20	<i>OS Distance VA (20/)</i>	20
<i>OU Distance VA (20/)</i>	20	<i>Rx Worn</i>	Contact Lenses

Uncorrected Visual Acuity

<i>OD Distance VA (20/)</i>	CF	<i>OS Distance VA (20/)</i>	CF
<i>OD Near VA (20/)</i>	25	<i>OS Near VA (20/)</i>	25
<i>Near VA Distance</i>	40 cm	<i>OU Distance VA (20/)</i>	CF
<i>OU Near VA (20/)</i>	25		

Autorefracton

<i>OD</i>	-10.50 -0.50 x 005	<i>OS</i>	-11.50 -0.50 x 019
-----------	--------------------	-----------	--------------------

Tech/Trial-Frame Refraction

<i>OD</i>	-9.50 -0.50 x 175	<i>OS</i>	-10.50 -0.50 x 017
<i>OD Distance VA (20/)</i>	20	<i>OS Distance VA (20/)</i>	20
<i>OU Distance VA (20/)</i>	20		

Final Refraction With Prism

<i>OD</i>	-9.50 -0.50 x 175	<i>OS</i>	-10.50 -0.50 x 017
<i>OD Distance VA (20/)</i>	20	<i>OS Distance VA (20/)</i>	
<i>Add</i>	+1.25		

Assessment and Plan

03/05/2024

Diagnoses

Dx Date	Dx	Description	Eye	Care Plan
03/05/2024	H52.13	Myopia, bilateral		Return to clinic in one year for comprehensive encounter. Contact Lens recommended to patient.
03/05/2024	H52.223	Regular astigmatism, bilateral		Glasses recommended to patient. Return to clinic in one year for comprehensive encounter.
03/05/2024	H52.4	Presbyopia		Glasses recommended to patient.

Diagnoses Comments

Additional Comments

RD precautions given -flashes, floater, veil, loss of vision RTO ASAP. RTO to finalize contact lenes with Dr. [REDACTED]

Coding

Service	Description	Diagnoses
92015	REFRACTION	
92004	COMP. OPHTH. SERVICE, NEW PT	
92310	CL FITTING, BOTH EYES	

Encounter has NOT yet been signed

Contact Lens Trials

Trial #: 24046961**OD:** Acuvue Oasys 1 Day 90 Pack (Johnson & Johnson Vision)**OS:** Acuvue Oasys 1 Day 90 Pack (Johnson & Johnson Vision)

	BC	Sph	Cyl	Axis	Diam	Add	Add Des	Tint
OD:	8.50	-8.00			14.3			
OS:	8.50	-8.50			14.3			

Trial Comments**OD:****OS:****OD Dispensed:** Yes**OS Dispensed:** Yes

This information is a summary of all examination findings from this patient encounter, and should be taken only as a representation of clinical data and decisions made at that individual visit.

Patient

DOB

8/23/76

DOS

3.5.24

Primary Ins

Aetna

Secondary Ins

Cymed

Doctor

Telehealth

Notes:

EXAM	NEW	EST	DIAGNOSTIC TESTING		SURGERIES & PROCEDURES			CL FITTINGS		
Comprehensive Exam	92004	92014	Fundus Photos, medical	92250	Foreign Body Conj, superficial R L	65205	CL Eval		92310	
Intermediate Eye Exam	92002	92012	Screening photos, routine	S9986	Foreign Body Conj, embedded R L	65210	SPH SCL	NF	RF 92310	
Refraction	92015		OCT, anterior	92132	Foreign Body Cornea w/o SLE R L	65220	Toric SCL	NF	RF 92310	
E&M Level 4	99204	99214	OCT, optic nerve	92133	Foreign Body Cornea, w SLE R L	65222	MF SPH	NF	RF 92310	
E&M Level 3	99203	99213	OCT, retina	92134	Epilation, forceps R L	67820	MF Toric	NF	RF 92310	
E&M Level 2	99202	99212	Visual Fields, limit	92081	Epilation other than forceps R L	67825	RGP SPH	NF	RF 92310	
S-Code, Routine Exam	S0620	S0621	Visual Fields, intern	92082	Punctal Plugs RU RL LU LL	68761	RGP Toric	NF	RF 92310	
POST-OP CO-MANAGE			Visual Fields, extend	92083	Bandage Contact R L	92071	RGP MF	NF	RF 92310	
Cataract, regular basic	R L NC	66984	Ext Ophthalmoscopy: retina	92201	Excision of Lid Lesion except chalzn	67840	Keratoconus fit, initial		92072	
Cataract, reg complex	R L NC	66982	Ext Ophth: Opt nerv/macula	92202	Chalazion, single	67800	Specialty / Med Nec CL		92310	
Cataract: ECP basic/cmplx	R L NC	66988 66987	Pachymetry	76514	Chalazion, Multiple, one lid	67801	OTHER SERVICES			
YAG	R L NC	66821	Gonioposcopy	92020	Chalazion, Multi, different lids	67805				
LASIK	R L NC	PRIVATE PAY	Topography	92285	Probing of Nasolacrimal duct	68810				

ICD-10 DIAGNOSIS CODES

Refraction, Visual Disturb, Symptoms				Lids and Lacrimal				Conjunctiva				Cornea			
Hyperopia	R L OU	H52.0	R = 1 L = 2 OU = 3	Blepharitis Squamous	RU RL LU LL	H01.02	R = A L = B	Episcleritis period fugi	R L OU	H15.11	R = 1 L = 2 OU = 3	Abrasion, FB, Contusions, Burns--See Injury		R = 1 L = 2 OU = 3	
Myopia	R L OU	H52.1		Blepharitis Ulcerative	RU RL LU LL	H01.01		Episcleritis Nodular	R L OU	H15.12		Arcus senilis	R L OU		H18.41
Astig, reg	R L OU	H52.22		Allergic Dermatitis Lid	RU RL LU LL	H01.11		Subconj Heme	R L OU	H11.3		Edema/Contact Lens	R L OU		H18.21
Astig, irreg	R L OU	H52.21		Abscess of Eye Lid	RU RL LU LL	H00.03		Pinguecula	R L OU	H11.15		Edema, Idiopathic	R L OU		H18.22
Presbyopia		H52.4		Blepharochalasis; Pseud	RU RL LU LL	H02.3		Pingueculitis	R L OU	H10.81		Edema, Corneal 2°	R L OU		H18.23
Anisometropia		H52.31		Chalazion	RU RL LU LL	H00.1		Conjunctivitis				Endo Corneal Dystrophy			H18.51
Anisokonia		H52.32		Dermatochalasis	RU RL LU LL	H02.83		Chronic Allergic		H10.45		Keratitis: Dendritic, H Simpx			B00.52
Accom, Paresis	R L OU	H52.52		Entropion	RU RL LU LL	H02.02		Acute Allergic	R L OU	H10.1		Keratitis: Exposure	R L OU		H16.21
Accom, Spasm	R L OU	H52.53		Ectropion	RU RL LU LL	H02.13		Chronic Giant Papil	R L OU	H10.41		Keratitis: Filamentary	R L OU		H16.12
Ambly, Depriv	R L OU	H53.01		Hordeolum externum	RU RL LU LL	H00.01		Other Mucopurulent	R L OU	H10.02		Keratitis: Punctate	R L OU		H16.14
Ambly, Ref	R L OU	H53.02	Hordeolum internum	RU RL LU LL	H00.02	Serous, not viral	R L OU	H10.23	Keratoconj Sicca	R L OU	H16.22				
Ambly, Strab	R L OU	H53.03	Trichiasis (no entrop)	RU RL LU LL	H02.05	EKC		B30.0	Keratoconus stable	R L OU	H18.61				
Vis Discomfort	R L OU	H53.14	Ptosis Mechanical	R L OU	H02.41	Viral, 2° adenovirus		B30.1	Keratoconus unstbl	R L OU	H18.62				
VF Def scotoma cntrl	R L OU	H53.41	Ptosis Myogenic	R L OU	H02.42	Vitreous			Keratoopathy, Band	R L OU	H18.42				
VF Def scot bld spl	R L OU	H53.42	Ptosis Paralytic	R L OU	H02.43	Floater	R L OU	H43.39	Neovascularization, local	R L OU	H16.43				
VF Def sec/arc	R L OU	H53.43	Dry Eye Syndrome	R L OU	H04.12	Degeneration	R L OU	H43.81	Pannus, Corneal	R L OU	H16.42				
Ocular Pain		H57.1	Epiphora, excess lacrim	R L OU	H04.21	Vit Hemorrhage	R L OU	H43.1	Pterg Periph Stalny	R L OU	H11.04				
Diplopia		H53.2	Epiphora, insuf drainage	R L OU	H04.22	Lens			Recurrent Erosion	R L OU	H18.83				
Headache, unspec		H51	NLDO Epiphora	R L OU	H04.22	Pseudohakia		Z96.1	Scar, Central	R L OU	H17.1				
Visual Disturb Subj		H53.19	Glaucoma				Aphakia	R L OU	H27.0	Scar, Minor	R L OU	H17.81			
Exam w/o abnorm findings		Z01.00	Suspect Glaucoma				Cataract			Scar, Peripheral	R L OU	H17.82			
Exam w abnorm findings		Z01.01	Preglaucoma, unspecified	R L OU	H40.00	Cortical	R L OU	H25.01	Ulcer, Central	R L OU	H16.01				
Strab, Binocularity, Eye Movements				Open angle brdrn low risk	R L OU	H40.01	ASC	R L OU	H25.03	Ulcer, Marginal	R L OU	H16.04			
3rd Nerve Palsy	R L OU	H49.0	R = 1 L = 2 OU = 3	Open angle brdrn high risk	R L OU	H40.02	PSC	R L OU	H25.04	Other hereditary dystrophies, eg Map Dot H18.59					
4th Nerve Palsy	R L OU	H49.1		Anatomical narrow angle	R L OU	H40.03	Nuclear	R L OU	H25.1						
6th Nerve Palsy	R L OU	H49.2		Ocular hypertension	R L OU	H40.05	Combined	R L OU	H25.81						
Esophoria		H50.51	Open Angle				Infantile/Juvenile Nuc	R L OU	H26.03	ARMD Nonexudative R L OU H35.31 **					
Esotropia Alternating		H50.05	Primary open angle	R L OU	H40.11	After Cat Sx (PCO)	R L OU	H26.49	** 1 Early 2 later 3 Adx angn w/o solutn 4 w/ solutn						
Esotropia Inter Altern		H50.32	Low tension	R L OU	H40.12	Congenital Cataract		Q12.0	ARMD Exudative R L OU H35.32 **						
Esotropia int mono	R L	H50.31	Pigmentary	R L OU	H40.13	Optic Nerve			** 1 Adx then angnsd 2 Inact chd angnsd 3 Inact scar						
Esotropia mono	R L	H50.01	Capsular w pseudo of lens	R L OU	H40.14	AION, NAION	R L OU	H47.01	Ret Edema/CWS		H35.81				
Exophoria		H50.52	Primary Angle-Closure				Drusen, Optic Disc	R L OU	H47.32	Chorioretinal scar	R L OU	H31.09			
Exotropia Alternating		H50.15	Acute angle-closure	R L OU	H40.21	Glc Atrophy	R L OU	H47.23	Cystid Macul Edema	R L OU	H59.03				
Exotropia Inter Alternating		H50.34	Intermittent angle-closure	R L OU	H40.23	Papillitis	R L OU	H46.0	Detachment, Ret	R L OU	H33.0**				
Exotropia int mono	R L	H50.33	Residual stage angl-closur	R L OU	H40.24	Papilledema from ret disorder	R L OU	H47.13	dipl 3°=Giant Tent 5°=Total						
Exotropia mono	R L	H50.11	Chronic angle-closure	R L OU	H40.22	Diabetic Retinopathy			Hemorrhage, Ret	R L OU	H35.6				
Vertical Strab	R L	H50.2	Secondary Glaucoma				Type 1 Nonprolifer, Mild	E10.32	Hypertensive Ret	R L OU	H35.03				
Convergence Insuff		H51.11	To eye inflammation	R L OU	H40.4 X	Type 1 Nonprolifer, Mild	E11.32	R = 1 L = 2 OU = 3	Macular Drusen	R L OU	H35.36				
Convergence Excess		H51.12	To other eye disorders	R L OU	H40.5 X	Type 1 Nonprolifer, Moderate	E10.33		Macular Puckering	R L OU	H35.37				
Saccadic Deficiencies		H55.81	To drugs	R L OU	H40.6 X	Type 2 Nonprolifer, Moderate	E11.33		Nevus, Choroidal	R L	D31.3				
Other Irreg Eye Movemnt		H55.89	Other: Incrased episcleral venous pres	H40.81	Type 2 Nonprolifer, Severe	E10.34	BRAO		R L OU	H34.23	R = 1 L = 2 OU = 3				
Nystagmus congenital		H55.01	Hypersecretion	H40.82	Aqueous	H40.83	BRVO		R L OU	H34.83					
Nystagmus other		H55.09	Injury				Type 1 Proliferative		E10.35	** 0 w/ macul edema 1 w/ retinal neovasc 2 stable					
Iris				Burns, Cornea & Conjunct	R L	T26.1 X	Type 2 Proliferative		E11.35	CRAO	R L OU	H34.1			
Iridocyclitis, primar	R L OU	H20.01	R = 1 L = 2 OU = 3	Corneal Abrasion	R L	S05.0 X	Miscellaneous			CRVO	R L OU	H34.81 **			
Iridocyclitis, chroni	R L OU	H20.1		Contusion of the Eyeball	R L	S05.1 X	Type 1 Diabetes w/o complications		E10.9	Hollenhorst's Plaque	R L OU	H34.21			
Pigment Disp Syndr	R L OU	H21.23		Foreign Body, Conjunctiva	R L	T15.1 X	Type 2 Diabetes w/o complications		E11.9	Pavingsstone	R L OU	H35.43			
Irregular Pupil	R L OU	H21.56		Foreign Body, Corneal	R L	T15.0 X	High Cholesterol		I10	Lattice Degeneration	R L OU	H35.41			
Other Diagnosis:								Hypertension		Tears w/o detach	R L OU	H33.0**			
								Other Long-Term Drug Use	Z79.899	** 1=Horsteshoe 2=Round Hole 3=Multifide					

Schedule Follow Up:

RTU 2-3 days - 1 wk to finalize cl fitting

Send payments to [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Invoice

Service Date	Invoice Date	Invoice #
03/05/2024	03/05/2024	241329784

Patient	Patient #
	114851315

Provider	Tax ID
	

Bill To _____

Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance
92004	COMP. OPHTH. SERVICE, NEW PT	\$100.00	1	\$0.00	\$0.00	-\$75.00	\$0.00	\$25.00
92015	REFRACTION	\$50.00	1	\$0.00	\$0.00	-\$50.00	\$0.00	\$0.00
92310	CL FITTING, BOTH EYES	\$75.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00
	SVC FEE	\$4.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$4.00
PAYMENT	Credit Card (Visa) - 03/05/2024 - 7108							-\$104.00
						Sub-Total		\$229.00
						Discounts		\$0.00
						Tax		\$0.00
						Total Amount		\$229.00
						Adjustments		-\$125.00
						Payments Received		\$104.00
						Credits Granted		\$0.00
						Balance Due		\$0.00

03/06/2024

11:16

Sale

Trans:4

Batch:39

VISA

CHIP

*****7108

/

AMOUNT:

\$26.00

CASH DISCOUNT

\$0.00

TOTAL:

\$26.00

Resp:

APPROVAL 09649I

Code:

09649I

Ref#:

004065819663

App Name:

CHASE VISA

AID:

A0000000031010

TVR:

0080008000

Cardholder acknowledges
receipt of goods and
obligations set forth
by the cardholder's
agreement with issuer.

X

MERCHANT COPY

Thank You

Powered By ValorPay(v1.3.44)

03/05/2024

11:33

Sale

Trans:6

Batch:39

VISA

CHIP

*****7108

/

AMOUNT:

\$78.00

CASH DISCOUNT

\$0.00

TOTAL:

\$78.00

Resp:

APPROVAL 006461

Code:

006461

Ref#:

004065849391

App Name:

CHASE VISA

AID:

A0000000031010

TVR:

0080008000

Cardholder acknowledges
receipt of goods and
obligations set forth
by the cardholder's
agreement with issuer.

X

MERCHANT COPY

Thank You

Powered By ValorPay(v1.3.44)

3/5/24

EF 8.3

CONTACT LENS PRESCRIPTION

Patient Name

8/23/70

RIGHT EYE

RX DATE	BRAND	POWER	BC	DIA	ADD	LAB	DATE DISPENSED
3/5/24	Acuvue OASYS 1DAY HydraLuxe	-8.00	8.5	14.3			
order	AV OASYS 1DAY	-9.00	8.5	14.3			ADV

LEFT EYE

RX DATE	BRAND	POWER	BC	DIA	ADD	LAB	DATE DISPENSED
3/5/24	AV OASYS 1DAY HydraLuxe	-8.50	8.5	14.3			
order	-9.50 18.5/14.3						ADV

- Call pt when contacts are in. 1 trial disp fitting -> RVD 23 days.

Member Details

Your popup blockers are ENABLED! To view the member's health information, your popup blockers need to be disabled. [CLICK HERE](#) for instructions.

x

Member Name:	GUARDIAN
Patient Health Record	
Address:	[REDACTED]
Phone Number:	[REDACTED]
Gender:	[REDACTED]
Responsible Member:	[REDACTED]
Network:	Access 101 Anthem T4P
Group:	Blue View NV LG FS VOL (1021823)
Benefit Level:	237

Service Eligibility

If you have more than one location under your User ID, choose a location then use the drop-down menu to choose the provider who is rendering services.

From the tabs below, select the type of benefit you will be providing, then check the box(es) next to the applicable service(s). You will not receive an authorization for this member. Instead, simply click Submit Claim to start the claim process.

- Routine refers to routine vision benefits, including eye exams, lenses, frames and contact lenses.
- Medical refers to benefits for medical eye care services, including diabetic eye care.
- Additional Purchases will calculate member payments on additional pairs of glasses and other materials members receive discounts on so you can determine member out-of-pocket costs.

To learn more, download our [Member Benefits Display Job Aid](#).

If you deem a New Mexico resident to be eligible for additional medically necessary services in accordance with NMAC Title 13 Chapter 10 Part 36, section 13.10.35.11, please call 888.581.3648 with the necessary information related to the services. For questions regarding the applicability of the law, please contact the New Mexico Superintendent of Insurance at 505.827.4601 or toll free 855.427.5674.

Provider	[REDACTED] (Change)
Location	[REDACTED]
Date of Service:	03/22/2024
Check Eligibility	

Routine	Additional Purchase
--	--

	Service	Member is Eligible?	Member Eligible As Of	Service Frequency
☐	Exam	Yes	01/01/2021	Once every calendar year
☐	Lenses	Yes	01/01/2021	Once every calendar year
☐	Frame	Yes	01/01/2021	Once every 2 calendar years
☐	Contact Lenses	Yes	01/01/2021	Once every calendar year
☐	Contact Lens Fit and Follow-up	Yes	01/01/2021	Unlimited

You will not receive an authorization for routine vision services for this member; simply click Submit Claim to start the claim process.

This information is based on data available in our system today and does not take into account future changes to the member's plan. Please verify eligibility immediately prior to receiving services.

The member's actual out-of-pocket may vary depending on coinsurance, deductibles and other factors. Submit the claim to see how much to collect from the member.

Service Restrictions

Plan allows the member to receive either contacts and frame, or frame and lens services.

Related Members

L01961M001
Health Benefit Plan Coverage
Transaction Date: Mar 26, 4:32 PM
Date of Service: Mar 26, 2024
Member ID: L01961M001
Payer ID: ANTHEM - NV
DOB: Aug 23, 1978
☒ Edit ☐ Delete

L01961M001
Health Benefit Plan Coverage
Transaction Date: Mar 26, 4:31 PM

L01961M001
Health Benefit Plan Coverage
Transaction Date: Mar 25, 5:20 PM

L01961M001
Health Benefit Plan Coverage
Transaction Date: Mar 25, 5:20 PM

Eligibility & Benefits

Go Forward

Invalid/Missing Subscriber/Insured ID - Please Correct and Resubmit

Date of Service: Mar 26, 2024

Transaction ID: 02145453346 Transaction Time: Mar 26, 4:52 PM Customer ID: 995589

Fields marked with an asterisk * are required.

* Organization

[REDACTED]

* Payer

ANTHEM - NV

Provider Information

Clear Section

Select a provider or enter one of the following: Provider NPI or Provider Tax ID

Provider

[REDACTED]

Search for a provider by name, NPI, tax ID, taxonomy code, or address

Provider NPI

[REDACTED]

Provider Tax ID

[REDACTED]

Organization or Provider Last Name

[REDACTED]

Provider First Name

[REDACTED]

Patient Information

Member Search Single Patient Multiple Patients

[Click here to complete a member search without a Member ID.](#)

Patient Search Option

Patient ID, Date of Birth

* Patient ID

[REDACTED]

* Date of Birth

[REDACTED]

Patient's Relationship to Subscriber

Self

Service Information

* As of Date

03/26/2024

* Benefit / Service Type

Health Benefit Plan Coverage - 3D

clear

Procedure Code

Add My Frequent
Procedure Codes

Select...

clear

☐ Submit another patient

Submit