

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

Meeting Materials

for June 16, 2025

Board Meeting

Materials for Item No. 4 re

- Minutes – Board Meeting 5-19-25

STATE OF NEVADA

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MINUTES OF
PUBLIC MEETING
May 19, 2025

1. **Call to Order.** Mariah Smith, O.D. opened the live meeting at 12:03p.m.
2. **Roll Call.** Dr. Smith read the Zoom log-in information into the record for AB 219 compliance as Meeting ID 863 1867 1604, Passcode 012357, telephone 1 669 900 6833. Deputy Attorney General (DAG) Joseph Ostunio, Esq., Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., and executive director Adam Schneider, Esq. were present via Zoom. Quorum was established.
3. **Public Comment.** Dr. Smith invited public comment. No public comment received.
4. **Action Item. Consideration and approval of March 18, 2025 Board Meeting Minutes.** Dr. Smith confirmed all present Board members had an opportunity to review the draft. Dr. Austin stated they looked good, and Public Member Balecha seconded. Motion passed unanimously.
5. **Action Item. Complaint 25-09.** Director Schneider stated this was being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities. Director Schneider provided the following summary:

Husband and wife get eye exams. Both are presbyopic and relatively emmetropic. Husband chooses single vision reading glasses. The wife picks progressive lenses. Husband then questions the higher cost and the need for progressives since his wife sees well at a distance. Staff explains she has used progressive for years and that progressives offer convenience and her slight distance prescription improves her vision. Husband suspects the prescription is wrong and insists on speaking with the licensee but the licensee was unavailable with another patient. Husband refuses a follow-up appointment and they don't purchase glasses. The office manager creates a note. Licensee refunds the exams.

Question for the Board is if the conduct arises to the level of unprofessional conduct warranting a formal complaint with the Attorney General's office. If not, then talking points were requested to tell the complainant and/or the licensee in the disposition letters.

Dr. Smith noted the patient was upset about the difference in costs, which is not typically a matter of Board jurisdiction, but could be that of another governmental entity. She noted the optometrist is separate from the optical practice, and licensee's response is well thought out, professional, and addresses the concerns. Contrary to the patient's allegations, optometrists can perform digital imaging.

Dr. Austin agrees with Dr. Smith, that the optometrist provided appropriate care, and every patient has a choice for what kinds of corrective lenses they want or what works best for them.

Public Member Balecha commented that because the optometrist was in the same area as the patient, that the staff members should have asked for the optometrist to come see the patient and address the patient's concerns.

Dr. Smith noted the licensee addressed that issue in his response.

Dr. Smith moved to dismiss with no further action. Dr. Austin seconded. Motion passed unanimously.

6. Action Item. Complaint 25-10. Director Schneider stated this was being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities. Director Schneider provided the following summary:

Patient upset about wait time and alleged rudeness of Licensee. Patient only underwent pre-testing FDT. Licensee never examined the patient, nor billed the patient. Oddity is Licensee did not supply any formal response beyond short informal emails or ever expressly disagreed with the patient's allegations.

Question for the Board is if the conduct arises to the level of unprofessional conduct warranting a formal complaint with the Attorney General's office. If not, then talking points were requested to tell the complainant and/or the licensee in the disposition letters.

Dr. Smith felt the complainant was advocating for the licensee's staff. It is true that most licensees provide a formal response, but the licensee only writing short emails to address the allegations in this instance is not unprofessional conduct or requires additional information from the licensee.

Dr. Austin stated the licensee could have managed the situation better and would have been better to reschedule. The patient was offered to re-schedule, but declined.

Public Member Balecha agreed.

Dr. Smith moved to dismiss with no further action. Dr. Austin seconded. Motion passed unanimously.

7. Action Item. Complaint 25-12. Director Schneider stated this was being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities. Director Schneider provided the following summary:

Medically complex pediatric patient inclusive of referral to Meadows and brain MRI. Unbeknownst to Licensee, a staff member provided the patient's mother with the autorefractor prescription, and not the final prescription leading to patient confusion and subsequent treaters' confusion. Licensee apparently does not check office emails and understaffed around the holidays resulting in lack of response to patient's mother.

Licensee self-disciplined the staff member for giving out the autorefraction prescription, which makes relevant NAC 636.210(4) that an OD may be subject to disciplinary action for the unprofessional conduct of the OD's employee, and NAC 636.210(5) that the OD has the ultimate responsibility for the conduct of the OD's employee when acting within the scope of employment.

Question for the Board is if the conduct arises to the level of unprofessional conduct warranting a formal complaint with the Attorney General's office. If not, then talking points were requested to tell the complainant and/or the licensee in the disposition letters.

Dr. Smith noted the patient did not follow the plan, nor the follow-up appointment, and it is difficult to discipline the doctor when the patient is at fault themselves; an example being a patient has amblyopia and the doctor wanting a three-month follow-up and yet the patient does not come back for a year.

Dr. Austin noted even the best of staff members make mistakes, but here there is no harm no foul. The patient already had the correct prescription and never used it. The patient was referred to a specialist two different times, and Meadows Eye did not find anything wrong either.

Public Member Balecha agreed, and that the patient has fault here as well.

Dr. Smith reiterated that the email not being monitored is a concern, but does not arise to the level of unprofessional conduct here when the patient could have called as well when no response was received.

Dr. Smith moved to dismiss with no further action. Dr. Austin seconded. Motion passed unanimously.

8. Action Item. Complaint 25-13. Director Schneider stated this was being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities. Director Schneider provided the following summary:

Complainant is both a patient and employee/co-worker of Licensee. Licensee was alleged rude to the employee for a patient being added to the schedule beyond the set of blocked hours, resulting in patient/co-worker wanting healthcare elsewhere. According to the complainant, this resulted in the complainant not wanting to seek care from the licensee, whereas the licensee says she was already getting care from other healthcare providers anyway.

Question for the Board is if the conduct arises to the level of unprofessional conduct warranting a formal complaint with the Attorney General's office. If not, then talking points were requested to tell the complainant and/or the licensee in the disposition letters.

Dr. Smith stated that the licensee could have handled the situation better, but does not arise to the level of unprofessional conduct.

Dr. Austin agreed. This amounts to a doctor-said-patient-said situation, and rudeness is not unprofessional conduct requiring a formal complaint.

Public Member Balecha stated the Board should dismiss.

Dr. Smith moved to dismiss with no further action. Public Member seconded. Motion passed unanimously.

9. Action Item. Complaint 25-14. Director Schneider stated this was being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities. Director Schneider provided the following summary:

Licensee's fictitious name application provided false information. Licensee's corporate ownership structure of the spouse as an owner in violation of OD laws. Licensee admits fault. Licensee states did not know and/or forget about the law, the bank made his spouse be an owner in order to receive the loan, the new business had not started seeing patient yet and thus no profits to the wife. Licensee changed the ownership with the Nevada Secretary of State immediately.

Question for the Board is if the conduct arises to the level of unprofessional conduct warranting a formal complaint with the Attorney General's office. If not, then talking points were requested to tell the complainant and/or the licensee in the disposition letters.

Director Schneider noted that the situation of incorrect information attested to and incorrect corporate formation was not discussed previously, but reminded that the Board that in March 2022 and May 2022 upon Public Member Johnson's motion, the Board voted unanimously that the failure to timely register a fictitious business name would result in a \$200 penalty plus the regular filing fee, and to impose the penalty if not remedied within 30 days.

Dr. Smith stated it is well known that ODs know not to establish a business with non-ODs and spouses. This is not an act of unprofessional conduct, but that an administrative fine is appropriate.

Colloquy as to NRS 636.143 which allows the Board to assess late fees up to \$1000, but is not specific to any type of transaction. Colloquy as to past instances and discretion of Executive Director to assess a fine.

Dr. Smith moved for \$200 administrative fine. Dr. Austin seconded. Motion passed unanimously.

10. Executive Director report re SB 78. Director Schneider stated that all boards proposed to be consolidated have opposed SB 78 on the record. There is an alternative in the form of SB 425. It is voluntary and would not compromise board independence. At an unknown cost based upon the level of participation in the services, a board can obtain shared services for I.T., website, accounting, budget and audits, contract management, etc.

This item will be placed on the next agenda for possible vote for participation or declination once the bill gets details into it.

11. Executive Director report re BDR 151/AB 183. Director Schneider reminded the Board that AB 183 is the NRS 636-specific bill sponsored by Dr. Koenig, and that on May 9, 2025, Director Schneider, Dr. Smith, and Dr. Koenig testified in support of AB 183. The bill had passed the Assembly portion of the legislature 42-0, and when presented to the Senate committee, the only person who had questions was Senator Daly which regarded:

section 8 regarding making sure all Nevada licensees pass the NBEO and not the Canada national test as an alternative;

section 9 regarding elimination of the requirement to shadow with an OMD before being allowed to prescribe pharmaceutical agents;

section 9.5 regarding narcotic opioid analgesics, which was already something that ODs could do so long as for the eye or adnexa and within Schedule III-V and a maximum of morphine equivalents. Dr. Smith did a good job explaining that even Tylenol has morphine equivalents.

sections 12-13 regarding updating the definition of optometry to include optometric telemedicine, and what optometric telemedicine allows and does not allow.

section 16 regarding administrative fines, but the question dealt with language that was already on the books about the process to follow in the event the licensee wants to appeal the fine under NRS 622A which is the Administrative Procedure Act.

As of today, AB 183 is on pace to pass, potentially unanimously. Director Schneider stated he will continue to place this item on the agendas until officially passed.

12. Executive Director report re licensing transactions since start of FY2025. Director Schneider listed the following numbers as stated in the Agenda:

3/12/2025 – 5/13/2025	FY2025 cumulative
New licenses: 2	12
Licenses by endorsement: 0	7
Glaucoma: 0	6
OPAC: 2	18
Fictitious Name: 1	29
Location changes: 7	61
Additional locations: 6	43
LOGS: 5	49
PRR: 9	38
Refunds: 0	7
Mobile: 0	1
Substitute location: 0	7
Public complaints: 5	16
2026-2028 CE review: 0	6

13. Executive Director report re website transactions, possible I.T. increase in FY2025-2026 budget. Director Schneider stated the website has forms with credit card portals and recently the portals started to fail. The Board's website designer and I.T. company was contacted, and we were informed that the platform has always been antiquated, and needs to be upgraded. Therefore this process is underway. The Board's accountant office was also contacted to ensure any I.T. upgrades do not hamper with the accountant's job duties. Director Schneider advised the new platforms may cost more money to allow the new platform to connect with the Board's Quick Books, and will be reflected in the Board's proposed Fiscal Year 2025-2026 budget in the June meeting.

14. **Board member proposed items for future Board meetings.** Dr. Smith asked the Board if anyone would like to agendaize any topic for the next meeting. No topics provided other than Dr. Smith stating to continue to monitor the above discussed bills, which Dr. Austin agreed.

15. **Public Comment.** Dr. Smith invited public comment. No public comment received.

16. **Action Item.** Dr. Smith moved to adjourn the regular meeting. Dr. Austin seconded. Motion passed unanimously. Meeting adjourned at 12:50p.m.

7 persons attended virtually, inclusive of Board members, Deputy Attorney General and Executive Director. No roll call conducted or sign-in sheets provided.

* * * * *

FY 2024-2025 Regular meeting schedule

Monday 5/19/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Monday 6/16/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

FY 2025-2026 Regular meeting schedule

Thursday 7/31/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 9/25/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 10/30/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Wednesday 12/10/2025 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 June 16, 2025.

Adam Schneider, Executive Director

Materials for Item No. 5 re

- Separately posted

Materials for Item No. 6 re

- R066-19(8)(4) filed

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Classification: **ADOPTED BY AGENCY**

Brief description of action: Update to R066-19 section (8)(4) re continuing education passing rates and videoconference approvals

Authority citation other than 233B: NRS 636.125 ("The Board may adopt policies and regulations necessary to carry out the provisions of this chapter.")

Notice date: November 7, 2024

Date of Adoption by Agency: December 11, 2024

Hearing date: December 11, 2024

R066-19 Section (8)(4) adopted temporary revisions

Strikethrough font = approved removal

Bolded font = approved addition

4. Continuing education may be completed in person, over the Internet or by correspondence or videoconference. **As used in this section, “in person” includes synchronous internet or videoconference courses.** For continuing education that is not completed in person, the licensee must submit proof that he or she received a score of at least ~~75~~ **70** percent on the examination for the course.



NEVADA STATE BOARD OF OPTOMETRY

Informational Statement Form re R066-19(8)(4)

The following statement is submitted for adopted amendments to Nevada Administrative Code (NAC) Chapter 636.

1. A clear and concise explanation of the need for the adopted regulation.

NRS/NAC 636 govern optometry. R066-19(8), which was already the subject of oversight and Legislative Counsel Bureau (LCB) adoption in 2019-2020, governs how continuing education (herein "CE") hours are credited to licensees for purposes of biennial license renewal requirements. Its subsection 4's modifications will: 1) align Nevada with national standards¹ of 70% minimum passing scores for asynchronous courses; and 2) clarify that "in person" includes synchronous videoconference courses. (Synchronous CE courses, be it a licensee's actual in-person attendance or virtual in-person attendance via a videoconferencing platform, are exempt from the testing requirement offered at the conclusion of a CE course in order for a licensee to receive credit.)

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

Prior to the Notice of Workshop being posted, the Board issued a Newsletter to its membership announcing the topic of the workshop, and specifically seeking any membership input on the proposed changes. Any public comment or testimony provided concerning the proposed regulation could have been obtained from the Board of Optometry by mail, telephone request or by email at any time. Interested persons may obtain a summary of responses to the Board's solicitation of comments by contacting the Board office via email at admin@nvoptometry.org.

¹ [COPE+Course+Qualification+Manual+12.2022+FINAL.pdf](#) at page 19 ("Post Course tests must receive a score of at least 70% or better in order for a certificate of completion to be issued.")

Notice of the October 30, 2024 workshop was sent to all registered licensees on the Board's email-mailing list. Agendas associated with the above referenced meetings were posted consistent with NRS 241 timely, and physically and electronically as stated in the Agendas- Nevada State Board of Optometry office, Reno, NV 89523, Nevada State Board of Optometry website: <https://nvoptometry.org>, and Nevada Public Notice website: <http://notice.nv.gov>. The proposed language approved at the Notice of Intent to Take Action on December 11, 2024 is the result of a public meeting, wherein no interested person posited any changes.

After the statutorily requisite amount of time after the posting of a Notice of Intent to Take Action on Regulation, on December 11, 2024 the Board conducted a meeting/hearing and approved R066-19(8)(4).

3. The number of persons who:

(a) Attended each hearing:

October 30, 2024- Notice of Workshop- 11 persons inclusive of three Board members, deputy attorney general, and executive director. No role call conducted or sign-in sheets provided.

December 11, 2024- Notice of Intent to Take Action hearing- 8 persons inclusive of four Board members, deputy attorney general, and executive director. No role call conducted or sign-in sheets provided.

(b) Testified at each hearing:

October 30, 2024- 0 members of the public.

December 11, 2024- 0 members of the public.

(c) Submitted to the agency written comments:

October 30, 2024- 0

December 11, 2024- 0

4. A list of names and contact information, including telephone number, business address, business telephone number, electronic mail address, and name of entity or organization represented, for each person identified above in #3, as provided to the agency

October 30, 2024- none

December 11, 2024- none

5. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Commentary was solicited through the Board's Newsletters to its membership, posting the Notice of Workshop and regular meeting agendas listing proposed changes to NAC 636 as an action item on the Board's website and posting physically and electronically at the Board's office in Reno, NV 89523, and Public Notice website: <http://notice.nv.gov>; all of which expressly solicited public commentary.

Board President Dr. Smith discussed the purpose of the proposed revised regulation that the Board's policy was a 70% passing rate on CE tests to be more in line with national standards, but it has yet to be formally placed into regulation. Dr. Smith commented that the regulation also clarifies what it means to be an in-person CE which would address the need for clarification coming from the membership.

Board Vice President Dr. Austin commented to accept the proposed as-is because it is clear and the Board needs to become consistent with national certifying CE groups which have it as 70%, and this would make it official within the regulation.

6. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

No changes were requested.

7. The estimated economic effect of the adopted regulation on the businesses which it is to regulate and on the public. These must be stated separately, and each case must include:

(a) Both adverse and beneficial effects; and

Adverse and beneficial effects on optometry-

The Board does not perceive any adverse economic effects on optometry. The Board does not perceive that CE credits' minimum passing scores for asynchronous courses will have any adverse economic effects, nor does clarifying that in-person attendance for synchronous CE courses can also include in its definition virtual attendance via videoconferencing platform.

Adverse and beneficial effects on the public-

The Board does not perceive any adverse effects on the public given the proposed regulation impacts on optometrists. The intent of R066-19(8)(4) is bring Nevada in conformity with national standards of 70% minimum passing scores for asynchronous courses and to clarify that "in person" includes synchronous videoconference courses, and therefore will not impact the public at large.

(b) Both immediate and long-term effects.

Immediate and long-term effects on optometry-

The minimum passing score stated in R066-19(8)(4) of 75% to the proposed 70% will align Nevada into national conformity on this issue. See footnote 1. CE presenters or companies are already in the stream of commerce in Nevada, and the change of a passing score from 75% to 70%. Clarifying that in-person attendance for synchronous CE courses can include virtual

attendance via videoconferencing platform will not impact the practice of optometry.

Immediate and long-term effects on the public-

The Board does not consider the proposed changes in the regulation to have any impact on the public. Instead it is unique to optometrists and obtaining sufficient CE credits in order to be licensed for the then-upcoming biennial cycle. To the extent one is seen, the only impact is on the businesses which offer CE course to ensure for themselves that their courses have nationalized standard passing scores for their asynchronous CE courses (*see* footnote 1); and 2) the participants can obtain credit by attending virtually on a videoconference platform for synchronous online CEs. Therefore the Board does not see this regulation effecting the public.

8. The estimated cost to the agency for enforcement of the adopted regulation.

In and of itself, none as to the agency. Known violations or known alleged violations of the regulation for providing false attestations of CE attendance or completion, however, will result in an investigation as authorized under NRS 636, and possible prosecution and discipline upon the alleged violator. Attorneys' fees and costs via the Board's assigned deputy attorney general may be incurred upon the Board for such prosecution.

9. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

N/A. None of the regulation overlaps with any other state, local, or federal agency/regulation. No other chapter governs optometrists or the practice of optometry besides NRS 636/NAC 636.

10. If the regulation includes provisions that are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

N/A. None of the proposed regulation changes duplicates or is more stringent than any federal, state, or local standards regulating optometry to the best of the Board's knowledge.

11. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

N/A. The proposed regulation does not impose any fees.

Materials for Item No. 7 re

- R066-19(12) filed

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Optometry**

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Classification: ADOPTED BY AGENCY

Brief description of action: Update to R066-19 section 12 re relationships between optometrists and non-optometry business entities

Authority citation other than 233B: NRS 636.125 ("The Board may adopt policies and regulations necessary to carry out the provisions of this chapter.")

Notice date: November 7, 2024

Date of Adoption by Agency: December 11, 2024

Hearing date: December 11, 2024

R066-19 Section (12) adopted temporary revisions

~~Strikethrough font~~ = approved removal

Bolded font = approved addition

1. If an optometrist forms an association or other business relationship with a physician pursuant to NRS 636.373, the optometrist must:

- (a) Comply with any applicable requirements of the Internal Revenue Service;
- (b) Maintain financial and organizational independence from any person who is not licensed to practice optometry, ~~other than the physician~~; and
- (c) Ensure that any advertising, marketing and promotional materials accurately portray the position of the optometrist within the association or business relationship, including, without limitation, whether the practice of the optometrist is included within any assumed or fictitious name used by the association or other business relationship.

2. An optometrist shall not employ or be employed by a physician.

~~3. An optometrist may form an association or other business relationship with a person, other than a physician, who is not licensed to practice optometry to perform duties concerning the operation of the business. Such duties must be limited to duties concerning the operation of the business and may include, without limitation, performing services related to payroll, human resources, real estate, regulatory matters not related to health care, banking, accounting, administration of benefits, marketing, merchandising, occupancy, accounts payable, accounts receivable, supply chain management, business development, business administration, labor, compliance with applicable laws and regulations, purchasing and medical billing.~~

~~4. An optometrist who forms an association or other business relationship with a person who is not licensed to practice optometry pursuant to subsection 3 shall:~~

4. 3. An optometrist who forms an association or other business relationship with a person, business, or entity who is not licensed to practice optometry, including, but not limited to, relationships formed for purposes of providing the optometrist support in the operation of the business, such as payroll, human resources, business development, banking, supply chain management, medical billing and business administration shall:

- (a) Comply with any applicable requirements of the Internal Revenue Service;
- (b) Maintain organizational and financial independence from the person who is not licensed to practice optometry and ensure that the person who is not licensed to practice optometry ~~is not involved in~~ **shall not dictate, control or influence**:

- (1) Clinical decisions;
- (2) Scheduling of patients;
- (3) Any decision concerning scope of practice or use of facilities, equipment or drugs; or
- (4) Any other decision concerning the provision of care to a patient or the outcome of any treatment or other service provided to a patient; ~~and~~
- (c) Ensure that any advertising, marketing and promotional materials accurately portray the position of the optometrist within the association or business relationship, including, without limitation, whether the practice of the optometrist is included within any assumed or fictitious name used by the association or other business relationship; **and**

(d) No association or other business relationship entered into by an optometrist with a person who is not licensed to practice optometry shall alter or lessen the optometrist's ultimate responsibility for all exercises of professional or clinical judgment with regard to the conduct of the optometrist's professional practice or patient care.

(e) Nothing in this section shall eliminate a licensee's responsibility pursuant to NRS 636.373, NAC 636.240 and NAC 636.250 to not engage with any person, business, or entity not licensed to practice optometry who owns any part or portion of any Nevada optometry practice.



NEVADA STATE BOARD OF OPTOMETRY

Informational Statement Form re R066-19(12)

The following statement is submitted for adopted amendments to Nevada Administrative Code (NAC) Chapter 636.

1. A clear and concise explanation of the need for the adopted regulation.

NRS/NAC 636 govern optometry. This regulation seeks to clarify what kinds of non-clinical business services are permissible should a licensee seek to engage with a non-optometry entity for any such service. Clarification will help licensees, current non-optometric entities already in the stream of commerce in Nevada, and future prospective non-optometric entities who could seek to enter into the stream of commerce in Nevada, to know what is permissible and not permissible within the confines of NAC 636.

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

The Board's discussion for the proposed regulations were discussed at its public meeting on May 30, 2024, written submissions on or before June 27, 2024, and discussion of same at its public meeting on June 27, 2024, written submission on or before July 31, 2024 and discussion of same at its workshop on July 31, 2024, its second workshop on August 28, 2024, discussion and approval at a regular meeting for modifications on September 26, 2024, and Notice of Intent to Take Action on December 11, 2024.

Notice of the July 31, 2024 workshop and August 28, 2024 workshop was sent to all registered licensees on the Board's email-mailing list. Agendas associated with the above referenced meetings were posted consistent with NRS 241 timely, and physically and electronically as stated in the Agendas- Nevada State Board of Optometry office, Reno, NV 89523, Nevada State Board of Optometry website: <https://nvoptometry.org>, and Nevada Public Notice website: <http://notice.nv.gov>

Any public comment or testimony provided concerning the proposed regulations could have been obtained from the Board of Optometry by mail, telephone request or by email at any time. Interested persons may obtain a summary of responses to the Board's solicitation of comments by contacting the Board office via email at admin@nvoptometry.org.

After the statutorily requisite amount of time after the posting of a Notice of Intent to Take Action on Regulation, on December 11, 2024, the Board conducted a meeting/hearing and approved R066-19(12).

Agendas associated with the above referenced meetings were posted consistent with NRS 241 timely, and physically and electronically as stated in the Agendas- Nevada State Board of Optometry office, Reno, NV 89523, Nevada State Board of Optometry website: <https://nvoptometry.org>, and Nevada Public Notice website: <http://notice.nv.gov>

Public commentary is summarized as ensuring managed services organizations or private equity do not exert undue influence or control upon optometrists and their clinical-decision making while not creating any kind of anti-competitive atmosphere and that non-optometrists or corporations cannot own optometry practices.

3. The number of persons who:

(a) Attended each hearing:

July 31, 2024- workshop- 41¹
August 28, 2024- second workshop- 26
September 26, 2024- regular meeting- 17
December 11, 2024- Notice of Intent to Take Action hearing- 11

(b) Testified at each hearing:

July 31, 2024- workshop- 16
August 28, 2024- second workshop- 7
September 26, 2024- regular meeting- 0
December 11, 2024- Notice of Intent to Take Action hearing- 0

(c) Submitted to the agency written comments:

July 31, 2024- 7
August 28, 2024- second workshop- 4
September 26, 2024- regular meeting- 0
December 11, 2024- Notice of Intent to Take Action hearing- 0

4. A list of names and contact information, including telephone number, business address, business telephone number, electronic mail address, and name of entity or organization represented, for each person identified above in #3, as provided to the agency

July 31, 2024: the following persons submitted written comments- Robert Horner, Robertkhorner@yahoo.com, Jon Christiansen, drjonchristiansen@yahoo.com, Thomas Daly 1550 Wilson Blvd. Ste. 700, Arlington, VA 22209, (703) 351-5034, Troy Ogden, togden@dtvisionreno.com; Ken Kopolow, kkopolow@yahoo.com, Steve Girisgen, s.girisgen@lasvegaseyedocs.com, Spencer Quinton, drquinton@gmail.com. Joe Fermin joe.fermin@gmail.com

¹ Concurrent with a regular board meeting.

July 31, 2024: the following persons testified- Steve Girisgen, Ken Kopolow, Jonathan Christiansen, Danny Thompson dannylt413@gmail.com, Chen Young drcyoung@aol.com, Amber Belaustegui amberbela@gmail.com, Jonathan Mather jonmather@gmail.com, Cheryl Adlington domagicaloils@gmail.com, Maria Nutile maria@nutilelaw.com, Jennifer Letten lettenj@yahoo.com, Tonya Hubbard hubbardtonya@hotmail.com, Evan Marchant emarchant@vspventures.com

August 28, 2024: the following persons submitted written comments- Jon Christiansen, Troy Ogden, Ken Kopolow, Steve Girisgen, Spencer Quinton, Amber Belaustegui,

August 28, 2024: the following persons testified- Jon Christiansen, Ken Kopolow, Stephanie Lee drstephlee@gmail.com, Steve Girisgen, Chen Young, Maria Nutile

5. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Commentary from any affected businesses was solicited through the Board's Newsletters to its membership, many of whom are small business owners, and posting the Notice of Workshop and regular meeting agendas listing proposed changes to NAC 636 as an action item on the Board's website and posting physically and electronically at the Board's office in Reno, NV 89523, and Public Notice website: <http://notice.nv.gov>; all of which expressly solicited public commentary.

6. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

At the conclusion of the 8/28/2024 second workshop, the proposed language contained the phrases "per NRS 636.[xxx]," "non-licensee," and "optometric practice" which do not exist in NAC 636 or R066-19. Therefore in proposed section (e), synonyms were used that are already in NAC 636, R066-19, or internally within the proposed R066-19(12), i.e., "pursuant to," "any person, business, or entity not licensed to practice optometry," and "optometry practice." The Board believed using internally consistent terms within the NAC would lead to more efficient adoption and minimize risk of

7. The estimated economic effect of the adopted regulation on the businesses which it is to regulate and on the public. These must be stated separately, and each case must include:

(a) Both adverse and beneficial effects; and

Adverse and beneficial effects on optometry-
The Board does not perceive any adverse economic effects. R066-19(12) is not mandatory for all licensees to expend capital or to enter into the kinds of business relationships discussed therein. Instead it is permissive to those licensees, many of whom are small business owners, who wish to avail themselves to different business associations, and not mandatory. Therefore should the licensee decide to enter into a certain kind of business relationship with a non-optometry entity, R066-19(12) allows the licensee to do so, but as long as the non-optometry entity does not control or dictate how the licensee performs his or her clinical/medical

responsibilities to the patient in a manner consistent with the standard of care. R066-19(12) can be seen as a simultaneous allowance for business management services while ensuring the licensee does not lose autonomy within the scope of professional decision-making and judgment for optometric care in Nevada which only licensees under NRS 636 are allowed to exercise. Moreover, the intent of revising R066-19(12)(3)-(4) is consistent with another chapter of statutory healthcare providers, the Nevada State Board of Dental Examiners' NRS 631.215(2)(i) and (3)(a), 631.3455 which likewise passed legislative muster both in 2009 then again in 2023.

Adverse and beneficial effects on the public-

The Board does not perceive any adverse effects on the public. The intent of R066-19(12) concerns in part that a non-optometry entity does not control or dictate how the licensee performs his or her clinical/medical responsibilities to the patient in a manner consistent with the standard of care. Therefore the Board sees this as a benefit to the public of licensees maintaining that autonomy regarding clinical decision making and the exercise of optometric judgment based upon the needs of any given optometric patient.

(b) Both immediate and long-term effects.

Immediate and long-term effects on optometry-

Clarification of R066-19(12) should assist licensees with a better understanding what kinds of non-clinical business services are permissible should a licensee seek to engage with a non-optometry entity for any such service. Clarification will help licensees, current non-optometric entities already in the stream of commerce in Nevada, and future prospective non-optometric entities who could seek to enter into the stream of commerce in Nevada, to know what is permissible and not permissible within the confines of NAC 636.

Immediate and long-term effects on the public-

The Board considers the proposed changes in the regulation to have more impact on a licensee's business, business dealings, and business administration. The intent of R066-19(12) does not authorize a non-optometry entity to control or dictate how the licensee performs his or her clinical/medical responsibilities to the patient in a manner consistent with the standard of care. Therefore the Board does not see this regulation impacting the public in terms of patients receiving appropriate optometric care.

8. The estimated cost to the agency for enforcement of the adopted regulation.

In and of itself, none as to the agency. Known violations or known alleged violations of the regulation, however, will result in an investigation as authorized under NRS 636, and possible prosecution and discipline upon the alleged violator. Attorneys' fees and costs via the Board's assigned deputy attorney general may be incurred upon the Board for such prosecution.

9. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

N/A. None of the regulation overlaps with any other state, local, or federal agency/regulation. No other chapter governs optometrists or the practice of optometry besides NRS 636/NAC 636.

10. If the regulation includes provisions that are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

N/A. None of the proposed regulation changes, duplicates, or is more stringent than any federal, state, or local standards regulating optometry to the best of the Board's knowledge.

11. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

N/A. The proposed regulation does not impose any fees.

Materials for Item No. 8 re

Complaint 25-09

- Public complaint redacted
- Inquiry letter redacted
- Licensee Complaint response redacted
- Staff notes redacted
- Patient 1 records redacted
- Patient 2 records redacted

February 16, 2025

Nevada State Board of Optometry
P.O. Box 1824
Carson City, Nevada 89702

Complaint Background:

On February 15, 2025, my wife and I attended two appointments at [Licensee practice] located at [Licensee practice address].

The purpose of our visit to that business which we have used before, was to obtain an eye examination and prescription for new eyeglasses. Specifically, [Wife] had developed headaches and eye strain as a result of her previous prescription. [Husband] was attending to obtain a new pair of spectacles, but he had no specific eye related complaints for the visit.

We arrived at the specified time and, after signing a number of electronic waivers/authorizations, we were almost immediately ushered, individually, into the rear of the business. For [Husband] (the author of this letter), he was taken to an examination room where a technician did various non-invasive maneuvers on his eyes and asked several questions. That examination took about 2 to 3 minutes.

Then I [Husband] was ushered by the technician into another examination room where the optometrist immediately appeared and began a conversation. The conversation initiated with the question if I was having any eye-related problems which was answered in the negative. The optometrist then did the letter-chart-on-the-wall test, however, I was reading the chart thru an open mask - no interactive lenses were inserted to ascertain the focal strength of either eye. As well, the test was done with both eyes at the same time, not each eye individually. The optometrist did mention that one eye was weaker than the other, however I do not know how he made that determination. I told him of a distant past injury due to explosives, but the experience was not attributed or associated to the inequality.

After that test, nothing more was done, there was some small talk about our histories.

I was then escorted by the optometrist back to the front of the business and passed to a lady by the name of "Mac". Mac then assisted me in determining my new glasses frames, I had already chosen to use the same type as I previously had (I had brought my old glasses for reference). There was some discussion regarding lenses that I cannot remember other than my attempt to verify that the prescription was not changing (which went unanswered even though I asked several times and I was spurred to ask because "Mac" indicated that one side was a different "dioptric power" than the other) and the total cost to me after insurance (which didn't cover the entire visit or glasses) was \$240. I was interested in knowing that one of the lenses remained unchanged from my previous visit which was the reason for the lense discussion, but that question was never fully answered.

Right around that point, which took about 5 minutes from the time I was handed to "Mac" to my handing my credit card to "Mac" for processing my transaction for my glasses, my wife, [Wife], arrived from the rear. The optometrist did not accompany her to the front.

At that point, my transaction for glasses was over and I participated in a lively animated discussion regarding my wife's frames and which frames were to be chosen. I was drawn into this discussion by my wife. That discussion entailed some time and several trips to the frame displays. I noticed the prices on the frames that she was considering and noted that they were about \$200 more than the set

I had chosen. I mentioned at that point that her glasses were going to cost about \$440 to "Mac" and another lady who were, by that point, jointly helping my wife. A set of frames was finally chosen upon and then there was a delay as the other lady worked on the cost of the glasses. The delay lasted several minutes after which "Mac" mentioned something about my estimate on the cost. It was at that point that the other lady mentioned that the glasses were going to cost over \$800. My wife didn't show her shock as plainly as I did. I noted to "Mac" and her associate that yes, I had figured that the cost would be around \$440 as her frames were about \$200 more than mine. "Mac" and her associate then turned their i-pad upon which they were doing their figuring, to us to show us the breakdown in costs.

This is where the entire visit took a sharp turn from friendly to rather contentious as my wife and I began to examine the rather long list of charges leading to the over-\$800 figure (our cost).

As I recall, there were 6 or 7 items that ran the bill up over \$800 (our cost, \$1600 total). We started at the top and asked what the items were. There was the frame cost, which was set. But then there was the cost for the lenses which I believe represented the rest of the cost (the cost of the examination was a separate charge). We began to identify costs that were definitely "extras". As it turns out, the assistant helping my wife began asking her if she wanted extra items in her glasses without explaining to her in a manner which my wife could understand, to which my wife agreed. A prime example was something about a brown tinting-glass that changes contrast when exposed to sunlight, but there were others.

This is where things really began to get weird in the conversation when I explained to my wife what this option was, essentially, was something which would cause the glasses to become sun glasses when she went outside. My wife told me at that point that she doesn't wear her glasses outside. That statement led to a several minute exchange between myself and my wife discussing her vision in front of "Mac" and her associate who were, at that point, looking quite uncomfortable.

After some query, I had confirmed what I already knew about my wife - that her vision is great at a distance and up to about 2' away from her face. She drives and can read signs and other literature on the side of the roadway (actually better than myself when we got back on the road after the eye visit). But here we found the problem with the glasses estimate - that there was a hefty charge for dioptic glasses that were not bifocals. ?? We both questioned the need for a multi-optic lense if her vision past, about 2' distance, was perfect. We noted that to "Mac" and her associate and received blank stares in response - then "Mac" pointed to the I-pad and said it was in the prescription without even acknowledging what we were talking about. I'm 100% certain that "Mac" didn't understand the point of bi-focal lenses and their purpose and I'm 100% certain that "Mac" didn't understand our confusion. (There also was some discussion as it appeared to me that the [Licensee practice] was attempting to double-charge us for the lenses - this issue never was explained to us satisfactorily).

It was at that point that I requested to "Mac" that she have the optometrist come out to the front from the back so we could discuss the prescription and why he was attempting to correct perfect distance vision.

Instead of getting the doctor as requested, "Mac" instead had the office manager come out to speak with us. I cannot remember his name but only remember his penetrating stare, bad attitude in our discussion and all the tattoos on his arms and neck - all of which did not intimidate me in the least. The office manager launched into a more animated discussion surrounding the I-pad and presumed "prescription" by the "doctor" and why my wife's vision at a distance required correction (at this point,

the discussion had laser-focused to between this tattooed kid and myself). I flat out told him that, after discussing the situation with her eyes, we believed that the prescription was incorrect and faulty and that we needed to discuss the situation further with the "doctor" or "optometrist". The manager returned to the I-pad with his discussion (and I, at that moment realized we were not going to speak with the "doctor" again) and I began to feel angry.

I immediately realized what [Licensee practice] wasn't a location to obtain eye care - it was a high-pressure sales location for eye glasses and that their business model was to up-sell the visit and glasses sale as much as possible. I insisted on seeing the doctor and declared the prescription as faulty. I also noted, calmly, that I was beginning to feel angry that we were purposefully being kept from the doctor. It was later that we realized that keeping us from the doctor was an effective tool to keep up up-sold on a very expensive set of eyeglasses and that this was the intent.

The office manager declared my feelings of anger as inappropriate and noted that the prescription was a result of the responses that my wife gave the "doctor". I asked to see the doctor again and was explained that his schedule was too full for him to take 2 minutes to walk to the front and discuss his findings with his patients. However, we were offered to make another appointment to see him again, the next available Saturday appointment was in mid-April. I'll note that my wife has been having problems with headaches and eye strain for months now and that it took 2 months or thereabouts to get this appointment.

Now, [Licensee practice] wanted us to wait for another 1 ½ months so we could discuss the inappropriate, negligent and clearly wrong distance correction with the doctor, all the while my wife would continue with her headaches and pain.

I didn't feel that we were obligated to pay for a faulty eye examination and noted the same to the office manager. He said the visit would be billed to the insurance in spite of our opposition.

This was wrong to me on many levels given an obviously incorrect prescription but, in a pure fiscal sense, it was very wrong - and I'm sure the office manager realized that a follow-up examination would not be covered by our insurance, an issue which he was not concerned with as his intent was again, to up-sell the encounter and force us to pay for another visit. I realized this at that point, and he realized it as well and noted that if we paid for this examination, the follow up visit would be at no charge. My wife and I accepted his terms and paid our co-pay and consented to his charging the insurance for the examination.

At this point, all we wanted to do was leave the premises. We did not order glasses for my wife - 'why buy faulty glasses?' was our reasoning. On the way out, I turned to the office manager and said to him that I was going to make a complaint and asked him if he would like to give the doctor a last opportunity to come speak with us. We were told he was busy and would not see us further that day. It should be noted that my wife and I spent a total of, perhaps, 5 minutes each with the "doctor" and paid a large amount of money through our insurance for that opportunity. Extending the session by 2 or 3 minutes didn't strike me as an excessive request of someone who should be a professional and act accordingly. This clearly was not the case that day as we left without being given the opportunity to express our concern with the findings of the "doctor".

Our complaints are 3-fold:

Complaint 1

It became painfully apparent during the ordering process of the glasses that the optometrist was attempting to correct [Wife]'s distance (both moderate and far) vision with eye glasses. As her distance vision is obviously correct and clear, the optometrist did not execute the duty of care in examining [Wife]'s eyes nor her actual vision during the 5 minute (or less) examination he conducted. Separately, [Wife] will attach her statement of the events of her examination with the optometrist.

We assert that the medical findings were incorrect as a result of negligent examination behavior of the optometrist in that he failed to:

1. Perform even a rudimentary examination wherein he would have determined that [Wife] did not have a distant vision problem and,
2. Failed to properly interrogate, through conversation, [Wife] to determine that her distant vision did not require correction. His first and only pertinent question to her current condition was if she had any problems with her current vision (same question that he asked [Husband]) to which she responded regarding her close-in vision with computer screens and reading literature. No questioning surrounding medium to distant vision was employed.

We also wish to make an ethics complaint regarding the optometrist in that he either knew or should have known through his association with [Licensee practice] that there was a problem with his professional behavior and failed, either through neglect or willfully avoidance to follow through with his examination when it became evident (within, literally, minutes of time following the initial examination) that there was a significant problem with his diagnosis that could lead to further degradation or damage to [Wife]'s eyes through improper correction. In fact, we wonder now if her previous prescription was not correct and if her eyes have been damaged by an improper prescription worn in the two year interim between this and our last visit.

We recognize that the business of the optometrist may be a separately licensed operation from that of [Licensee practice], however, we also recognize that, if that is the case, both businesses are intimately associated with one another and that the optometrist should not be allowed the excuse that his business is separate from the actions of employees of [Licensee practice], thus allowing him excuse for dismissal from the complaint.

In that event, this is an issue between the optometrist and [Licensee practice], but he must be held accountable for the actions of employees of [Licensee practice] as we, as the patients, are not able to discern or act otherwise. A request of the patient to an employee of [Licensee practice] is the same as a request to an employee of the optometrist and the neglect of the optometrist coming as a result of his not being made aware of a potential problem due to the negligence of the [Licensee practice] is the same as his direct refusal if we had told his direct employee. It should be noted that payment for the examination was made to the [Licensee practice], not the Optometrist, which causes us to believe he is employed by the Center itself.

This doctor is prescribing eye glasses and affecting the vision of patients based upon an incomplete, partial verbal interview and a precursory non-invasive physical examination by others and is not maintaining the standard of care or industry as we have seen it with other medical providers.

Complaint 2

The business relationship between [Licensee practice] and the Optometrist has created a business environment such that the Optometrist is not allowed sufficient time and investment into each patient case as to complete his duty as an Optometrist thoroughly and completely. It became painfully clear in our visit that the time of the Optometrist is being monitored and strictly restricted by the [Licensee practice] such that when a problem arises as a result of his/her professional duty or actions, the problem is resolved through intimidation of the patient by the Center itself, rather than a revisit of the professional to his work. This is clearly a business and professional ethical violation of patient trust and, we would expect, oaths taken by professional and the Optometry Board.

We have no knowledge if [Licensee practice] is licensed by the Optometry Board. If that business is licensed, we complain that its business model clearly is in conflict with maintaining patient health.

Complaint 3

The [Licensee practice] is a business focused on providing vision care and eyeglasses to patients. To our knowledge, the [Licensee practice] does not employ or host any Ophthalmologist at their West [Licensee practice address] site. That being understood and the case, we note and complain of the following:

Patients, upon arrival to the center, are immediately offered to have photographs taken of their eye retinas. At the time of our visit, there was a sign at the front desk showing a retina and offering the service. I rejected the offer (which is offered at a cost of \$40) and told the receptionist that I would get the photographs if the Optometrist found any problems with my eye (he didn't- actually, he didn't even investigate the retinas of my eyes). This service was offered even before check-in and its associated paperwork - almost like there might be a photographer running a separate business in a separate room to which the patients are being sent. This service was clearly an up-sell to the optometry operation at the center as there is no related link between the photographic service and anyone who might be licensed by your Board and employed at the center qualified (in our opinion, at least) to identify retinal problems, which would be the responsibility of an ophthalmologist.

However, the mere offering of the service would lead the patient to believe that problems do not exist in their retinas and the misguided thought that purchasing the service would be adequate and sufficient so as to not be concerned about their eye health from an ophthalmological perspective. This very well could lead the patient to ignore early symptoms of serious retinal defects that could lead to permanent eye defects, eye mis-function or blindness.

To the best of our knowledge, the [Licensee practice] has no licensed qualified personnel at the [Licensee practice address] site capable or licensed to evaluate retinal photographs or even legally view the eye retina itself, making the offering of the photograph service ethically wrong and potentially harmful to patients. The [Licensee practice] should stay focused upon proper eye vision examinations and eyeglasses rather than trying to garner a profit from gimmicks like photos of the interior workings of the eye.

Additionally, it should be noted that during the standard examination at the [Licensee practice], the pupil of the eye is not dilated, which would allow for an interior examination of the eye.

These 3 complaints are initial. We have, on our way home, stopped by the office of another ophthalmologist and made an appointment in one week to have [Wife's] eyes examined again. We will obtain a report of that examination, for which we will have to pay the entire fee, and submit the same

to the Board for attachment to this complaint letter.

The receipts for services of which we are complaining are attached. A copy of the doctors calling card is attached as well as a post-it note purportedly showing the changes in [Wife's] eyeglass prescription over the past 2 years.

I am a professional engineer. In 30 years of practice, I have learned to be sensitive to the opinions of my clients and take pride in the fact that when any of my clients have problems on jobs to which I am associated, I immediately turn my full attention to that clients problem and its solution, even if the problem is not associated with my work. Clearly, this is not the case with the Optometrist involved here and the [Licensee practice], which is very sad and we hope is not a poor indictment of the optometry industry. I can tell you that the Engineering Board would never tolerate this sort of behavior.

This problem could have been solved very quickly with a proper re-examination after a discussion with us of the optometrists mistake, but has evolved to a complaint - all in the face of profit and economics taking precedent over patient health. We are amazed and shocked that the optometrist can charge us the equivalent of \$2400 per hour for his services, but refuses to spend a few moments discussing the problem with us in order to remedy the problem he has created with his negligence.

[Husband]	[Phone number]
[Wife]	[Phone number]

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY

March 7, 2025

[Licensee], O.D.
[Licensee address]
[City], NV
[Licensee email address]
via email only

Re: NSBO Complaint# 25-9
Patient: [Husband and wife]

Dear Dr. [Licensee]-

Enclosed herewith, this office received in the mail information and a complaint alleging your care and treatment of the above-referenced patients may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230.

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

Your reply to director@nvoptometry.org is due on or by the close of business **March 28, 2025**. 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.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. 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. 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 any 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 636.295(6) (making false or misleading representations, by or on behalf of the licensee, with respect to optometric materials or services), NRS 636.295(8) (unethical or unprofessional conduct in the practice of optometry), NRS 636.364 (supervision of assistants).

Respectfully,

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

Enclosures as listed

March 17,2025

Nevada State Board of Optometry
Attn: Executive Director
PO Box 1824
Carson City, Nevada 8970

[Licensee name]
Licensee address]

RE: NSBO Complaint# 25-9

Dear Nevada State Board of Optometry/Adam Schneider, Esq:

I am in receipt of your email on Friday, March 7, 2025 outlining a complaint against me (NSBO # 25-9), and an order to produce all pertinent documentation , health care records and responses pertaining to the complaint. Please see the following response and attached correspondence as compliance with those requests.

Attachments:

My exam records for **[Patient 2/wife]** from 2/15/2025 and 9/10/2019

Exam records with **[OD 2]** for **[Patient 2/wife]**, on 10/11/2022

My exam records for **[Patient 1/husband]** from 2/15/2025

Exam records for **[Patient 1/husband]**, with **[OD 2]** on 10/11/2022

Financial records for their eye exams on 2/15/2025

Notes from the optical team at **[Licensee business]** and from my pre-tester

Opening Statement:

This is the first complaint I have had in 36 years of practice. I treat every patient the way I would want to be treated, rendering the best possible care utilizing state of the art instrumentation and technology.

I take this complaint incredibly seriously, as it accuses me of failing to execute my duty of care, negligence in my examination and violations of ethics. I have taken **[Patient 1/husband]'s** complaints to heart and have considered my practices and feel I gave both **[Patient 1/husband and Patient 2/wife]** a quality refractive examination.

Even though it is apparent that the main item of contention with **[Patient 1/husband]** concerned the interaction with the optical operation and the associated quoted costs of the glasses, I realize that there are issues within the complaint that I must address. Accordingly, and to respect the Board's time and resources, I am doing so as accurately and concisely as possible.

Addressing of Complaints:

I am addressing all complaints put forth by the **[Patient 1/husband and Patient 2/wife]** in this section, taking into account both the general portion of the letter and the specific 3 complaints listed.

On page one of the complaint **[Patient 1/husband]** stated that both he and his wife came in for eye examinations specifically related to possibly obtaining a new pair of spectacles for **[Patient 1/husband]** and to address eye strain and headaches for **[Patient 2/wife]** which "resulted from her previous glasses". They both declined the recommended imaging unless I found any problems with their eyes. I found absolutely no non-refractive issues with their eyes, so a refractive examination was done on both patients. The new prescription addressed their complaints.

[Patient 1/husband]'s statement that the examination took 2-3 minutes is inaccurate. I book 20 minutes per patient, 3 patients per hour. We typically leave a few open slots for emergencies and walk ins, if necessary. Plus patients spend time in the pre-test area prior to seeing me. Refractive exams do take less time than complete dilated exams, in general.

[Patient 1/husband]'s complaint that he was reading the chart through a mask with both eyes open is erroneous and refers to the use of an automated Nidek phoropter, with lenses silently and almost imperceptibly introduced to refine the prescription. The patient is often asked to keep both eyes open even when one is fogged or occluded.

Page 2 and part of page 3 of **[Patient 1/husband]'s** complaint were about his treatment in the optical department of **[Licensee business]**. He states that he felt angry about the bill and for not being listened to. It further angered him that the opticians did not get him an immediate appointment with me.

The first time I became aware of **[Patient 1/husband]'s** dissatisfaction was after both he and his wife had left the office. The optical manager notified me that **[Patient 1/husband]** had become angry and abusive, stating he would be taking **[Patient 2/wife]'s** prescription elsewhere while accusing me of prescribing a distance prescription where none was needed. I

was quite surprised to hear this, because both of the patient encounters seemed pleasant and agreeable to me.

On page 4 **[Patient 1/husband]** stated that **[Patient 2/wife]** had "correct and clear" distance vision and had no need for a distance correction. I believe I did my best to educate **[Patient 2/wife]** that the increased plus power I found during the refraction for the distance portion of the glasses was necessary to take the strain off her vision at far, with the additional near power prescribed to relieve the strain and blur she was experiencing at near and intermediate distances. As she was accustomed to a PAL, that mode of correction was indicated so that that she did not have to take on and off her glasses and could enjoy clear, comfortable vision at a continuum of distances.

Our office policy is to always get a patient in as soon as we are aware of a complaint or dissatisfaction; however by the time I heard of this complaint both patients had already left the premises. I felt that the situation was resolved after briefly reviewing the prescriptions and determining they were totally in line with what the patients had worn before , their entering comments and/or concerns, and the clear visual responses the patients both gave.

Apparently there was a billing error in charging for a complete eye exam rather than a refraction only exam. I am in the process of correcting this by filing a request with VSP that the Ezell's' insurance authorizations be reinstated and their copays credited so they can receive another exam elsewhere, if desired.

It gives me great concern that anyone would use the words negligent, failure to execute the duty of care, and ethics issues when referring to my care. **[Patient 1/husband]** mentions that an unnecessary distance prescription may cause "further degradation or damage to **[Patient 2/wife]'s** eyes" even though he stated earlier that her vision was "correct and clear." This appears to be somewhat of a rage on his part, and is inconsistent.

On page 5, **[Patient 1/husband]** mentions that the optometrist is being monitored by the optical staff and that the optometrist should be responsible for the behavior of the optical staff. We are two separate businesses, with the optical portion operated, overseen and trained by **[Licensee business]** Ventures. The professional services portion in the back of the office is operated by **[Licensee business]** Rowan Optometry, PC. Earlier in his complaint he acknowledges that he is aware that we are two separate businesses. This type of inconsistency appears throughout **[Patient 1/husband]'s** complaint.

[Patient 1/husband] states that he believes an ophthalmologist is necessary to do an adequate retinal examination and to read the results of the fundus imaging, performed using the very latest generation of Optos pan retinal imager with integrated OCT. He states that the

imaging was an unnecessary upsell, and that an optometrist is not qualified to read the imaging. That is a patently false and defamatory statement on the part of **[Patient 1/husband]**.

[Patient 2/wife]'s complaint can best be answered by further education about the nature of progressive lenses and possibly trial framing to show her the visual impact of the different types of near and intermediate corrections.

Closing Statement:

I have taken these complaints to heart and have looked at what I could do better, based on **[Patient 1/husband]**'s complaints. Even though I think these complaints were inspired by the patient's own admission to being angry at the cost of the glasses, feeling that he was not listened to and acceleration into exaggerations, I want to do my best to learn from his words. I asked myself and had long discussions with the optical staff that were involved, what we can do differently in the future. There is usually something to be learned in painful confrontations such as this. The staff of the optical said that **[Patient 1/husband]** was angry to the point of being abusive and they felt that there was not much they could offer him to calm his anger.

Nevertheless we are implementing waivers for those patients who want a refraction only and wish to see an ophthalmologist for their health checks.

We are continuing to educate patients about the importance of retinal imaging and or dilation as part of a complete eye health check. We are highly recommending retinal imaging as part of all eye examinations.

We find that 20 minute exams are appropriate considering there is an additional 5-10 minute pre-test history and testing prior to those exams, and open slots are in the schedule for necessary, non-scheduled patient visits. Some exams take more time and some take less. Overall, the flow works at this pace.

I have invited the team of **[Licensee business]** optical to interrupt me in the back office if a situation like this arises again. I will always fit the patient back into the schedule the same day if possible and certainly within the next business day.

I believe that the immediate implementations of these measures will help to avoid any such issues in the future and will continue to enable me to provide excellent patient care.

Sincerely,

[Licensee signature]

[Licensee printed name]

Staff Notes

From: 02/15/2025, patients :
and - encounter and dialogue

Staff:

1. Office Manager
2. Pre-Test Tech

Date Printed: 3/7/2025

Patient Notes

Patient Name: " "

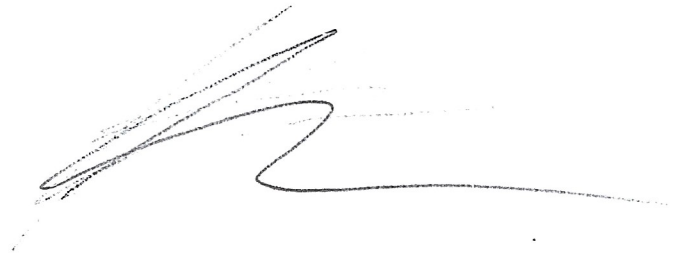
Date	Time	Employee	Notes
2/15/25	3:47 pm		Patient's husband was very upset that his wife was given a progressive RX despite her current pair (Coach frames) having a PAL lens. PT picked out Gucci frames, was looking at Polycarbonate, Transitions and Anti Reflective that was coming to about \$885 with the insurance. The husband was not happy with the pricing and was stating that his wife does not need a PAL RX and that the DR wrote her a bad RX. Mack and Brenna both tried to explain the insurance break down and that the RX does state that the wife is Presbyopic with Astigmatism in both eyes. Mack tried to explain the way the prescription works and even gave a detailed break down of the fees since the price was startling to the husband, but he was still upset and said the wife only needed a computer RX. Mack asked the doctor and he did write up a computer RX for the PT but the husband was still not happy with that and said that he wanted to talk to the doctor because he thinks the doctor didn't write a correct RX. I was then asked by Brenna to come and try to help with reading the patient's old prescription glasses. After getting the RX from the old glasses, I went to go help with the patient and her husband. Upon me walking up to them and saying hello, the husband quickly responds by telling his wife "well this isn't the doctor." I asked how I could help and he started to raise his voice and tell me that he needs to speak to the doctor because there isn't a thing I could do to help since I am not the professional. I let him know that the doctor wrote the prescription to be what the wife needs based off her current glasses, the refraction and her answers to what allowed to her to see more clearly during the exam. He began to get more upset and tell me that he was going to file a complaint with the medical board for the doctor not doing his job. Once again, I tried to explain that until the wife tries the prescription the doctor wrote for her, we wont know that does or does not work for her. He continued to say that it was wrong and the doctor needed to come talk to him. I let him know that just as he and his wife both had their scheduled 20 minute exams with the doctor, so did all the other patients today and the doctor would be unable to take away from another patients appointment by coming to talk to them. I let them know that the best way to know how the prescription works is to try it out but he said we were going to damage his wife's eye if she did that. I let him know that we could get him with an RX check with the doctor or he was able to get a second opinion from another office even. He said they would like to have it rechecked but then said that he would not be paying for his visit today. I let him know that he was responsible for paying for her exam, but the RX check would not have a fee. The wife talked to him to get him to pay the copay for the exam but he was still very adamant that he is going to file complaints with the Medical board about the doctor giving a prescription that isn't correct.

My name is [redacted] I am the technician that administered the pre exam testing on [redacted] and [redacted] on 2/15/2025. My part of the exam process consists of speaking with the patient, documenting their medical history, reason for the exam, and any issues they may be having with their vision; as well as performing vision tests such as auto refraction, fundus and retinal photos, and tonometry for ocular pressure.

Pre-testing [redacted] was routine. When I asked if she had any issues, she mentioned the near vision in her progressive lenses wasn't as clear and she was getting headaches. Her previous records showed that she has been wearing progressive lenses for years and she stated that she wanted to continue wearing progressive lenses. There was nothing out of the ordinary during my time with her and the pre-testing took around 10 minutes.

The pre-test with [redacted] was also routine. He was curt and didn't tell me much information when asked the standard questions, except that he wanted to stay with a single vision lens in his glasses. Pre-testing took around 6 minutes. Both patients declined having retinal imaging after being informed of the health benefits that regular imaging provides. .

After the tests, I updated Dr. [redacted] with the patients' issues, and continued on to the next patient.

A handwritten signature in black ink, consisting of a stylized, cursive 'K' followed by a horizontal line.

3/12/2025

Records from: 02/15/2025

Provider: , OD, FAAO

Medications

Obtained and Reviewed February 15, 2025.

OPHTHALMIC MEDICATIONS
NONENON OPTHALMIC MEDICATIONS
NONE**Ocular History**

Obtained and Reviewed February 15, 2025.

Wears glasses

Social History

Obtained and Reviewed February 15, 2025.

Smoking status - Unspecified

Allergies

Obtained and Reviewed February 15, 2025.

Medical History

Obtained and Reviewed February 15, 2025.

None

Chief Complaints:

1. Routine Exam

HPI: This is a 49 year old female who:

1. is being seen for a chief complaint of routine exam involving the left eye and right eye. Specifically the patient presents for blurred vision at near and associated with headaches and wearing glasses.

Eye Exam**Vision**

Distance Test Type: Snellen Chart

Near Test Type: Snellen

Dcc	OD	20/30
	OS	20/30
	OU	20/30

Wearing**Glasses****Eyeglass:**

Usage: Progressive

Eye Measurement

DCC

NCC

OD +0.50 -0.25 x 156
Add: +1.75OS +0.25
Add: +1.75**Auto Refraction**

Auto Refraction Type: Non-Dilated AR

Eye Measurement

DCC

NCC

OD +1.25 -0.25 x 158

OS +1.00 -0.25 x 158

Keratometry

Flat

Axis

Steep

Axis

Mires Quality

Method

OD 43.21 068 44.47 158

OS 43.72 021 44.35 111

Auto

Auto

Manifest Refraction

Usage: Multifocal

Eye Measurement

DCC

NCC

OD +1.25 -0.25 x 158
Add: +2.00OS +1.00 -0.25 x 158
Add: +2.00**Pupils: Normal**Light
(mm)Dark
(mm)Near
(mm)

Size

Round

Regular

Reacts

APD

RAPD

Other

OD Reacts Well No APD

OS Reacts Well No APD

IOP

OD 10

OS 10

02/15/2025 01:18 PM PST Non-contact tonometer (NCT)

02/15/2025 01:18 PM PST Non-contact tonometer (NCT)

Motility: Full OU

Visual Field Test Type: Confrontation Visual Fields

Visual Field Test Result: Full to Confrontation OU

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: quiet and normal

Slit lamp examination OD:

OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: clear lens

Ophthalmoscopic examination of optic disc OD:

OD: CD ratio 0.3

OD Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OD:

OD Vitreous: vitreous clear without hemorrhage, cells or pigment

OD Vessels: vessels with normal contour, caliber without neovascularization

OD Macula: macula normal contour without heme, edema, drusen or exudate

OD Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OD, patient declines.

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: quiet and normal

Slit lamp examination OS:

OS Conjunctiva: white and quiet

OS Cornea: clear cornea

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: normal iris without rubeosis

OS Lens: clear lens

Ophthalmoscopic examination of optic disc OS:

OS: CD ratio 0.3

OS Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OS:

OS Vitreous: vitreous clear without hemorrhage, cells or pigment

OS Vessels: vessels with normal contour, caliber without neovascularization

OS Macula: macula normal contour without heme, edema, drusen or exudate

OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

I offered the patient a dilated ophthalmoscopic exam OS, patient declines.

Impression/Plan:

1. Presbyopia OU (H52.4)

Plan: Counseling - Presbyopia.

I counseled the patient regarding the following:

Eye care: Reading glasses, prism glasses, bifocals, trifocals or contact lenses can be helpful.

Expectations: Presbyopia is the inability to focus on objects (ie: accommodate) due to the loss of flexibility of your natural lens. Presbyopia occurs as we get older.

Contact Office if: Difficulty in focusing persists despite corrective eyewear.

After counseling the patient, we decided on the following plan for the right eye: Glasses

PATIENT FINANCIAL AND INSURANCE INFORMATION

PATIENT NAME: _____
(PLEASE PRINT) LAST NAME FIRST NAME MIDDLE INITIAL GENDER: ☐ MALE
☐ FEMALE
DATE OF BIRTH (MM/DD/YYYY): _____ SOCIAL SECURITY NUMBER (last four digits): _____
ADDRESS: _____ CITY: _____
STATE: NV ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ EMERGENCY CONTACT AND
NUMBER: _____ PERSON(S) WE CAN DISCUSS AND/OR RELEASE YOUR HEALTH INFORMATION TO:
Self only ☐ Name(s) _____ MAY WE LEAVE A VOICEMAIL/EMAIL ABOUT YOUR HEALTH INFORMATION:
Yes ☐ No ☐
RACE (CHOOSE ONE): ☐ Asian ☐ Black ☐ White ☐ Native American ☐ Pacific Islander ☐ 2 or more ☐ Other
ETHNICITY (CHOOSE ONE): ☐ Hispanic ☐ Not Hispanic
EMPLOYER: _____ OCCUPATION: _____

****A NOTE TO ALL OUR CONTACT LENS WEARERS****

In most cases, contact lenses are not considered "medically necessary" by insurance companies. Any test performed to determine or update a contact lens prescription may not be covered by insurance companies and will be the responsibility of the patient.

VISION INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

PRIMARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

SECONDARY MEDICAL INSURANCE

NAME OF INSURANCE: _____ ID NUMBER: _____
SUBSCRIBER INFORMATION
NAME: _____ DATE OF BIRTH: _____ SS NUMBER (last four digits): _____
RELATIONSHIP TO PATIENT: _____ WORK PHONE: (____) _____ - _____

Medical Release Authorization and Insurance Assignment:

I, the undersigned, authorize payment from my insurance company to be made for covered services. I understand that I am responsible for obtaining any referrals needed before my appointment or I must pay for that visit. Regardless of my insurance status, I am ultimately responsible for the balance on my account.

Should timely payments of this account not be made, I authorize to retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance. Any expenses incurred by such an action shall become an additional liability for which I am responsible. I certify that the information I have recorded with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information, to my insurance company in order to determine insurance benefits to which I may be entitled, this authorization may be revoked by myself at any time in writing.

I have reviewed a copy of Privacy Policies.

PRINT NAME

SIGNATURE

02/15/2025

DATE

Visit Note - February 15, 2025

PMS ID:

Sex:

DOB:

MRN:

After counseling the patient, we decided on the following plan for the left eye: Glasses

Plan: F/U for Next Visit Refractive.

The patient should be scheduled for the following in 12 Months:

Plan: Refraction.

Manifest Refraction was performed OU.

Indication: Presbyopia OU

GLASSES RX DETAILS						
	SPHERE	CYLINDER	AXIS	ADD	START	EXP. DATE
OD	+1.25	-0.25	158	+2.00	02/15/25	02/15/26
OS	+1.00	-0.25	158	+2.00	02/15/25	02/15/26

ADDITIONAL INFORMATION

Active Yes
Usage Multifocal

Staff:

OD (Primary Provider) (Bill Under)

Electronically Signed By

OD, 02/15/2025 01:23 PM PST

Acknowledgment of Privacy Practices and Informed Consent

Patient Name (Print): _____ Date: 02/15/2025

Acknowledgment of Notice of Privacy Practices (all patients read and sign):

I acknowledge that I have received or been offered the HIPAA Notice of Privacy Practices which describes the uses and disclosures of my protected health information by the Practice and informs me of my rights with respect to my protected health information.

Patient Signature (or Guardian, if under 18 years old): _____ Date: 02/15/2025

→ I give my permission for my personal health information to be discussed with the following individuals: _____

Digital Retinal Imaging Informed Consent (initial sign): _____

☐ Yes, I consent to Digital Retinal Imaging today (\$39 copay) and I have **NO** history of seizures.

☒ No, I understand the importance of Digital Retinal Imaging and wish to talk to my doctor.

→ Patient Signature (or Guardian, if under 18 years old): _____ Date: 02/15/2025

Invoice

Patient Name:
Responsible Party:

Office # : 65025
Service Date: 02/15/2025
Payment #: 24926407
Employee : OWAZSK6XO

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Patient Name: Order # 18904488 Insurance: VSP CHOICE PLAN							
92015 - Refraction - 92015	92015	H52.4	\$50.00		\$50.00		\$0.00
92004 - Comprehensive Exam - New Pt - 92004	92004	H52.4	\$200.00		\$200.00	\$10.00	\$10.00
Total			\$250.00	\$0.00	\$250.00	\$10.00	\$10.00

Your savings with VSP : | **\$240.00**

Promise Date: N/A

Tax/Fee \$0.00

Payment History

Amount shown may exceed the total payment amount on this invoice if the payment was applied to multiple orders

TransactionDate	CustomerName	Amount	Type
2/15/2025 2:20:44 PM		\$10.00	Visa

Payments Summary

Total Due	\$10.00
Total Payments Made	(\$10.00)
Total Adjustments	\$0.00
Balance	\$0.00

AUTHORIZATION: I authorize the filing of an insurance claim and direct payment to VSP Ventures of benefits for services rendered to me or my dependents. I accept financial responsibility for any unpaid balances not covered by insurance.

Exam:

ID	Exam Date	Page
	02/22/2025	1 of 4

Type: Comp. Exam
Prepared By:
Date Signed: 02/22/2025 04:31:50 pm

Chief Complaint / HPI

2nd opinion.

History

Last Exam: ^Feb 15, 2025

Primary Care Physician**ROS / Medical History**

Eyes: No
General: No
Genitourinary: No
Gastrointestinal: No
Psychiatric: No
Endocrine: No
Ear, Nose, Throat: No
Allergy, Immun.: No
Integumentary: No
Cardiovascular: No
Musculoskeletal: No
Respiratory: No
Hematological, Lymph.: No
Neurological: No

Social History

Alcohol Use: None
Tobacco Use: None

GMO

Alert to Time: Yes
Alert to Place: Yes
Aware of Self: Yes
Sits upright: Yes w/o head turn or tilt

Other

Occupation: ^Expeditior
Gender: Female
Race: Asian or Asian american
Ethnicity: Non-Hispanic or Latino
Reviewed History: Provider has reviewed all history 02/22/2025 04:11 pm

Note ^pt data imported: 02/22/2025
I decline the Optomap retinal imaging.

Preliminary**Entrance GL**

	Sph	Cyl	Axis	Add	H Prism	V Prism	Date
OD	+1.00	-0.50	042	+1.75			01/01/2022
OS	+1.00	-0.75	125	+1.75			

Note pal.

Visual Acuity

Aided Dist: OD: 20/20 OS: 20/20 - OU: 20/20
 Aided By: Glasses

Tests

Pupils: PERRLA No APD
 Confrontation Field: OD: FTFC OS: FTFC
 Motility: OD: FROM OS: FROM
 Distance Cover Test: ortho
 Near Cover Test: ortho

Autorefractor	Sph	Cyl	Axis	PD	Auto Keratometer	Pwr 1	Pwr 2	Axis
OD:	+1.25	-0.25	158	63.0	OD:	42.50	43.50	170
OS:	+0.75	-0.00	000		OS:	43.00	43.75	014

Rx Record

Glasses	Sph	Cyl	Axis	Add	H Prism	V Prism	DVA	NVA	PD	NPD	Expire
OD	+1.00	SPH		+2.00			20/20+				
OS	+0.50	SPH		+2.00			20/15-				
OU							20/15				02/22/2026

Rx Record - 2nd Set

Glasses	Sph	Cyl	Axis	Add	H Prism	V Prism	DVA	NVA	PD	NPD	Expire
OD	+2.25	SPH									02/22/2026
OS	+1.75	SPH									
OU											
GL Description: Computer rx											

External / SLE**External Observations**

Clear, pre-auricular nodes, orbits, lacrimal glands/drainage normal

Lids / Lashes

OD: WNL

OS: WNL

Conjunctiva / Sclera

OD: W&Q

OS: W&Q

Cornea

OD: Clear

OS: Clear

Tear Film

OD: Normal

OS: Normal

Anterior Chamber

OD: Normal D&Q

OS: Normal D&Q

Iris

OD: Clear and Flat, (-) NVI

OS: Clear and Flat, (-) NVI

Lens

OD: CLR

OS: CLR

Angle Estimation

OD: 4 OS: 4

Tonometry

NCT 02/22/2025 04:08 pm OD: 17 OS: 18

Posterior

Info

90D

Medication

Dilation declined

Had DFE recently

View

OD: Clear

OS: Clear

Vitreous

OD: Clear

OS: Clear

Macula

OD: Flat and clear

OS: Flat and clear

Background

OD: WNL

OS: WNL

Vessels

OD: normal av ratio, no hemes noted, no exudates noted

OS: normal av ratio, no hemes noted, no exudates noted

Peripheral Fundus

OD: Not viewed

OS: Not viewed

Optic Nerve

OD: SHARP, HEALTHY RIM, good color

OS: SHARP, HEALTHY RIM, good color

Cup / Disc Ratio

OD: V: .45 H: .45

OS: V: .5 H: .5

Assessment / Plan

#1. H52.03 Hypermetropia, bilateral, H52.4 Presbyopia

Impression: Refractive Error

Plan: Spectacle Rx given. Rx to be worn pm. Discussed diagnosis with patient. Patient understands.
RTC 1 year for comprehensive eye examination, earlier as needed.

Patient Rx Record

Exam Date	Issue Date	Page
02/22/2025	02/22/2025	1 of 1

For:

Provider Name:
Provider Phone:
Location:
Rx Source:

Notes:

Glasses:

	SPH	CYL	AXIS	ADD	PRISM
OD	+2.25	SPH			
OS	+1.75	SPH			

Expire: 02/22/2026

Recommend: Computer rx

Provider Signature: _____

NPI: _____ Other License: _____

Glasses: If you are having difficulty with a prescription, one recheck will be provided for a period of 60 days from the exam date.

Patient Rx Record

Exam Date	Issue Date	Page
02/22/2025	02/22/2025	1 of 1

Provider Name:

Provider Phone:

Location:

Rx Source:

For:

Notes:

Glasses:

	SPH	CYL	AXIS	ADD	PRISM
OD	+1.00	SPH		+2.00	
OS	+0.50	SPH		+2.00	

Expire: 02/22/2026

Recommend: Prog

Provider Signature: _____

NPI: _____ Other License: _____

Glasses: If you are having difficulty with a prescription, one recheck will be provided for a period of 60 days from the exam date.

Materials for Item No. 10 re

- AB183 (enrolled)

CHAPTER.....

AN ACT relating to optometry; providing that a license to practice optometry issued by the Nevada State Board of Optometry is a revocable privilege; establishing procedures by which the Board may summarily suspend a license to practice optometry; specifying the substances which may be prescribed by an optometrist who holds a certificate to administer and prescribe pharmaceutical agents; increasing the number of members which constitute the Board; revising the requirements for the issuance of a license by endorsement; revising provisions governing the issuance of certain certificates by the Board; revising the circumstances under which certain optometrists are authorized to prescribe controlled substances; revising provisions relating to investigations conducted by the Board; clarifying that the practice of optometry includes optometric telemedicine; establishing certain circumstances under which a licensee is not required to report certain events to the Board; establishing certain provisions governing the temporary ownership of an optometry practice of a licensee who is permanently incapacitated; revising provisions governing the issuance of citations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law governs the practice of optometry, including, without limitation, the licensing of optometrists by the Nevada State Board of Optometry. (Chapter 636 of NRS) **Section 2** of this bill provides that: (1) the purpose of licensing optometrists is to protect the public health and safety and general welfare of the people of this State; and (2) any license issued by the Board is a revocable privilege.

Section 3 of this bill establishes procedures by which the Board may summarily suspend the license of a licensee to practice optometry under certain circumstances.

Section 5 of this bill revises the definition of the term “pharmaceutical agent” for the purposes of provisions governing the practice of optometry to specify that the term includes any drug subject to certain provisions restricting the prescription of controlled substances or added to schedule III, schedule IV or schedule V by the State Board of Pharmacy by regulation.

Section 6 of this bill increases the number of members of the Nevada State Board of Optometry from four members to five.

Existing law requires the Governor to appoint to the Board: (1) three members who are licensed to practice optometry in this State and are actually engaged in that practice; and (2) one member who is a representative of the general public. (NRS 636.035) **Section 7** of this bill increases the number of members who are licensees who the Governor must appoint from three members to four members.



Existing law authorizes the Board to issue a license by endorsement to certain persons who hold a corresponding valid, active and unrestricted license to engage in the practice of optometry in the District of Columbia or any state or territory of the United States and who meet certain other requirements. (NRS 636.206) **Section 8** of this bill requires an applicant for a license by endorsement to submit to the Board with his or her application proof satisfactory to the Board that the applicant has passed each part of the comprehensive national optometry examination administered by the National Board of Examiners in Optometry or its successor as a prerequisite to the issuance of the applicant's corresponding, valid, active and unrestricted license from the other jurisdiction.

Existing law requires the Board to adopt regulations which prescribe the requirements for certification to administer and prescribe certain pharmaceutical agents and sets forth certain requirements for inclusion in those regulations. (NRS 636.287) **Section 9** of this bill eliminates the requirement that an applicant for certification have successfully completed 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.

Existing law prohibits an optometrist who is certified to administer and prescribe certain pharmaceutical agents from prescribing a controlled substance unless certain conditions are satisfied, including, without limitation, the requirement that the optometrist prescribes the controlled substance in an amount that does not exceed 90 morphine milligram equivalents per day and will not last more than 72 hours. (NRS 636.2882) **Section 9.5** of this bill specifies that this requirement is applicable only to the prescription of a narcotic opioid analgesic.

Existing law requires the Board to adopt regulations that prescribe the requirements for the issuance of a certificate to treat persons diagnosed with glaucoma. Existing law requires those requirements to include, among other requirements, proof that each optometrist who applies for such a certificate has treated at least 15 persons who were diagnosed with glaucoma by an ophthalmologist licensed in this State. (NRS 636.2893) **Section 10** of this bill revises that requirement to specify that such persons diagnosed with glaucoma must have been diagnosed by an ophthalmologist licensed in this State, the District of Columbia or any other state or territory of the United States.

Existing law requires the Board to cause any complaint filed with the Board to be investigated if the Executive Director of the Board determines the complaint is not frivolous and alleges on or more grounds for disciplinary action. (NRS 636.305) **Section 11** of this bill authorizes the Board to issue orders to aid such an investigation, including, without limitation, an order compelling a licensee to appear before the Board or an investigative committee of the Board.

Existing law provides that a person who is licensed to practice optometry pursuant to chapter 636 of NRS is authorized and entitled to practice optometry in this State subject to the provisions of that chapter. (NRS 636.345) **Section 12** of this bill clarifies that the practice of optometry includes optometric telemedicine.

Existing law authorizes an assistant in any setting where optometry is practiced to perform certain activities if the assistant acts under the direct supervision of a licensed optometrist. (NRS 636.346) **Section 13** of this bill clarifies that an assistant is authorized to perform those same activities under the direct supervision of a licensed optometrist in any setting where optometric telemedicine is practiced.

Existing law requires a licensee to report to the Board within 30 days the revocation, suspension or surrender of, or any disciplinary action taken against, a license, certificate or registration to practice any occupation or profession issued by any other jurisdiction. (NRS 636.371) **Section 14** of this bill provides an exception to this duty, providing that a licensee is not required to report to the Board an



administrative fine imposed by a regulatory board or other equivalent administrative body of any other jurisdiction if: (1) the National Practitioner Data Bank contains no corresponding report of the administrative fine; and (2) the regulatory board or other administrative body that imposed the fine did not issue an order of formal disciplinary action relating to the act or acts which served as the basis for the fine.

Existing law authorizes a surviving family member of a licensed optometrist who died and was the sole owner of an optometry practice to own the practice without holding a license to practice optometry in this State for not more than 1 year after the death of the licensed optometrist. (NRS 636.398) **Section 15** of this bill authorizes a guardian or guardian ad litem who is appointed for a licensed optometrist who is permanently incapacitated and was the sole owner of an optometry practice to own the practice without holding a license to practice optometry in this State for not more than 1 year after the appointment of guardianship.

Existing law authorizes the Board to issue a citation to a licensee or other person who violates certain provisions of law governing the practice of optometry. (NRS 636.420) **Section 16** of this bill authorizes the issuance of a citation only for violations not involving: (1) the care of a patient; or (2) unethical or unprofessional conduct. **Section 16** also provides that the issuance of a citation and the imposition of an administrative fine against a licensee for certain violations: (1) do not constitute formal disciplinary action by the Board; and (2) must not be reported to the National Practitioner Data Bank.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 636 of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this act.

Sec. 2. 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.*

Sec. 3. 1. *If, after an investigation by the Board or an investigative committee convened by the Board, the Board reasonably determines that the health, safety or welfare of the public or any patient served by a licensee is at risk of imminent or continued harm because of the manner in which the licensee practices optometry, including, without limitation, optometric telemedicine, the Board may summarily suspend the license of the licensee pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative*



committee convened by the Board to conduct the investigation or the member of the Board who conducted the investigation.

2. If an order to summarily suspend the license of a licensee is issued pursuant to subsection 1 by the President of the Board, the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.

3. If the Board, the President of the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending the license of a licensee, the Board shall hold a hearing not later than 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period, to determine whether a reasonable basis exists to continue the suspension of the license pending the conclusion of a hearing to consider a formal complaint against the licensee. If no formal complaint against the licensee is pending before the Board on the date on which a hearing is held pursuant to this section, the Board must reinstate the license of the licensee.

Sec. 4. (Deleted by amendment.)

Sec. 5. NRS 636.0215 is hereby amended to read as follows:

636.0215 “Pharmaceutical agent” means any topical or oral drug used or prescribed by a licensee for the examination, management or treatment of an abnormality, disease or condition of the eye or its appendages, including, without limitation, any ~~[analgesic]~~ drug subject to the requirements of NRS 636.2882 or added to schedule III, schedule IV or schedule V by the State Board of Pharmacy by regulation pursuant to NRS 453.146. The term does not include any drug or other substance added to schedule I or schedule II by the State Board of Pharmacy pursuant to that section.

Sec. 6. NRS 636.030 is hereby amended to read as follows:

636.030 The Nevada State Board of Optometry, consisting of ~~[four]~~ **five** members appointed by the Governor, is hereby created.

Sec. 7. NRS 636.035 is hereby amended to read as follows:

636.035 1. The Governor shall appoint:

(a) ~~[Three]~~ **Four** members who are licensed to practice optometry in the State of Nevada and are actually engaged in the practice of optometry.

(b) One member who is a representative of the general public. This member must not be:

(1) Licensed to practice optometry; or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a person licensed to practice optometry.



2. A person shall not be appointed if he or she:

(a) Is the owner or co-owner of, a stockholder in, or a member of the faculty or board of directors or trustees of, any school of optometry;

(b) Is financially interested, directly or indirectly, in the manufacture or wholesaling of optical supplies; or

(c) Has been convicted of a felony or a gross misdemeanor involving moral turpitude.

Sec. 8. NRS 636.206 is hereby amended to read as follows:

636.206 1. The Board may issue a license by endorsement to engage in the practice of optometry to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant holds a corresponding valid, active and unrestricted license to engage in the practice of optometry in the District of Columbia or any state or territory of the United States.

2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) *Has passed each part of the comprehensive national optometry examination administered by the National Board of Examiners in Optometry or its successor as a prerequisite to the issuance of the corresponding valid, active and unrestricted license described in subsection 1;*

(3) Has had no adverse actions reported to the National Practitioner Data Bank within the past 5 years;

~~[(3)]~~ (4) Has been continuously and actively engaged in the practice of optometry for the past 5 years;

~~[(4)]~~ (5) Has not held a license to practice optometry in this State in the immediately preceding year;

~~[(5)]~~ (6) Has not been disciplined and is not currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to engage in the practice of optometry; and

~~[(6)]~~ (7) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;

(b) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(c) Any other information required by the Board.



3. Not later than 15 business days after receiving an application for a license by endorsement to engage in the practice of optometry pursuant to this section, the Board shall provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board shall approve the application and issue a license by endorsement to engage in the practice of optometry to the applicant not later than 45 days after receiving the application.

4. A license by endorsement to engage in the practice of optometry may be issued at a meeting of the Board or between its meetings by the President of the Board. Such an action shall be deemed to be an action of the Board.

Sec. 9. NRS 636.287 is hereby amended to read as follows:

636.287 The Board shall adopt regulations which prescribe the requirements for certification to administer and prescribe pharmaceutical agents pursuant to NRS 636.288. The requirements must include:

1. A license to practice optometry in this State; *and*

2. The successful completion of the “Treatment and Management of Ocular Disease Examination” administered by the National Board of Examiners in Optometry or an equivalent examination approved by the Board. ~~}; and~~

~~— 3. 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. }~~

Sec. 9.5. NRS 636.2882 is hereby amended to read as follows:

636.2882 An optometrist who is certified to administer and prescribe a pharmaceutical agent pursuant to NRS 636.288 shall not prescribe a controlled substance unless the optometrist:

1. Has completed an optometric examination of the patient for whom the controlled substance is prescribed;

2. ~~{Prescribes}~~ *If prescribing a controlled substance that is narcotic opioid analgesic, prescribes* the controlled substance in an amount that does not exceed 90 morphine milligram equivalents per day and will not last more than 72 hours; and

3. Sets forth in the prescription for the controlled substance that the prescription may not be refilled without a subsequent examination of the patient by the optometrist.

Sec. 10. NRS 636.2893 is hereby amended to read as follows:

636.2893 The Board shall adopt regulations that prescribe the requirements for the issuance of a certificate to treat persons



diagnosed with glaucoma pursuant to NRS 636.2895. The requirements must include, without limitation:

1. A license to practice optometry in this State;
2. The successful completion of the "Treatment and Management of Ocular Disease Examination" administered by the National Board of Examiners in Optometry or an equivalent examination approved by the Board;
3. Proof that each optometrist who applies for a certificate has treated at least 15 persons who were:
 - (a) Diagnosed with glaucoma by an ophthalmologist licensed in this State **H**, *the District of Columbia or any other state or territory of the United States*; and
 - (b) Treated by the optometrist, in consultation with that ophthalmologist, for at least 12 consecutive months; and
4. A certificate to administer and prescribe pharmaceutical agents issued pursuant to NRS 636.288.

Sec. 11. NRS 636.305 is hereby amended to read as follows:

- 636.305 1. A complaint may be made against a licensee by:
- (a) An employee or contractor of the Board; or
 - (b) Any licensee or other person,
- ↪ alleging one or more grounds for disciplinary action set forth in NRS 636.295.
2. As soon as practicable after a complaint is filed with the Board, the Executive Director or his or her designee shall review the complaint. If the Executive Director determines that the complaint is not frivolous and alleges one or more of the grounds for disciplinary action set forth in NRS 636.295, the Board, through the Executive Director, shall cause the complaint to be investigated.

3. *The Board may issue orders to aid an investigation conducted pursuant to subsection 2, including, without limitation, an order compelling a licensee to appear before the Board or an investigative committee of the Board.*

4. The Board shall retain each complaint received pursuant to this section for not less than 10 years, including, without limitation, any complaint which is not acted upon.

Sec. 12. NRS 636.345 is hereby amended to read as follows:

636.345 A licensee shall be authorized and entitled to practice optometry *, including, without limitation, optometric telemedicine,* in this State subject to the provisions of this chapter.

Sec. 13. NRS 636.346 is hereby amended to read as follows:

636.346 1. In any setting where optometry *, including, without limitation, optometric telemedicine,* is practiced, an



assistant may fit ophthalmic lenses or spectacle lenses if the assistant acts under the direct supervision of a licensed optometrist.

2. In addition to the provisions of subsection 1, an assistant in any setting where optometry , *including, without limitation, optometric telemedicine*, is practiced may perform any of the following activities under the direct supervision of a licensed optometrist:

(a) Prepare a patient for examination.

(b) Collect preliminary data concerning a patient, including taking the medical history of the patient.

(c) Perform simple and noninvasive testing of a patient in preparation for any subjective refraction, testing, evaluation, interpretation, diagnosis or treatment of the patient by the licensed optometrist.

(d) For an ophthalmic purpose, administer any cycloplegic or mydriatic agent or topical anesthetic that is not a controlled substance.

(e) Use an ophthalmic device or oversee ocular exercises, visual training, visual therapy or visual rehabilitation as directed by a licensed optometrist.

3. If an assistant conducts any activities pursuant to subsection 2, the licensed optometrist must conduct the final eye examination of the patient.

4. As used in this section, “assistant” means a person employed by an optometrist or any medical provider or medical facility at which the optometrist provides or offers to provide his or her services as an optometrist.

Sec. 14. NRS 636.371 is hereby amended to read as follows:

636.371 ~~[A]~~ *1. Except as otherwise provided in subsection 2, a licensee shall report to the Board within 30 days the revocation, suspension or surrender of, or any other disciplinary action taken against, a license, certificate or registration to practice any occupation or profession issued to the licensee by another state or territory of the United States, the District of Columbia or a foreign country.*

2. A licensee is not required to report to the Board an administrative fine imposed against the licensee by a regulatory board or other equivalent administrative body of another state or territory of the United States, the District of Columbia or a foreign country if:

(a) The National Practitioner Data Bank contains no corresponding report of the administrative fine; and



(b) The regulatory board or administrative body that imposed the administrative fine did not issue an order of formal disciplinary action relating to the act or acts which served as the basis for the fine.

Sec. 15. NRS 636.398 is hereby amended to read as follows:

636.398 1. For not more than 1 year after the death of a licensee who is the sole owner of an optometry practice, a surviving member of the licensee's family may own the optometry practice without being licensed pursuant to this chapter. Not later than 1 year after the death of the licensee, the surviving member of the licensee's family shall transfer ownership of the optometry practice to a licensee or dissolve the optometry practice.

2. *For not more than 1 year after a guardian or guardian ad litem is appointed in accordance with the laws of this State for a licensee who is the sole owner of an optometry practice on the basis that the licensee is permanently incapacitated, the guardian or guardian ad litem, as applicable, may own the optometry practice without being licensed pursuant to this chapter. The guardian or guardian ad litem shall:*

(a) As soon as practicable after his or her appointment, submit to the Board a written opinion of a physician who is board-certified in the area of neurology, neurological surgery, critical care medicine or intensive care medicine expressing that, to a reasonable degree of medical probability, the licensee is permanently incapacitated.

(b) Not later than 1 year after his or her appointment, transfer ownership of the optometry practice to a licensee or dissolve the optometry practice.

3. The provisions of this section do not:

(a) Exempt a person from the requirement to obtain a license pursuant to this chapter to engage in the practice of optometry; and

(b) Abrogate, alter or otherwise affect any obligation to comply with the requirements of chapters 629 and 636 of NRS relating to the custody of health care records.

~~13.1~~ 4. As used in this section, "member of the licensee's family" means any person related to the licensee by blood, adoption or marriage within the third degree of consanguinity.

Sec. 16. NRS 636.420 is hereby amended to read as follows:

636.420 1. After providing notice and a hearing pursuant to chapter 622A of NRS, the Board may impose an administrative fine of not more than \$5,000 for each violation against a person licensed under this chapter who engages in any conduct constituting grounds for disciplinary action set forth in NRS 636.295.



2. If the Board determines that a person has violated any provision of this chapter, the Board may , *except as otherwise provided pursuant to subsection 3*, issue a citation to the person. The citation may contain an order to pay an administrative fine of not more than \$1,000 for each violation or, for a violation described in subsection 1, \$5,000 for each such violation. A citation issued pursuant to this subsection must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this subsection. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit to the Board a written request for a hearing not later than 30 days after the date of issuance of the citation. The Board shall provide notice of and conduct a hearing requested pursuant to this subsection in accordance with the provisions of chapter 622A of NRS.

3. A citation may be issued to a licensee pursuant to subsection 2 only for violations not involving:

(a) The care of a patient; or

(b) Unethical or unprofessional conduct.

4. The issuance of a citation to and the imposition of an administrative fine against a licensee pursuant to subsection 2:

(a) Does not constitute formal disciplinary action by the Board; and

(b) Must not be reported to the National Practitioner Data Bank.



Materials for Item No.11 re

- NSBO response to KBOE 201 KAR 5-010

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY**

Members of the Kentucky Interim Joint Committee on Health Services:

On behalf of the Nevada State Board of Optometry as its Executive Director, I am writing to oppose the proposed amendment to 201 KAR 5:010 to accept the Optometry Examining Board of Canada (OEBC) written exam as an alternative to the National Board and Examiners in Optometry (NBEO) Part I Exam for licensure in Kentucky.

Knowing of 201 KAR 5:010, this issue is of such significance to avoid this false equivalence between the OEBC and NBEO Part I that in the best interests of the public the Nevada State Board of Optometry has proposed and sponsored a bill to add an additional section to its license by endorsement statute (NRS 636.206). Eligibility for a Nevada license can only occur if the applicant/non-Nevada optometrist "[h]as passed each part of the comprehensive national optometry examination administered by the National Board of Examiners in Optometry or its successor as a prerequisite to the issuance [of a Nevada license]." This proposal passed 42-0 in the Assembly and 21-0 in the Senate, and we expect it to become Nevada law in 10/2025.

As an optometry licensing board, we are concerned about the potential ramifications of the regulation amendment. The proposed change has the potential to permit optometry graduates, who may have failed NBEO Part I Exam six times, to take the OEBC written Exam and obtain a Kentucky license. With that license, these optometrists could then apply for a license through reciprocity or endorsement in another state. The reason for the change listed in the Impact Analysis is because "a number of students could not pass the NBEO Exams." We feel that those students need additional education to improve their knowledge and skills, not a lowering of the standards for licensure.

The NBEO is a widely respected organization that is recognized across all states and territories in the United States for optometric licensure. Use of the NBEO Exams ensures uniformity and consistency in the qualification of optometrists to enter practice and allows for license mobility across the country. The NBEO Part I Exam is a multiple-choice exam that tests the basic biomedical science concepts necessary to enter the clinical practice of optometry. The OEBC Written Exam is case-based and assesses clinical thinking and decision making with an emphasis on assessment, diagnosis and planning, and patient management. The two exams are not equivalent, and one should not be substituted for the other to assess the competency of optometric students.

The proposed amendment does not protect the health and safety of the citizens of Kentucky. The Nevada State Board of Optometry is opposed to this proposed regulatory change by the KBOE due to concerns related to public protection, consistency, and the confusion that will arise from this modification.

Sincerely,

/s/ Adam Schneider
Adam Schneider, Esq.