

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION

BEFORE THE SOUTH CAROLINA
BOARD OF EXAMINERS IN OPTOMETRY

Given before Yvonne R. Bohannon, Registered Merit Reporter, Certified Realtime Reporter and Notary Public in and for the State of South Carolina, commencing at 3:00 p.m. on Wednesday, February 15, 2012, at the offices of the South Carolina Department of Labor, Licensing and Regulation, 110 Centerview Drive, Columbia, South Carolina.

Reported by:
Yvonne R. Bohannon, RMR, CRR

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APPEARANCES :

BOARD MEMBERS :

PETER V. CANDELA, OD
ISAAC L. JOHNSON, JR.
ROBERT NEAL WILLIAMS, OD
DEREK P. VAN VEEN, OD

ADVISING THE BOARD :

JAMES SAXON, ESQUIRE

ALSO PRESENT :

Angela M. Combs, Administrator

REPORTED BY :

Yvonne R. Bohannon, RMR, CRR

(INDEX AT REAR OF TRANSCRIPT)

1 DR. WILLIAMS: Seeing that a quorum is
2 present now, I'll call the meeting to
3 order.

4 If everyone would view tab one, please
5 for approval of the agenda. Does anybody
6 have any comment on that?

7 MS. COMBS: Is this for --

8 MR. SAXON: This is a good time then.

9 DR. WILLIAMS: Tell you what then.

10 MR. SAXON: We've got a request,
11 Mr. Chairman, from the South Carolina
12 Recovering Professionals Program, Rick
13 Wilson -- that's number three under new
14 business -- to speak earlier.

15 Rick, if it's okay with you, we're
16 going to put you right after David Love.
17 Right before we start the hearing. Is that
18 okay? Does that time suit y'all or --

19 MR. WILSON: Perfect.

20 DR. WILLIAMS: At this time I'd
21 entertain a motion that we approve the
22 agenda --

23 MR. SAXON: Motion made.

24 DR. WILLIAMS: -- as amended.

25 DR. VAN VEEN: Second.

1 DR. WILLIAMS: All in favor? Opposed?

2 All right. Approved.

3 And has everyone had a chance to look
4 over the minutes of the last meeting?

5 Then I would then entertain a motion
6 that the minutes be approved as written.

7 MR. JOHNSON: So moved.

8 DR. WILLIAMS: Second?

9 DR. VAN VEEN: Second.

10 DR. WILLIAMS: Any discussion?

11 All in favor.

12 Approved.

13 Read -- or written in and then I'll
14 turn over to David Love for the IRC report
15 and Office of Investigation report.

16 MR. LOVE: Thank you very much.

17 DR. WILLIAMS: Thank you.

18 MR. LOVE: Good afternoon. The --
19 everyone should have the board report -- or
20 the staff report. You do have the staff
21 report, but it should be self-explanatory
22 as far as comparing last year to the first
23 month of this year. So we'll go straight
24 into the board report.

25 Today on behalf of the IRC, cases were

1 reviewed and five dismissals were found and
2 one letter of caution. If you'll flip to
3 the second page of the board report, you'll
4 see the five dismissals. And on behalf of
5 the IRC, I request approval of these
6 recommendations that we bring today before
7 you, the Board.

8 DR. WILLIAMS: Has everyone had a
9 chance to view those? Or would you guys
10 like a moment to look over --

11 DR. CANDELA: That would be good.

12 DR. WILLIAMS: Okay. Give us a brief
13 moment to look through this. Thank you,
14 David.

15 Has everyone had a chance to look over
16 the five dismissals and the one with the
17 letter of caution?

18 DR. CANDELA: Yes, sir.

19 DR. WILLIAMS: I would entertain a
20 motion at this time then that the IRC's
21 committee report be accepted.

22 Anybody so move that?

23 MR. JOHNSON: So moved.

24 DR. CANDELA: Second.

25 DR. WILLIAMS: Second.

1 Any discussion? Any questions?

2 DR. CANDELA: The only question I have
3 is to make sure that a letter of caution
4 does not permanently go in the record; is
5 that correct?

6 MR. LOVE: It's kept in the file,
7 but --

8 MR. SAXON: It's not published.

9 DR. CANDELA: Right, it is not
10 published.

11 DR. WILLIAMS: It is in the file but
12 it's not made available --

13 MR. SAXON: It is not on the website.

14 DR. CANDELA: How long -- does it stay
15 for an indeterminate amount?

16 MR. SAXON: It does not go away, but
17 it is not published. Nobody knows it but
18 the person.

19 MR. LOVE: And I would like to say
20 that -- it's only kind of a friendly pat on
21 the back to say, "Be careful and be aware
22 to recognize situations that can lead into
23 something bad," is all it is. It's a
24 friendly pat on the back.

25 MR. SAXON: Right. That person would

1 not have to divulge a letter of caution
2 when asked if he or she had been
3 disciplined because technically it's not
4 considered discipline. It's --

5 DR. CANDELA: When asked that
6 question, they would say, "No, I have never
7 been --"

8 MR. SAXON: They can say no because
9 technically it's a "heads-up, keep your
10 nose clean."

11 DR. CANDELA: Gotcha.

12 MR. SAXON: David, am I
13 misunderstanding that?

14 MR. LOVE: No, you're absolutely
15 correct.

16 DR. WILLIAMS: All right. So I have a
17 motion, a second.

18 Any discussions?

19 All in favor? Opposed?

20 Okay. So we'll accept the IRC report
21 as presented.

22 And, David, did you have anything
23 else?

24 MR. LOVE: No, sir. You approved the
25 five dismissals and the letter of caution

1 which is a dismissal by way of letter of
2 caution.

3 DR. WILLIAMS: Yes, sir.

4 MR. LOVE: I just want to thank you
5 for your time.

6 DR. WILLIAMS: Thank you.

7 DR. CANDELA: Thank you.

8 DR. WILLIAMS: Appreciate it.

9 All right. Move on to RPR -- or RPP.

10 MR. WILSON: That's close enough.
11 That's right. Recovering Professional --
12 Professional Program. It's late in the
13 afternoon.

14 I'm passing out a copy of the
15 estimate -- cause statement. Our purpose
16 today is to introduce this to you for your
17 information. You may from time to time
18 have folks contact you about what they're
19 expecting to do while they are in the RPP,
20 and this is the division that we had gotten
21 through the process. We've detailed it
22 with the Medical Board, the Nursing Board,
23 Pharmacy Board and everybody else and
24 trying to lead the workers with the
25 fashioning of policies and everything.

1 And it -- you got one. Everybody
2 square?

3 And I'll let Mr. Sheheen sort of give
4 you the background for it so that you'll
5 have a little orientation to the ground
6 that we're working from.

7 MR. SHEHEEN: Okay. Historically when
8 we were formed -- when RPP was formed in
9 the year 2000, the process was that if one
10 of our clients had a problem and needed a
11 psychoactive medication such as an opiate
12 for pain management or some sort of pain or
13 benzodiazepine for anxiety or central
14 nervous stimulant, which it's gotten a lot
15 more popular with ADD and ADHD in adults,
16 and some other medications too, if they
17 had -- the process was that they informed
18 their physician that they were in RPP, that
19 they were having a diagnosis of depend --
20 or alcohol -- or dependence or abuse --
21 substance abuse, chemical dependency, and
22 the physician was then to prescribe as
23 appropriate.

24 What happened over the years was we
25 started -- we had a dilemma in that so many

1 of our folks were getting prescribed for
2 the medications that they got in trouble
3 with that got them to us, especially
4 opiates and benzodiazepines, and as I said,
5 we were getting -- more and more people
6 were getting prescriptions for Adderall
7 specifically.

8 And we looked at that. We did -- we
9 tried a number of different things. One is
10 speaking with our MR -- medical review
11 officer about looking at levels that would
12 tell if they were abusing their
13 prescription. No way to tell if they were
14 abusing the prescription or buying extra
15 medications on the street or getting more
16 than one prescription, those sorts of
17 things.

18 So what we did is we did a -- did some
19 studies. We did some research with other
20 states and found that other states have a
21 hundred percent abstinence policy, that you
22 cannot work if you're on these medications.
23 So that's the policy we went to. As of
24 November the 1st, anyone who enrolled in
25 RPP from there forward had to be abstinent.

1 With our existing clients we gave them
2 notification. They signed this policy and
3 got it back to their case manager and that
4 went into effect for existing clients which
5 we as of today had 564 of them. We -- that
6 went into effect as of February the 1st.

7 So if someone -- we know that just
8 because they're chemically dependent,
9 substance abusive, they do have problems
10 and that people do get hurt and people do
11 develop illnesses and those types of
12 things. So if somebody needs those
13 medications, then they have to refrain from
14 practice while on the medications.

15 They're not discharged from RPP.
16 There's no discipline from us, but they do
17 have to refrain from practice and they have
18 to submit to a drug screen -- a urinalysis
19 that has to come back negative before
20 letting them return to work.

21 So we had one today who had a
22 procedure last week and had been 72 hours
23 without opiates from the procedure, and we
24 were able to schedule a drug test this
25 morning in Spartanburg and got the results

1 back just before I left the office and it
2 was negative.

3 So we felt to protect the public we
4 needed to do this. There was just no way
5 to track it. We're saying if the doctor
6 gives a prescription, then you can do it.
7 Doctors are worked a lot harder today than
8 they have ever been. They don't have as
9 much time as they've ever been, and it
10 seems to be -- it's just easier for people
11 to get prescriptions.

12 As I said, we had so many people,
13 especially with opiates that were getting a
14 prescription for the medication that they
15 got addicted to in the first place.

16 MR. WILSON: This policy has
17 essentially been in place since 2008. We
18 did a little tweaking to clarify some of
19 the wording of it. But the middle
20 paragraph that's bolded, the last two
21 sentences are really the sections we've
22 been talking about, and that says, "The
23 SCRPP participants may not practice while
24 taking prescribed opiates, sedatives,
25 hypnotics, stimulants or other drugs that

1 could cause impairment."

2 That's the current term that Talbot
3 recommends rather than mood-altering
4 substances because mood-altering substances
5 are good things. If you've got depression,
6 those are -- those are good things. If
7 you're bipolar, there are drugs that are
8 good things, and then those are -- are not
9 covered by the kind -- that phrase and this
10 kind of policy.

11 And, again, it does require a negative
12 drug test to be acquired before a
13 presumption of practice may be authorized
14 by the SCRPP. So we have it documented in
15 terms of the abstinence. So this was
16 something that Talbot and Dr. Early down
17 there recommended long ago, and Dr. Graham
18 who is our medical consultant has been a
19 hundred percent behind it too. So this is
20 probably long overdue, but we -- we've
21 gotten it in place.

22 The nicest thing through all this
23 process we've come through, it looks like
24 we probably got one who is -- should be on
25 a form of an amphetamine and that's because

1 of her personality, and the doctors have
2 been doing everything correctly. She had
3 gotten in trouble with Adderall and
4 Ritalin, and they had gotten her down to
5 using Vyvanse which is -- goes into a
6 different mechanism and it doesn't give you
7 a rush like the other amphetamines do, and
8 the doctors, including Dr. Graham, were
9 okay with that in her particular case.

10 So that's the only one, and that's
11 pretty mild. So that -- that's the kind of
12 issue that we're -- we're running into --
13 or have run into, and the migration of
14 folks into true recovery has really been --
15 been heartwarming to see. So we wanted to
16 update you guys and let you know what was
17 currently in the recovery community with
18 us.

19 And if you have any questions, we'll
20 be glad to try to answer them, but that's
21 a -- that's the upshot of what we came to
22 see you today about.

23 MR. SHEHEEN: And we also have made
24 our doctor who -- our medical doctor,
25 Dr. Jim Graham, who works with us on a

1 part-time basis available to our clients
2 for consultation, and their doctor can call
3 him for consultation for alternative
4 medication.

5 We've made available the -- a safe
6 medication list. It's a booklet that's
7 pretty thick that they can take --
8 medications that are safe for them to take
9 rather than the psychoactive meds. And we
10 don't -- we shy away from that
11 mood-altering term because like Rick said,
12 SSRs and SMRIs are mood-altering, but
13 mood-altering in a -- in a healthy way.

14 MR. WILSON: Make sense?

15 DR. WILLIAMS: It does.

16 Any of you guys have any questions
17 because I do have a couple.

18 When something like this occurs, from
19 an administrative standpoint, do you guys
20 handle this totally or do you notify the
21 Board or does somebody maybe self-report
22 it? I guess we would still be --

23 MR. WILSON: Are you talking with an
24 individual when it comes up?

25 DR. WILLIAMS: Uh-huh.

1 MR. WILSON: We handle it until
2 there's -- we reach a point where we
3 consider them in noncompliance.

4 DR. WILLIAMS: Okay.

5 MR. WILSON: So if somebody went to
6 work knowing that they were not -- that
7 they had not produced a negative drug
8 screen, that would be noncompliance and we
9 would report that.

10 DR. WILLIAMS: Okay. So how about
11 then when -- when somebody signs on to this
12 and then their doctor says, "Okay. You
13 need a certain medication" that would put
14 them into noncompliance with this, do you
15 just tell the individual that they no
16 longer can work? Does the Board know that
17 that's been done or not?

18 MR. SHEHEEN: No, sir.

19 DR. WILLIAMS: So we only find out if
20 somebody is noncompliant?

21 MR. SHEHEEN: That -- that's right.

22 MR. WILSON: That's right. And what
23 we try to do is keep them into I guess
24 the -- the parameters of what the staff
25 feels like is appropriate for them because

1 sometimes you'll have relatively minor -- I
2 guess that's not really quite the way to
3 put it, but you'll have infractions of
4 requirements that we have that don't really
5 threaten the public safety. Maybe they're
6 late with their logs or whatever.

7 But, you know, if you have a test that
8 comes back positive, that -- that
9 represents a threat to the public, so we
10 try to take them immediately out of a
11 position of potentially injuring anybody.
12 And as long as they're doing what we're
13 telling them to do, whether that be going
14 and get treated, go back to treatment and
15 don't practice, go back to treatment, or --
16 or whatever the issue is, we don't let you
17 know until there's an issue for you to deal
18 with.

19 DR. WILLIAMS: Okay.

20 MR. WILSON: So staff -- and you would
21 get a noncompliance memo eventually if
22 somebody refused to do what we asked them
23 to do. But our eyes are very, very tightly
24 focused on public protection and the public
25 safety. An individual's situation, while

1 it may be important, is not as important as
2 that. So that's the bottom line.

3 DR. WILLIAMS: Okay.

4 MR. WILSON: Does that answer it?

5 DR. WILLIAMS: Yeah, that's basically
6 what I wanted to know.

7 Any other questions?

8 DR. CANDELA: No.

9 MR. WILSON: All right.

10 DR. WILLIAMS: Thanks guys.

11 Appreciate it.

12 MR. SHEHEEN: Thank you for your time.

13 (Off the record.)

14 DR. WILLIAMS: Before we proceed with
15 the hearing that's next on the agenda, I
16 would like to entertain a motion that the
17 Board enter executive session.

18 DR. CANDELA: Make a motion that we
19 enter executive session.

20 DR. WILLIAMS: Second?

21 MR. JOHNSON: Second.

22 DR. WILLIAMS: All in favor, aye?
23 Opposed?

24 (The Board went into executive session
25 from 3:27 p.m. to 3:43 p.m.)

1 DR. WILLIAMS: I will entertain a
2 motion that we leave executive session.

3 DR. CANDELA: Make a motion that we
4 come out of executive session.

5 DR. WILLIAMS: Second?

6 MR. JOHNSON: Second.

7 DR. WILLIAMS: Second.

8 All in favor, aye.

9 We are now out of executive session.

10 MR. SAXON: In executive session no
11 actions or votes or anything were taken.

12 It was strictly for legal explanations.

13 Ms. -- Ms. Baldwin, you said Consent
14 Agreement first?

15 MS. BALDWIN: Yes, sir. Actually I'm
16 going to refer to the notice of hearing
17 document first which is behind tab two,
18 but --

19 MR. SAXON: Okay. That's fine.

20 MS. BALDWIN: Thank you.

21 (Hearings per the agenda were
22 presented to the Board.)

23 - - -

24 DR. WILLIAMS: Well, I guess moving
25 on, we'll jump into reports and info.

1 Angie --

2 MS. COMBS: Okay.

3 DR. WILLIAMS: -- licensing.

4 MS. COMBS: Okay.

5 (Off-the-record conference.)

6 MS. COMBS: We currently have 783
7 licensed optometrists that -- that are
8 currently licensed, and this year is our
9 renewal year. So renewals is due by
10 October 1st of this year, and of course
11 that is a biannual renewal.

12 So that's something that will be --
13 we'll send out notices probably around July
14 or -- or August letting everyone know how
15 to renew online. That's what most people
16 do is to renew online which y'all have done
17 in the past. But we won't -- it won't be
18 any different this year.

19 Under tab five is the financial
20 report. You know, if y'all have any
21 questions or -- please feel free, you know,
22 to let me know if there's anything you want
23 me to find out or if you have any questions
24 about it. And this does have fiscal year
25 '10, '11 and '12 -- or into fiscal year

1 '12.

2 And -- of course under fiscal year
3 '11, the total revenue was increased
4 because that included the last time we were
5 here. So that would show that it -- that
6 revenue would be increased every other
7 year, and that's how most of it comes in.
8 Of course we do have application fees, but
9 renewals is the largest -- you know, where
10 the money comes in.

11 But any time you have any questions,
12 just -- just let me know on that.

13 Under the Office of General Counsel,
14 there is of course the case that you all
15 just heard today, and also there is one
16 more residing in OGC.

17 Branch registrations, we do not have
18 any this time.

19 The statement of economic interest
20 report that you all do have to file, the
21 only way is online and there should be some
22 information that is beside -- there in
23 front of you, and in that there is -- a per
24 diem total is included in that, and that's
25 what you'll have to report as income.

1 Now, you -- you know, if you lose that
2 or whatever, just call me and let me know
3 that you would like to have that
4 information again. And I will send
5 reminders out its due April 15th, but every
6 so often I'll send an e-mail to remind you,
7 but it has to be done online. They won't
8 accept paper forms any -- anymore.

9 And of course this year, again, we --
10 there's also the ARBO or Association of
11 Regulatory Boards of Optometry, their
12 annual meeting. It will be held in
13 Chicago, and that's June the 24th through
14 the 26th. LLR will send two member --
15 Board members.

16 Is there anybody -- if y'all are
17 interested, let me know and we can start
18 working on the paperwork for that. And
19 I'll send out -- because you probably will
20 want -- before our next meeting you'll need
21 to make -- probably make that decision.
22 Our meeting is not until May. And so we
23 kind of -- you know, if you have any
24 additional questions on that, on what's
25 covered.

1 Of course the room -- now, it is a
2 federal per diem rate, and I can let you --
3 I'll send you what the difference is.
4 Normally it doesn't match what the hotel
5 rate is. Usually you'll have to -- there's
6 a certain amount you'll have to pay --
7 you'll have to cover. And it gives a
8 standard rate -- not rate, but amount on
9 your meals.

10 And normally as long as it's a
11 reasonable cost or fee, the airline -- if
12 you would fly, they will cover that.

13 MR. JOHNSON: I'm going to check my
14 schedule -- schedule. If the Cubs are
15 playing, I would like to go.

16 DR. WILLIAMS: Exactly. Or the White
17 Sox.

18 MS. COMBS: But y'all can be thinking
19 about that and let me know on that.

20 DR. VAN VEEN: What are the dates on
21 that?

22 MS. COMBS: June the 24th through the
23 26th. And that should be Sunday --

24 DR. WILLIAMS: Sunday, Monday and
25 Tuesday.

1 MS. COMBS: Yeah, Sunday, Monday and
2 Tuesday. It's usually just a half a day.
3 I don't think they posted the agenda. I
4 haven't -- the last time I looked --

5 (Multiple speakers.)

6 DR. WILLIAMS: By the way, there's
7 something that came out in e-mail about
8 that. I -- I wrote -- I just haven't
9 looked at it. They send you Sunday, all
10 day Monday, back at one o'clock Tuesday,
11 and then the AOA starts Wednesday, the next
12 day.

13 MS. COMBS: So that's -- and it's
14 going to be -- be at the Hyatt Regency
15 McCormick Place.

16 MR. SAXON: I've stayed there.

17 MS. COMBS: It look -- looks nice.
18 Very nice.

19 And the theme of the meeting --

20 MR. SAXON: It's on the river.

21 MS. COMBS: Yes. It's assessing the
22 future of healthcare regulation, and that's
23 the -- the theme of the meeting.

24 And under -- anybody have any
25 questions on anything so far on that?

1 Continuing education, one thing
2 that's -- I had a licensee ask about was
3 the American Optometric Society course, if
4 it was approved by the Board. Now, I did
5 ask Dr. Spearman -- and of course this is a
6 new -- fairly new group. This is -- I
7 guess came out of all the certifications
8 and everything.

9 And they do have -- they are putting
10 on courses. Dr. Spearman suggested that
11 maybe we can look at it, since they are
12 new, kind of on a course-by-course basis or
13 do y'all have any thoughts on that or -- as
14 far as their --

15 DR. WILLIAMS: I would imagine they
16 would be of excellent quality since Epstein
17 is their --

18 MS. COMBS: It looks like they're
19 co -- I went on their website, and they're
20 COPE approved, a variety of different types
21 of topics and that type of thing, or if you
22 feel like it should be classified under our
23 unlimited category, you know, of hours.

24 DR. VAN VEEN: Well, I mean, is it --
25 it falls under the whole not for profit --

1 DR. CANDELA: How is it written --

2 DR. VAN VEEN: Like SECO or -- yeah --
3 and I think that's what it comes down to.

4 DR. WILLIAMS: It's similar to A --
5 it's just a competitor --

6 DR. CANDELA: I mean, if AOS as --

7 DR. WILLIAMS: Another AOS, you know.

8 DR. CANDELA: -- a group, you know --

9 MS. COMBS: Because we've got -- an
10 unlimited number of CE hours can be courses
11 sponsored by national, regional and state
12 optometric organizations, optometry schools
13 or medical schools.

14 DR. WILLIAMS: It would be national.

15 DR. CANDELA: So -- so read that last
16 part again.

17 DR. VAN VEEN: Say it again.

18 DR. CANDELA: (Multiple speakers)
19 what --

20 MS. COMBS: Okay. By -- sponsored by
21 national, regional and state optometric
22 organizations.

23 DR. CANDELA: So it is a national
24 optometric organization, and so with that,
25 I think -- and the appropriate approved

1 courses and whatever -- I think it should
2 fall under that category. As we get down
3 to board certification, we can have a
4 different conversation.

5 But as far as the courses that they
6 give, what constitutes a national sanction,
7 you know. We can start our national
8 company today and start offering CE. So
9 I'm going to -- I guess part of me says yes
10 it would be okay. Because knowing the
11 speakers that they use, they're certainly
12 speakers that we would use to come to South
13 Carolina and stuff to go ahead and speak.

14 I mean, it's -- everybody is on that
15 same circuit of speaking. So -- so I would
16 think it would be okay. That would be my
17 guess. That would be my thought.

18 DR. VAN VEEN: Yeah, I agree with
19 that.

20 MR. SAXON: I think we probably should
21 vote on that.

22 MS. COMBS: Okay. (Multiple
23 speakers.) Sure, that sounds good.

24 DR. VAN VEEN: Where is the meeting?
25 Do they say anything about that? Where is

1 it?

2 MS. COMBS: Yeah, it's out -- this one
3 is -- it was out west.

4 DR. VAN VEEN: Do you have the
5 brochure on the meeting?

6 MS. COMBS: Yeah, uh-huh. This is the
7 course -- courses, the names and
8 everything.

9 DR. VAN VEEN: Yeah, I mean, these --
10 the people doing the education, definitely
11 quality.

12 DR. CANDELA: Oh, yeah.

13 MR. SAXON: We're going to have to go
14 off the record.

15 (Off-the-record conference.)

16 DR. WILLIAMS: All right. So
17 everybody back in tow now.

18 So were we talking about the AOS or
19 did y'all move on past that?

20 DR. CANDELA: That's where we left
21 off.

22 DR. WILLIAMS: Okay.

23 DR. CANDELA: I think we came to the
24 conclusion that, you know, we need to keep
25 it in the main category like the AOA is.

1 DR. WILLIAMS: Personally I have no
2 problem with that.

3 DR. CANDELA: Okay.

4 DR. WILLIAMS: All right. Then the
5 next -- this is going to unfinished
6 business, which there is none. Then the
7 new business --

8 DR. CANDELA: Did we do that --

9 MS. COMBS: Right. The -- about the
10 August date for the CE with the
11 association, we were going to talk about
12 that.

13 DR. WILLIAMS: Okay. Pardon me. So
14 we'll -- we'll put that right under
15 continuing education as well?

16 MS. COMBS: Yes. Uh-huh.

17 MR. JOHNSON: Excuse me.

18 DR. WILLIAMS: I was approached --
19 (Multiple speakers.)

20 DR. CANDELA: Oh, that was -- Neal
21 said he didn't have a problem with it. I'm
22 sorry. I guess --

23 MR. JOHNSON: So we don't have to vote
24 on it?

25 MR. SAXON: Yes.

1 DR. WILLIAMS: Then I back up and I
2 guess I should entertain a motion then that
3 AOS -- AOS educational courses --
4 continuing education courses be treated as
5 unlimited because it is a national
6 organization similar to AOA; is that --

7 DR. CANDELA: Similar. Yep.

8 DR. WILLIAMS: Is that the motion you
9 would have made --

10 DR. CANDELA: Yes, sir.

11 DR. WILLIAMS: -- had you made it?
12 Second on that?

13 MR. JOHNSON: Second.

14 DR. WILLIAMS: Any discussion?
15 All in favor? Opposed?

16 Thank you.

17 Thank you, Jamie.

18 So staying under continuing education,
19 I was approached last week at the meeting
20 in Columbia put on by the SCOPA wanting --
21 wondering if the Board would do the same
22 thing this year at the August meeting that
23 it did two years prior at the August
24 meeting in Myrtle Beach. Being that the
25 continuing education that's given then even

1 though it's in the 2012 year, could you use
2 that -- those courses or a part of those
3 courses or hours for renewal of your
4 license the next period as opposed to this
5 period?

6 So I think -- were -- all of us were
7 on the Board when that occurred, correct?

8 DR. CANDELA: Yes.

9 DR. WILLIAMS: And I think we were
10 under the impression that that might be
11 just a one-time deal?

12 DR. CANDELA: One time, yeah. It's
13 now been --

14 DR. WILLIAMS: Well, evidently I guess
15 due to the August meeting's proximity to
16 when the license renewal occurs which is 1
17 October, there may be a fair number of
18 people who already have enough hours to
19 renew their license for October 2012, and
20 rather than them coming to the course and
21 maybe not getting any credit for the hours
22 could they, in fact, use those hours for
23 the next renewal cycle which is what we
24 agreed upon last time.

25 So let's say the meeting is 25 August

1 and renewal periods starts -- or ends 30
2 September. So you're talking about a
3 five-week window there, and what we did
4 last time is we said -- last time we said
5 that's okay, but it's going to be the
6 responsibility of the SCOPA to make sure
7 that everybody understands that that is an
8 option, and it's their responsibility to
9 hand out tickets in such a manner that the
10 licensee can decide whether they want part
11 or all of the hours to go for this year or
12 the following year.

13 So if the Board agrees upon that, then
14 I will say we consider making the same
15 stipulation, that it's not our
16 responsibility to make sure that the
17 licensees understand that, but it's the
18 responsibility that it be communicated
19 properly by the group that's putting on the
20 meeting and they have a format in place
21 where it's easy for the licensee to say,
22 "Okay. I want all these hours to go on
23 this year just like normal," or, "I want
24 all of them to go next -- for the next
25 renewal period," or, "I want these five to

1 go toward this renewal period and these 12
2 to go toward the next renewal period."

3 That's basically --

4 DR. CANDELA: Right.

5 DR. WILLIAMS: -- in a longwinded
6 explanation what was asked of me.

7 DR. CANDELA: Did you see any negative
8 to that as far as from the Board's
9 perspective to be able to offer that --

10 MS. COMBS: No.

11 DR. CANDELA: -- as long as the scope
12 is compliant --

13 MS. COMBS: It's clear. It's --

14 DR. CANDELA: Okay.

15 DR. WILLIAMS: Yeah, I think they did
16 a pretty good job.

17 DR. VAN VEEN: It seems like it comes
18 up every year.

19 DR. WILLIAMS: I think it's going to
20 come up every time probably.

21 DR. VAN VEEN: Every time. And I
22 don't know, my question is like why. I
23 mean, I -- are they -- what other --

24 DR. CANDELA: It's membership.

25 DR. VAN VEEN: In North Carolina I

1 can't go in November and count it
2 towards --

3 DR. CANDELA: Take a look at
4 membership and look at what they go ahead
5 and ask and then take a look at the way --
6 the main money maker for SCOPA for revenue
7 is -- aside from dues is going to be from
8 doing our annual meeting.

9 DR. WILLIAMS: I think what's driven
10 this the last two renewal -- renewal cycles
11 was the first time we had the injection --

12 DR. CANDELA: Right.

13 DR. WILLIAMS: -- of the laser
14 meeting. So those were like 60 hours a
15 pop, so they're 32 hours --

16 DR. VAN VEEN: Yeah, that makes sense
17 to me.

18 DR. WILLIAMS: And I think what drove
19 it this time was the number of people that
20 went to the KMK meeting last March that
21 generated, what, 20, 21 hours?

22 DR. CANDELA: You're actually right.
23 That was 20 something hours.

24 DR. WILLIAMS: And, again, all those
25 are revenue generators for the association.

1 And maybe this time there are not that many
2 people who really are on that bubble. I
3 mean, personally I would go regardless, but
4 evidently there are enough people out there
5 who would not anticipate --

6 DR. VAN VEEN: Well, they're
7 anticipating this obviously --

8 DR. WILLIAMS: -- would not attend if
9 they were not -- if they didn't need the
10 hours, so...

11 DR. CANDELA: I don't have a problem
12 with doing it again.

13 DR. WILLIAMS: And I don't have any
14 heartburn with it either. And I don't know
15 that we need to say that it would be like
16 this forever. Just say it will be on a
17 year -- just on a --

18 DR. VAN VEEN: Yeah.

19 DR. WILLIAMS: -- again, we'll out of
20 the kindness of our heart --

21 DR. VAN VEEN: Why does it go from
22 October to October versus --

23 MS. COMBS: You know, I was just
24 thinking that that's still in there, and I
25 apologize for not right off -- I'll think

1 back in the previous law. And I'm looking.
2 We have definitely changed it to renewing
3 every two years.

4 Here it is. "On or before a date
5 approved by the Board. Licensees --
6 licenses issued under this chapter must be
7 renewed every two years on or before the
8 date approved by the Board."

9 October 1st was years -- that was the
10 date and of course it used to be annually.
11 And so I think we have a little flexibility
12 there anyways with that.

13 DR. WILLIAMS: We could change --

14 MS. COMBS: I don't think it mentions
15 October 1st.

16 DR. WILLIAMS: I guess we could change
17 the date if we wanted to. I know the state
18 fiscal year is, what, from July to July; is
19 that not correct?

20 MS. COMBS: Right, June -- yeah, July
21 1st --

22 DR. WILLIAMS: And most licenses renew
23 on the calendar year.

24 DR. CANDELA: That makes more sense.

25 DR. WILLIAMS: The fed -- the federal

1 government fiscal year is October to
2 October. So I don't know why that -- other
3 than the fact that it's always been since I
4 remember. I don't know -- I don't know
5 historically why it is so.

6 But, I mean, that's a good point. So
7 it basically says in our -- we set the
8 date, right?

9 MS. COMBS: Yeah. The law -- it has
10 it, "a date set by the -- by the Board,"
11 and I was looking just to make sure there
12 wasn't a reference somewhere else --

13 DR. CANDELA: Up for discussion?

14 MS. COMBS: -- which is going to be
15 the --

16 DR. VAN VEEN: I think it's worth -- I
17 mean, I'm for it, but --

18 DR. WILLIAMS: To me it makes more
19 sense to do it on a damn calendar year
20 anyway.

21 DR. CANDELA: I agree.

22 DR. VAN VEEN: Well, for the people
23 that hold multiple --

24 DR. WILLIAMS: Then it really gets
25 confusing in there because you've got that

1 little window in there -- that three-month
2 window. That accounts for one that does
3 the other, so -- all right.

4 So I guess, Jamie, I need a motion
5 that -- for that longwinded statement I
6 made about the hours being acceptable for
7 either renewal period provided that SCOPA
8 can put in place a reliable way of
9 identifying those individuals and those
10 hours that are to be credited to each?

11 MR. SAXON: Yeah.

12 DR. CANDELA: And specific year.

13 DR. WILLIAMS: Do I need to repeat
14 that or --

15 MR. SAXON: I think she's got it.

16 DR. WILLIAMS: You got that? Can you
17 break that down into a thousand words or
18 less?

19 DR. CANDELA: So moved.

20 DR. WILLIAMS: All right. So I
21 guess -- do you want to make that motion?

22 DR. CANDELA: So moved.

23 DR. WILLIAMS: I've got a first.
24 Any second on that?

25 DR. VAN VEEN: Second. Second.

1 DR. WILLIAMS: Any discussion?

2 All in favor? Opposed?

3 Thank you.

4 Now, into new business; is that true?

5 MS. COMBS: Yes.

6 DR. WILLIAMS: And I guess we're at
7 the National Board of Examiners, Part II
8 and TMOD.

9 MS. COMBS: There was just some --
10 this is for y'all's information. I
11 received -- I was looking on their website,
12 and it said that on -- Part II will be
13 administered in a computer-based testing
14 format. We may have -- that may be
15 something we already know.

16 But it does say that this change to
17 CBT, which is the computer-based testing,
18 enables the NBEO to offer the treatment and
19 management of ocular disease for
20 examination as a separate exam for those
21 candidates who require TMOD only score.
22 And, see, before they had gone to if you
23 have to take the TMOD, if you only need
24 that, you have to take the whole exam -- or
25 the -- I guess the whole Part II.

1 DR. WILLIAMS: So now we're back to
2 where we used to be.

3 MS. COMBS: Yeah, we're back to --
4 (Multiple speakers.)

5 MS. COMBS: So just to let you all
6 know that --

7 DR. WILLIAMS: Okay. Good to know.

8 MS. COMBS: -- because of that change
9 that the TMOD is offered separately now or
10 can be.

11 That's all that was.

12 DR. WILLIAMS: Okay. All right.

13 MS. COMBS: Okay. On the ARBO's
14 survey, they got an OE Tracker Usage
15 Survey, and in some -- they wanted the
16 information before we met, but there was a
17 couple questions I felt like the Board
18 needed to -- to answer or to see what you
19 all think about it, and I told them I would
20 let them know.

21 One of the questions, "Would your
22 board be interested in electronically
23 auditing your licensee's CE attendance to
24 save paper if it could be done easily and
25 inexpensively?" I didn't know if you had

1 any thoughts on that or not or you'd be
2 interested in electronically auditing.

3 But isn't it -- not everybody probably
4 turns in their hours to the OE Tracker?

5 DR. WILLIAMS: Well, if that were the
6 case, then you'd have to have something in
7 place electronically at -- if you were
8 going to require that of the members, then
9 you would have to have at the minimum that
10 device available at the annual or
11 semiannual meetings.

12 MS. COMBS: Right.

13 DR. WILLIAMS: I think they're
14 available probably at SECO now. I know
15 North Carolina had them there last year.
16 And then if you go somewhere else that
17 doesn't have them, then it would be up to
18 the -- up to the licensee at that point in
19 time to -- all you got to do is fax that
20 little slip to ARBO and then they'll pop it
21 into your OE Tracker.

22 Personally I use OE Tracker and I like
23 it. I know there's a -- a lot of people
24 have issues with ARBO, but I like the fact
25 that once I do it, either somebody is going

1 to submit it there electronically or at the
2 end of the conference I just take my little
3 slips and I fax them up there and then
4 that's my records. So if somebody wants
5 it, I go to ARBO, print it out and send it
6 on.

7 But that's me personally. I know
8 there's some states, Kansas being one, that
9 all that they require a hundred percent
10 check to ARBO, you know. In other words,
11 they use OE Tracker as a hundred percent
12 check of licensees at the renewal time. So
13 there's no -- there's no question of did
14 you do hours or did you not. It all -- you
15 know, the Board office taps into ARBO's
16 information, boom, there it is on
17 everybody.

18 MS. COMBS: The other question, it
19 said, "Would your board be interested in
20 auditing a hundred percent of your
21 licensee's CE attendance if it could be
22 done easily and inexpensively?"

23 DR. WILLIAMS: So that's where I was
24 going with Kansas. You know, there are
25 states doing that currently. But you've

1 got -- if you're going to do that, then
2 you're buying into an OE Tracker that
3 you're --

4 MS. COMBS: Right.

5 DR. WILLIAMS: -- there are systems
6 for doing that. I know not everybody here
7 is a fan. It's like big brother watching
8 us.

9 MS. COMBS: So probably not at this
10 time going --

11 DR. WILLIAMS: Well, that's been the
12 answer previously, that, you know --

13 MS. COMBS: Okay. That's fine.

14 DR. VAN VEEN: Does it say, "Are you
15 interested or do you want to do this?"

16 MS. COMBS: It just says, "Would your
17 board be interested -- interested in -- in
18 in doing this?"

19 Now, I did check yes to the -- it
20 said, "Would you like us to send you more
21 information on how OE Tracker can save you
22 time and reduce your paperwork?" Well, I
23 don't mind getting that information.

24 DR. CANDELA: Right.

25 MS. COMBS: And I did check the --

1 DR. WILLIAMS: They sent me an e-mail.
2 I don't know if they sent it to all you
3 guys or not, but I passed it on to you
4 anyway.

5 DR. CANDELA: Thank you.

6 DR. WILLIAMS: Again, I think there's
7 some good information there, and I -- I do
8 think if you have everybody on board that
9 it would make the job here -- basically
10 that would be nonexistent. I mean, boom,
11 there it is. You know, you got it in there
12 or you don't.

13 MS. COMBS: The reports do -- they
14 are -- they're great that way when somebody
15 does send in approved CE -- I mean, on one
16 sheet, if that's -- it's all there for
17 them. And that is nice.

18 DR. WILLIAMS: And it is possible for
19 an individual to use OE Tracker for that
20 only and not have to pay the \$20 annual
21 fee. They'll still put their information
22 in there for them and they'll still submit
23 it to the boards. It just doesn't allow
24 the individual to go in there and view
25 what's in there and copy it.

1 Now, for a \$20 -- for a \$20 fee -- and
2 it used to be free, and I know that's
3 peevd a lot of people as well. Something
4 that started out as free now costs 20
5 bucks, and what it's going to cost five
6 years from now, I don't know.

7 MS. COMBS: All right.

8 DR. WILLIAMS: All your information
9 will be put in there at no charge to you.
10 It's a matter of whether you can or can't
11 personally access it. But the boards can
12 access it --

13 MS. COMBS: Right.

14 DR. WILLIAMS: -- and still not be at
15 any expense to an individual licensee.

16 MS. COMBS: All right.

17 DR. WILLIAMS: All right. So you got
18 what you needed there?

19 MS. COMBS: Yes, that's fine.

20 DR. WILLIAMS: Well, I guess we saved
21 the easy part for last, which is the board
22 certification issue and how this board
23 feels about people using that designation
24 and what right or authority do they have to
25 use it or what right or authority do we

1 deem acceptable to allow somebody to use
2 that.

3 DR. CANDELA: And what organizations
4 that --

5 DR. WILLIAMS: Yeah. So, Peter, if
6 you want -- why don't you just kick it off.

7 DR. CANDELA: You know, I mean, you
8 just summed it up or whatever. I mean,
9 just -- just from -- there have been a
10 lot -- well, there's been a vocal group --
11 let me put it that way -- as far as
12 optometrists in certain parts of the state
13 were complaining about this whole board
14 certification process.

15 And there is an organization that we
16 just approved their continuing education,
17 AOS, that also will for whatever the fee
18 is -- you pay the fee and then you're board
19 certified, and so they -- those
20 optometrists want to be able to designate
21 that they are board certified and advertise
22 it and do whatever and not go through the
23 board certification process that -- that
24 the American Optometric Association through
25 its House and Delegate meetings have all 50

1 states vote and in a unanimous decision the
2 state has decided to go ahead and go
3 forward with a board certification process
4 which was modeled after family practice
5 with maintenance of certification, having
6 specific hours that you have to do and
7 things of that nature as opposed to
8 basically just buying your board
9 certification with the AOS.

10 So I think a lot of us believe that
11 it's at a point where we as a board need to
12 start stipulating who we recognize as
13 organizations that where you can say that
14 you are board certified, whereas previously
15 there's regulations within our board, regs
16 I think that state that you can't put
17 yourself out as a specialist and things of
18 that nature. So this is -- it's kind of
19 like coming to a head and -- and I think
20 it's time that we start making some
21 decisions as far as we're concerned.

22 Personally I don't feel that you go
23 buy your board certification. You just
24 can't do that. Not when all of the rest of
25 medicine -- when we have a board

1 certification process. They go through an
2 examination and then maintenance and
3 certification, you know, whether it's five
4 years, ten years, 15 years, or whatever the
5 case happens to be.

6 DR. WILLIAMS: And then there's the
7 other stand where you could be like North
8 Carolina and say nobody or that they don't
9 recognize the term, and if you use it, you
10 have to put a nice long disclaimer on there
11 about how you're using that designation.

12 There's some states that believe that
13 it's the sole -- it would be the sole
14 purview of the Board of Examiners to grant
15 that title. In other words, we're the
16 licensing agency, and it's -- it's our job
17 to verify that people meet the requirements
18 for licensure, and if they were going to
19 use the term board certification, that we
20 would be the authorizing agency for that as
21 well.

22 There are other states who don't view
23 it that way and say, "Well, we feel like we
24 could almost by proxy approve that
25 designation if it were -- if -- if the

1 testing was done by another group that we
2 felt did a proper and thorough job of -- in
3 that evaluation process."

4 And obviously now we've got people who
5 have passed board certification testing by
6 the ABO. We've got people who are fellows
7 in COVD and they have to go through a
8 testing process. We've got fellows in the
9 American Academy of Optometry. They go
10 through a testing process. They have the
11 diplomate process which is even more
12 extensive, American Academy, and then
13 you've got groups like the AOS and some
14 others who, you know, just say that simply
15 because you have an optometric license that
16 you can use the term board certification.

17 And, I mean, it -- obviously the issue
18 is not going to go away. So I do think at
19 some point in time the Board needs to make
20 some decisions on who can use the
21 terminology. Do you have to put at the end
22 of it by whom that granting authority was
23 given? Like you're board certified by who?
24 You know, by the American Board of
25 Optometry?

1 And it's a matter of does this
2 board -- I don't know if approve is the
3 right word or recognize that granting
4 authority.

5 I think just saying board certified is
6 way too -- too narrow for opening since
7 there are more than one or two board
8 certifying entities.

9 And do we even, you know, recognize
10 any of those or do we say, "Na, you can't
11 use that term, but you can use that you're
12 a diplomate of the American Board of
13 Optometry"? Isn't that what that little
14 certificate says?

15 DR. CANDELA: It does say diplomate
16 for -- on your certificate.

17 DR. WILLIAMS: Complicated issue, but
18 it's out there. I mean, the box has been
19 opened, so I do think we need to make some
20 type of statement as -- because obviously
21 we're the ones who control the licensees of
22 the state.

23 DR. VAN VEEN: Isn't it going -- I
24 mean, you know, if it comes to it -- and I
25 have taken the test and passed the test,

1 and I'm still not sure what side I fall on
2 this -- what side of the fence I fall on
3 this.

4 DR. WILLIAMS: And I agree. I would
5 say that's how I feel as well.

6 DR. VAN VEEN: But, you know,
7 ultimately it's going to, you know -- if --
8 it's going to be the decision -- I mean,
9 the people that are -- the insurance
10 reimbursements are the ones that are going
11 to have to recognize, "Hey, we're going to
12 accept this, this and this," and maybe
13 they'll go off, you know, what the South
14 Carolina board says or not.

15 I mean, that's ultimately, you know,
16 kind of who's -- and that's how it was
17 sold, you know. I mean, that's how the
18 whole situation was sold and, you know --

19 DR. CANDELA: I guess the biggest
20 thing is the ways our regs are right now or
21 our law is that we can't put ourselves out
22 as anything additional or special. And --
23 and now when you have a viable board
24 certification process that is patterned
25 after medicine, we need to kind of -- kind

1 of come up with the times and make a
2 decision as far as what we're going to
3 recognize because there is definitely a
4 difference between buying your board
5 certification versus going through this
6 kind of process that you have to go through
7 for ABO.

8 The same thing for the diplomates out
9 of the Academy. They go through a rigorous
10 process for -- for that. And so -- so you
11 can't compare the two processes with AOS or
12 any other organization that says, you know,
13 "Come out and join our group and you can be
14 board certified."

15 MR. JOHNSON: Peter, how do you buy
16 your board certification?

17 DR. CANDELA: You join your membership
18 and they give you a certificate that you're
19 board certified with the American
20 Optometric --

21 DR. VAN VEEN: I have to look at that.
22 There's got to be something besides --

23 DR. CANDELA: That's essentially it.

24 DR. WILLIAMS: What they say is that
25 you're already, quote, board certified

1 because you hold a license approved by your
2 state board. That's their view of it. The
3 medicine view, we're not in the medical --
4 well, we're not in the medical school
5 community, but they view it as an
6 additional testing and educational
7 procedure.

8 Like if you go to med school for four
9 years and you come out with a general
10 degree in medicine, if you want to practice
11 primary care or ophthalmology or OB/GYN,
12 then you go into those residencies and you
13 come out, and after you finish that
14 residency, then you're board eligible
15 meaning you've got, what, to practice for a
16 year or two and then you can take the board
17 certification test. So there is an actual
18 testing procedure.

19 What the AOS is saying is that, "Hey,
20 guys, you went to optometry school for four
21 years. That was your residence. It was
22 all in there. You did all that for four
23 years. You didn't go to some general
24 medical program for four years and then
25 decide to go into your specialty."

1 So like op -- they view optometry and
2 dental as different because that's all you
3 did for that entire four years. They say,
4 "Hey, guys, you already -- we've already
5 done that. We don't need to jump through
6 another certifying hoop."

7 MR. JOHNSON: Is there a practical
8 advantage to your holding yourself out as
9 board certified?

10 DR. WILLIAMS: I guess maybe to the
11 public. Let's say if they saw two or three
12 websites or two or three ads and they saw
13 one that says board certified, I -- or
14 maybe contact lens specialist, that that
15 may be somewhat misleading.

16 MR. JOHNSON: And all that optometrist
17 could have done was just go and could have
18 bought -- could have joined the A --

19 DR. WILLIAMS: AOS.

20 MR. JOHNSON: AOS?

21 DR. CANDELA: Yes.

22 DR. WILLIAMS: Basically they say the
23 real issue is maintenance of certification.
24 In other words, over time you need to be
25 demonstrating that you're keeping up. And

1 I think all groups agree in that
2 maintenance of certification.

3 DR. CANDELA: Uh-huh.

4 DR. WILLIAMS: The question is how do
5 you get there. The American Board of
6 Optometry says you've got to become board
7 certified first and then maintain that over
8 a ten-year period. American Optometric
9 Society said, "Hell, we consider you
10 already board certified, but, you know,
11 we're going to end up with that same
12 ten-year maintenance of certification.
13 It's just we're not going to make you take
14 a test on the front end."

15 So I think both groups have the goal
16 in mind that you need to maintain -- need
17 to be demonstrating some maintenance of
18 com -- of competence year to year.

19 MR. JOHNSON: Okay.

20 DR. WILLIAMS: The question is how do
21 you get there -- how do you start.

22 DR. CANDELA: We take a look at all --
23 I don't know for sure when I say 100
24 percent, but I can say for sure a large
25 percentage of any other board specialties

1 that are out there within medicine are all
2 part of that process, like graduating,
3 taking the exam --

4 DR. WILLIAMS: Taking the test.

5 DR. CANDELA: -- becoming board
6 certified and doing the maintenance
7 certification ten years down the road.

8 (Multiple speakers.)

9 DR. WILLIAMS: So basically optometry
10 is trying to interject themselves into the
11 medical model, and there's some optometrist
12 saying, "No, our model is different."

13 DR. VAN VEEN: The -- you know, I
14 think when they did that -- and I practiced
15 three years with a general ophthalmologist.
16 I think he was on that end where he was
17 grandfathered in when that change was made.
18 And, you know, if I'm playing devil's
19 advocate, that's what I'm saying, you know,
20 about the ASO or --

21 DR. WILLIAMS: AOS, yeah.

22 DR. VAN VEEN: So --

23 DR. CANDELA: But they're not saying
24 that, the AOS. They said that -- they're
25 not saying that, you know, "We're going to

1 take everybody who graduated up to this
2 point and they're going to be board
3 certified with AOS and then after that
4 point then you're going to have to go
5 through the board eligibility process, take
6 the exam and then do your medical
7 certification down the road."

8 DR. WILLIAMS: And right now it has
9 nothing to do with licensure or
10 re-licensure. It's just it's another
11 entity that's out there with the -- the
12 thought in the optometric community is that
13 as more federally-mandated insurance plans
14 come along, they're only going to --
15 they're going to be looking for, "All
16 right, who -- who are we going to let in
17 our plans? Are we going to let any
18 optometry in there or are we going to want
19 these guys to prove that they're
20 maintaining a certain level of excellence,
21 quote, board certification?"

22 That's kind of like if you were a
23 physician and you weren't board certified
24 as an ophthalmologist or as an OB/GYN,
25 you'd probably have a hard time getting

1 hospital privileges or somebody allowing
2 you to deliver a baby or performing
3 cataract surgery in their facility because
4 you're not at that highest level of
5 practice.

6 You're not certified really by a -- by
7 a certifying board to perform that
8 procedure. You say you can, but so --

9 MR. JOHNSON: Well, once this board
10 has issued a license, technically that
11 person is board certified, right?

12 DR. WILLIAMS: And that's exactly what
13 the AOS says. What you just said, that's
14 their -- that's their whole crux is that,
15 "Hey, guys, you've already been licensed by
16 your optometric board, so you are board
17 licensed --" or they say board certified.

18 DR. CANDELA: But historically this
19 board has always taken the position that
20 you couldn't put yourself out there as
21 board certified.

22 MR. JOHNSON: Right.

23 DR. WILLIAMS: Right, you just hit on
24 the -- what you just said is the -- is the
25 flip side of the coin.

1 (Multiple speakers.)

2 DR. CANDELA: You can practice
3 optometry, that's it.

4 And now we don't even do our own
5 little testing stuff. I mean, you know,
6 you take an online law test and that's it.
7 You've got to --

8 DR. WILLIAMS: And that's where some
9 other adversaries of board certification
10 will say whatever designation is given to a
11 licensee in the state should come from the
12 licensing board in that state, not some
13 other association deemed certified and -- I
14 mean, that's --

15 MR. JOHNSON: Makes sense to me.

16 DR. WILLIAMS: -- and that's the tact
17 that North Carolina is taken. "We don't
18 give a damn what you say. We're the only
19 guys who are going to designate how a
20 licensee is called in this -- that's our
21 authority and our authority only."

22 It's a complicated issue. And when
23 you go to ARBO, they -- they're -- which is
24 the national association of regulatory
25 boards, they say, "You don't even need to

1 be involved in that issue. If you're not
2 doing it, then you don't -- you don't even
3 need to be -- you don't need to be going
4 there."

5 DR. VAN VEEN: If you're not doing?

6 DR. WILLIAMS: If you're not the
7 agency that -- that it's your authority to
8 regulate your guys and nobody else's.

9 DR. CANDELA: So only send two members
10 to whatever --

11 DR. WILLIAMS: Yeah.

12 DR. CANDELA: -- and I have to be --
13 just wanted to bring it up to discuss and
14 kind of think about it, chew on it, at the
15 next meeting go ahead and see if -- get
16 some more input --

17 DR. WILLIAMS: And basically we keep
18 dodging -- because what's happening now now
19 that people are, quote, board certified by
20 the American Board of Optometry and AOS,
21 well, who says they can't use that
22 terminology unless we say it? Or can one
23 group use it because they actually went
24 through an additional testing procedure and
25 the other party can't because they

1 basically just joined an organization that
2 essentially said what you said and said,
3 "Hey, you're -- you already got that.
4 You've been licensed by your -- by your
5 board"?

6 MR. JOHNSON: Interesting.

7 DR. WILLIAMS: It's a -- you know,
8 it's basically split the profession right
9 down the middle. But right now it's not
10 required for licensure. It's not required
11 for re-licensure. It has nothing to do
12 with your day-to-day practice of your
13 profession or how you get reimbursed at
14 this point in time. Potentially it might.

15 But the bigger issue is, what are we
16 going to say to people who say, "I want to
17 use this term now. I got this thing saying
18 I'm this. I want to say I am."

19 MS. COMBS: But at this point a
20 licensee really couldn't say that because
21 of the regs?

22 DR. CANDELA: That's what I wanted to
23 see.

24 (Multiple speakers.)

25 DR. WILLIAMS: That's wanted to say.

1 DR. CANDELA: As far as you couldn't
2 put yourself out as a speciality --

3 (Multiple speakers.)

4 MS. COMBS: It's under -- it's in the
5 regs, 95-2 under advertisements, B, and
6 basically an optometrist cannot designate
7 him or herself as a specialist in any area
8 of optometric practice unless he or she
9 holds a certification from a credible
10 national organization recognized by the
11 Board.

12 So is --

13 DR. CANDELA: That's --

14 MS. COMBS: -- no one really should be
15 saying that?

16 DR. WILLIAMS: At this point in time
17 that's true because we haven't done it. We
18 haven't recognized --

19 (Multiple speakers.)

20 MR. JOHNSON: Yeah, we don't recognize
21 a --

22 DR. CANDELA: AO -- or AOS, no. We
23 don't recognize anybody at this point in
24 time.

25 DR. WILLIAMS: Right.

1 DR. CANDELA: That's the thing. And
2 so -- and then how do you go ahead and
3 recognize AOS and AVO which is the one we'd
4 have to go through for board eligibility,
5 take the exam, then do the ten-year
6 maintenance certification which is totally
7 different than what the AOS is where you
8 just pay your membership fee.

9 So -- because then you have
10 optometrists out there saying, "Well --"

11 DR. WILLIAMS: Exactly.

12 DR. CANDELA: Yeah. So I guess we
13 need to start coming up with a more
14 definitive --

15 MR. JOHNSON: That would add to the
16 responsibility of the Board big time,
17 wouldn't it? We have to look at all that
18 stuff -- I mean, how many organizations out
19 there can -- can designate -- or can --

20 DR. WILLIAMS: Right now two main
21 ones.

22 MR. JOHNSON: Two?

23 DR. WILLIAMS: Yeah. Yeah.

24 MR. JOHNSON: Okay.

25 DR. WILLIAMS: But, again, as a board

1 we can say, "We don't recognize any of it.
2 I mean, that's nice and, yeah, you have
3 people that are, quote, diplomates in your
4 group and you say they're board certified,
5 but that's -- we don't -- we don't
6 recognize them."

7 DR. VAN VEEN: Now, is there a problem
8 with somebody having on their sign --

9 DR. CANDELA: That's what I mean. I
10 think there is a problem.

11 DR. WILLIAMS: I think so, yeah.

12 DR. VAN VEEN: So I don't --

13 DR. CANDELA: So if we do make that
14 decision not to recognize anybody, I think
15 we need to loosen it up for people to be
16 able to say something, but then if that's
17 the case, then you open up the door to
18 someone -- XYZ company or whatever in
19 saying yeah, so --

20 DR. WILLIAMS: The way it's written in
21 the reg now it's on a case-by-case basis,
22 correct, unless -- in other words, nobody
23 can do it unless by an organization
24 recognized by the Board?

25 MS. COMBS: Correct.

1 DR. VAN VEEN: There's currently no
2 organizations --

3 DR. WILLIAMS: That's exactly correct.

4 MR. JOHNSON: So our position is the
5 same as North Carolina's then, isn't it?

6 DR. WILLIAMS: Right at this moment it
7 is.

8 MR. JOHNSON: This moment.

9 DR. WILLIAMS: I'm not sure that
10 that's truly the feeling of the Board, but
11 it's never been stated officially
12 differently.

13 And, Peter, I agree with you, about
14 the two other guys. It would be a mistake
15 for us --

16 DR. CANDELA: I agree.

17 DR. WILLIAMS: -- to say anything.

18 DR. CANDELA: So just something to
19 think about, have it on the agenda for the
20 next time.

21 DR. WILLIAMS: Angie, just -- I would
22 say put on there if you're going to make a
23 decision, we prob -- I think you guys need
24 to do it sooner rather than later --

25 DR. CANDELA: I agree.

1 DR. WILLIAMS: -- because the problem
2 is not -- or the issue is not going away.
3 It's only going to become more in the
4 forefront.

5 DR. CANDELA: And I think there have
6 been some heated discussions from what I
7 understand down in the low country as far
8 as this is concerned, so --

9 MS. COMBS: Would you like to have
10 that on the agenda for --

11 DR. WILLIAMS: Oh, absolutely.
12 Absolutely.

13 And I would just say too for just --
14 personally just maybe take the time to talk
15 to somebody and just find out exactly what
16 their process is because they're -- if
17 we're going to say, "Okay, you can -- we're
18 going to approve this designation," there
19 are probably some others that are equally
20 as arduous to get if not honestly more so.

21 I hate to keep dodging the bullet, but
22 I guess I don't want to be part of the
23 decision process. And certainly we know
24 how the person taking my place feels. And
25 I'm not saying that's right or wrong. I

1 just -- all right.

2 Any other information to come before
3 the Board? Anything that anybody has got
4 that's not on the agenda that you can think
5 of?

6 DR. CANDELA: No, sir.

7 DR. WILLIAMS: That being the case,
8 then I would entertain a motion that we
9 adjourn.

10 MR. JOHNSON: So moved.

11 DR. VAN VEEN: Second.

12 DR. WILLIAMS: Second. All in favor.

13 Thanks guys.

14 (The meeting was concluded at
15 5:55 p.m.)

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CERTIFICATE OF REPORTER

I, Yvonne R. Bohannon, Registered Merit Reporter, Certified Realtime Reporter, and Notary Public for the State of South Carolina at Large, do hereby certify:

That the foregoing transcript was taken before me on the date and at the time and location stated on page 1 of this transcript; that all statements made on the record at the time of the proceeding were recorded stenographically by me and were thereafter transcribed; that the foregoing proceeding as typed is a true, accurate and complete record of the proceeding to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal March 16, 2012, at Columbia, Richland County, South Carolina.

Yvonne R. Bohannon
Registered Merit
Reporter, CRR
My Commission expires
April 11, 2015

I N D E X

	Page
APPROVAL OF AGENDA	3
APPROVAL OF MINUTES	4
OIE AND IRC REPORTS	4
PRESENTATION FROM RPP	8
REPORTS/INFORMATION	
ADMINISTRATIVE INFORMATION	20
CONTINUING EDUCATION	25
UNFINISHED BUSINESS	29
NEW BUSINESS	29
BOARD CERTIFICATION ISSUE	45
CERTIFICATE OF REPORTER	68

E X H I B I T S

(None marked.)