

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF EXAMINERS IN OPTOMETRY

IN THE MATTER OF)
)
OPTOMETRY BOARD BUSINESS) TRANSCRIPT OF DISCUSSION
)
Respondent.)

Given before Terri A. Winiarski, Nationally Certified Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 3:04 p.m., Wednesday, August 3rd, 2011, at the offices of the South Carolina Department of Labor, Licensing and Regulation, 110 Centerview Drive, Columbia, South Carolina.

Reported by:
Terri A. Winiarski, CVR

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Board Members: Robert N. Williams, Jr., O.D., Pres.
Derek P. Van Veen, O.D.
Thomas E. Tucker, O.D.
Peter V. Candela, O.D.
William W. Spearman, O.D.
Isaac L. Johnson, Jr.

Advising the Board: James C. Saxon, Esquire (LLR)

Also Present: Angela M. Combs, Board Administrator
David Love, LLR Investigator
Gwyn Morris, LLR Investigator

Reported by: Terri A. Winiarski, CVR

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PROCEEDINGS

DR. WILLIAMS: We'll call this meeting to order.
Has everyone had a chance to look at the minutes from the 4th of May meeting? Any comments on that? Corrections? All right, then. Hearing none, I would entertain a motion that we accept the minutes as written.

DR. SPEARMAN: So moved.

DR. WILLIAMS: Second?

DR. VAN VEEN: Second.

DR. WILLIAMS: All in favor?

BOARD MEMBERS: Aye.

DR. WILLIAMS: All right. Motion passed. We do have, we do have an agenda for today's meeting, but I would like to deviate from that due to some legal counsel that we need to receive. So ...

DR. VAN VEEN: Yes. I'd like to pose a motion for executive discussion for legal advice.

MR. SAXON: Executive Session.

DR. WILLIAMS: Second?

DR. TUCKER: Second.

DR. WILLIAMS: All in favor?

BOARD MEMBERS: Aye.

(Executive Session 3:05 p.m. - 3:22 p.m.)

1 DR. WILLIAMS: This next board of -- business is
2 Investigation and Enforcement Report by David
3 Love.

4 MR. LOVE: That's me. Good afternoon. Once again,
5 we'll start with the statistical report.

6 MS. COMBS: These -- they're on your -- kind of
7 laying on the table in front of your book.

8 DR. WILLIAMS: Oh, okay. Thank you.

9 MS. COMBS: They're not in the main book. I'm
10 sorry. Yeah, okay. Go ahead. I'm sorry.

11 MR. LOVE: Basically, this gives you a flow of what
12 has come in, and we've compared last year to
13 this year, at least through July 19th. As you
14 can see, there's been an increase of
15 complaints this year. Through July the 19th,
16 there's been 19, and for the whole year of
17 last year, there's been 13. For 12 months,
18 there were 13. And this is just nothing but
19 just educational for members to see what,
20 what's coming in and where it's going and
21 what's happening to it. It's broke down. Do
22 you have any questions on this form at this
23 time? The next report is the board report,
24 and we have two cases. The IRC met on August
25 the 3rd. No, it wasn't August the 3rd; that's

1 today. We met a couple of days ago, and we
2 recommended two cases that we bring before you
3 today, which is August the 3rd, be dismissed.
4 Has everybody had a chance to review the two
5 cases? One, of course, alleging unlicensed --
6 allowing someone to practice without a
7 license. And the other, somewhat of a
8 substandard care -- patient care. Both were
9 to be found unfounded, and therefore, the IRC
10 recommends that both cases be dismissed. If
11 you have any questions, I'll be glad to answer
12 it. If not ---

13 DR. SPEARMAN: I would like to ask a question
14 regarding the first case, and that is that the
15 optician allegedly was performing duties
16 without a license. Can you elaborate on what
17 those duties were ---

18 MR. LOVE: Well, some ---

19 DR. SPEARMAN: --- supposed to be?

20 MR. LOVE: --- some older person came in, and she
21 didn't see any license or anything on the
22 wall. It was an apprenticeship program.

23 DR. SPEARMAN: Uh-huh.

24 MR. LOVE: And basically, the person was helping
25 fill out forms or adjusting -- make -- or

1 helping pick out the, the lens or the glasses
2 and so forth -- paperwork, insurance, and, and
3 whatever the, the mentor was, you know,
4 advising that person to do.

5 DR. SPEARMAN: Was this in an optician's office or
6 optometrist's office?

7 MR. LOVE: Optometrist.

8 DR. SPEARMAN: Okay. My, my understanding -- and
9 this is just for clarification for me as to
10 what the law actually states -- my
11 understanding is, as long as a person is
12 acting under the direction of an optometrist,
13 regardless of their licensure, that it would
14 be legal.

15 MR. LOVE: That's correct.

16 DR. SPEARMAN: So the, the response that is listed
17 here that clarified that the optician was
18 going through an apprentice program at the
19 practice -- it seems to me that that would be
20 irrelevant whether or not they were going
21 through an apprentice program or not. The
22 fact that they were working under the
23 direction of an optometrist, and therefore
24 that there was no, no standing to the
25 complaint ---

1 MR. LOVE: Well, you ---

2 DR. SPEARMAN: --- am I correct or am I ---

3 MR. LOVE: --- you, you're absolutely correct. We
4 did not know that at the time.

5 DR. SPEARMAN: I understand.

6 MR. LOVE: We just -- a person comes in ---

7 DR. SPEARMAN: Well, but it -- I guess what I'm
8 trying to say -- and I'm -- is that that
9 sentence, in my opinion, is -- in the
10 response, would be not required. The only
11 thing that would be required is the fact that
12 the person was working under the direction of
13 an optometrist, and therefore, there was no
14 case. And it's just for my clarification,
15 because the fact that they were an optician in
16 an optician training program had, really,
17 nothing to do with the fact that they weren't
18 in violation.

19 MR. LOVE: Well ---

20 DR. SPEARMAN: Is that correct that ---

21 MR. LOVE: --- yes, sir.

22 DR. SPEARMAN: Okay. That's, that's -- thank you.

23 MR. LOVE: Yes, sir. Do we have any questions on
24 case number two from anybody? No questions at
25 this time? I hereby would ask on behalf of

1 the IRC that the Board approves these
2 recommendations on this given day, August the
3 3rd.

4 DR. WILLIAMS: I'll entertain a motion ---

5 DR. SPEARMAN: So moved.

6 DR. WILLIAMS: --- as such. And second?

7 DR. VAN VEEN: Second.

8 DR. WILLIAMS: All right. Any discussion from
9 anyone? All in favor?

10 BOARD MEMBERS: Aye.

11 DR. WILLIAMS: Opposed? (No response). All right.
12 Motion carries. We will accept that report --
13 -

14 MR. LOVE: Thank you.

15 DR. WILLIAMS: --- as presented to the Board.
16 Thank you.

17 MR. LOVE: And thank you. Thank you very much.

18 DR. TUCKER: Thank you for your work.

19 (Mr. Love and Ms. Morris exit the room)

20 DR. WILLIAMS: All right. We'll move onto reports
21 and information/administrative info. Angie,
22 you want to take the floor here?

23 MS. COMBS: I would like to put -- have this one
24 moved to the end of the meeting.

25 DR. WILLIAMS: Okay.

1 MS. COMBS: Because that way, if we get all the
2 legal aspects out ---

3 DR. WILLIAMS: All right.

4 MS. COMBS: --- out, out, out of the way ---

5 MR. SAXON: She's trying to get rid of me.

6 MS. COMBS: --- and ---

7 DR. WILLIAMS: So where do you want me to move to,
8 down to unfinished business ---

9 MS. COMBS: Yes.

10 DR. WILLIAMS: --- then?

11 MS. COMBS: Yes.

12 DR. WILLIAMS: Okay.

13 MS. COMBS: Uh-huh, please.

14 DR. WILLIAMS: Then we will modify the agenda move
15 to unfinished business, which has to do with
16 the PediaVision and vision screenings which we
17 heard about on the 4th of May. And are we
18 pending an opinion from Jamie on how to
19 proceed ---

20 MR. SAXON: I can do ---

21 DR. WILLIAMS: --- with that?

22 MS. COMBS: Uh-huh.

23 MR. SAXON: My opinion is that your law does not
24 allow what PediaVision is requesting at this -
25 --

1 DR. WILLIAMS: Okay.

2 MR. SAXON: --- point. There would have to be a
3 licensed member of the profession ---

4 DR. WILLIAMS: Okay.

5 MR. SAXON: --- supervising. And to -- for
6 anything else to be, you'd have to have your
7 law changed.

8 DR. WILLIAMS: Okay. And that was my next
9 question.

10 MR. SAXON: And if you want to do that, I'd check
11 to make sure -- we no longer draft proposed
12 legislation. So that's up to y'all. But that
13 would be the step to take if you -- if this is
14 something you want to do and pursue, that's
15 how you would go about getting the legislature
16 to do it. Otherwise, I would think getting a
17 volunteer, a member of the profession to
18 supervise ---

19 DR. WILLIAMS: To be on site.

20 MR. SAXON: --- right.

21 DR. WILLIAMS: Okay.

22 MR. SAXON: The example I gave Angie today is: My
23 family and I are working in the Medical
24 Mission 2011 at the Coliseum this year, that
25 they did very successfully in Greenville last

1 year. And there are volunteer doctors,
2 optometrists, dentists -- whatever -- present
3 there for that.

4 DR. WILLIAMS: Right.

5 DR. SPEARMAN: I would like to make a
6 recommendation to the Board that you provide a
7 letter to the, to the President of the Board
8 stating the law and your interpretation of the
9 law, and that our, that our Chairman or
10 President then write a letter to, to them ---

11 DR. WILLIAMS: Okay.

12 DR. SPEARMAN: --- explaining that this is the
13 opinion of our attorney and unfortunately we
14 could not approve their request.

15 MR. SAXON: I'll be glad to do that.

16 DR. SPEARMAN: And, and by the way, I am not
17 convinced that there is a necessity to
18 describe the function of changing the law,
19 just simply your decision.

20 MR. SAXON: I would not.

21 DR. SPEARMAN: Okay, good, exactly.

22 MR. SAXON: The less said, the better.

23 DR. SPEARMAN: Indeed.

24 MR. SAXON: I'll just say that my interpretation of
25 the law is that there has to be a licensed

1 member of the profession supervising.

2 Otherwise, it's in violation of ---

3 DR. WILLIAMS: Right.

4 MR. SAXON: --- 40-37-30(A)(2) -- or (B)(2),
5 (B)(2).

6 DR. SPEARMAN: And that's just a recommendation. I
7 certainly would -- I wouldn't want that -- I'd
8 want the Board to agree on that.

9 MR. SAXON: Well, what I would, what I would --
10 what I might do -- Angie, when do they next
11 meet?

12 MS. COMBS: November 2nd? 3rd?

13 DR. WILLIAMS: I think that's right.

14 MS. COMBS: A Wednesday. I'll attempt to find it.

15 MR. SAXON: Y'all probably ---

16 DR. WILLIAMS: Yeah, November 2nd.

17 MS. COMBS: Uh-huh.

18 MR. SAXON: That's a long time to wait. I'll
19 certainly send you the letter.

20 DR. WILLIAMS: Okay.

21 MR. SAXON: If this is something you want to share
22 with everybody before that -- because you
23 don't really want to wait till November, I ---

24 DR. WILLIAMS: No. I think ---

25 DR. SPEARMAN: Well, couldn't, couldn't the Board

1 just authorize him to write a, write a letter
2 to them ---

3 MR. SAXON: Oh, yes.

4 DR. SPEARMAN: --- in response to ---

5 MR. SAXON: I just would like -- yeah. And he can
6 approve what I write, if y'all can advise him
7 to do that.

8 (Multiple speakers)

9 MR. SAXON: Absolutely.

10 DR. WILLIAMS: Sounds like a possible plan.

11 DR. SPEARMAN: How long's it take you to get a
12 letter out?

13 DR. WILLIAMS: Forever, forever.

14 MR. SAXON: Well, you can just write what I've
15 written and substitute your own name.

16 (Multiple speakers)

17 MR. SAXON: Put it on your own letterhead ---

18 DR. SPEARMAN: Sign, me too.

19 MR. SAXON: Ditto.

20 DR. TUCKER: What he said.

21 DR. WILLIAMS: Couldn't have said it better myself.

22 MR. SAXON: I'll get that to Angie in the next week
23 or so.

24 DR. WILLIAMS: Okay, thanks. And any other
25 discussion. Anybody have any other questions

1 for Jamie on that or would want to mention
2 anything about that?

3 MR. SAXON: And does anybody disagree?

4 DR. SPEARMAN: If we don't have a question, should
5 we vote that we, that we're going to deny that
6 request based on ---

7 MR. SAXON: I believe I ---

8 DR. SPEARMAN: --- advice of counsel?

9 MR. SAXON: --- I believe I would.

10 DR. WILLIAMS: Okay.

11 DR. SPEARMAN: I would so move.

12 DR. WILLIAMS: All right.

13 DR. TUCKER: Second.

14 DR. WILLIAMS: Second. Any discussion? Does
15 everybody remember what we're ---

16 DR. VAN VEEN: Yeah.

17 DR. WILLIAMS: Okay.

18 DR. VAN VEEN: Can we just briefly -- I remember
19 looking at this, but before I -- we tell them
20 no ---

21 DR. WILLIAMS: Well, who can whip out a good
22 synopsis? I have a -- I've already messed up
23 once today with my memory.

24 MR. SAXON: You haven't messed up.

25 DR. SPEARMAN: Well, I, I think -- I'm not sure I

1 recall the absolute -- the details. But I
2 believe that it was pretty obvious to us that
3 ---

4 MR. SAXON: Yeah, it ---

5 DR. SPEARMAN: --- at the time, that it was a
6 violation of the Practice Act. And that ---

7 DR. VAN VEEN: Because it spit out a prescription?
8 Is that ---

9 DR. SPEARMAN: Something -- there was some
10 technicality to that in that there was no
11 optometrist there to ---

12 DR. WILLIAMS: Right.

13 DR. SPEARMAN: --- supervise this. In other words,
14 then a referral would've been made to an
15 optometrist. I don't remember all that.

16 MR. SAXON: They're actually check -- if, if my
17 memory serves, they're, they're doing
18 procedures to -- that ---

19 DR. SPEARMAN: With an instrument.

20 DR. WILLIAMS: Uh-huh.

21 MR. SAXON: --- yes -- that, that only an
22 optometrist ---

23 DR. SPEARMAN: And they're not licensed ---

24 MR. SAXON: --- can do ---

25 DR. SPEARMAN: --- they're not licensed.

1 MR. SAXON: --- to determine whether this child, in
2 this instance -- but you know, this doesn't
3 just go to this group. It would be any ---

4 DR. WILLIAMS: Right.

5 MR. SAXON: --- any group.

6 DR. WILLIAMS: And this was something that was --
7 came into the law, I guess, eight, ten, 12
8 years ago for an entirely different reason.

9 DR. VAN VEEN: Uh-huh.

10 DR. SPEARMAN: And I think Mason also felt -- my
11 interpretation was that he felt that this was
12 ---

13 DR. WILLIAMS: Yeah.

14 DR. SPEARMAN: --- in violation ---

15 DR. WILLIAMS: Right.

16 DR. SPEARMAN: --- of the law, but he was hoping
17 for some sort ---

18 DR. WILLIAMS: Yeah.

19 DR. SPEARMAN: --- sort of exception ---

20 DR. WILLIAMS: Right.

21 DR. SPEARMAN: --- from the Board. Which I, I, I
22 personally did not feel that that was
23 appropriate, simply because it opened it up to
24 many, many, many requests.

25 DR. WILLIAMS: For -- the Association for the Blind

1 in Charleston will go into the schools and try
2 to identify children at risk visually.

3 DR. VAN VEEN: And those people are referred ---

4 DR. WILLIAMS: Uh-huh.

5 DR. VAN VEEN: --- to a ---

6 DR. WILLIAMS: I think there are a group of
7 optometrists on the list who are willing to
8 see these children, and I believe, at no
9 expense to the child, based on -- and it's not
10 an autorefractor, but it's an instrument
11 that's similar to that.

12 DR. VAN VEEN: Right.

13 MR. SAXON: And I remember reading about it, but
14 have no idea what it was.

15 DR. WILLIAMS: Yeah. Not that they're prescribing
16 off of that instrument ---

17 DR. TUCKER: Right.

18 DR. WILLIAMS: --- they're just using that to
19 attempt to ID, you know, somebody that's --
20 you know, has a, has a high refractive error
21 or maybe a significantly unequal refractive
22 error.

23 DR. SPEARMAN: Among other things, didn't it note
24 stir business ---

25 DR. WILLIAMS: And stir business, as well.

1 DR. SPEARMAN: It does some diagnostic testing
2 that's ---

3 DR. WILLIAMS: You know, a very easy solution for
4 those guys -- but this is something they'll
5 have to come to grips with -- is just have an
6 optometrist on the site ---

7 DR. VAN VEEN: Yeah.

8 DR. WILLIAMS: --- when they do it. It's not like
9 they do it every day.

10 DR. TUCKER: Right.

11 DR. SPEARMAN: And the reason for the request, as I
12 recall, was the fact that, in that event, it
13 would've been a cost issue. They would've had
14 to pay the optometrist to be there.

15 DR. WILLIAMS: I guess, unless ---

16 DR. SPEARMAN: That's what he said.

17 DR. WILLIAMS: --- unless somebody volunteered.
18 Okay.

19 MR. SAXON: I suspect a volunteer could be found.

20 DR. WILLIAMS: Yeah, yeah. And actually, they'd
21 have probably never come to us if -- had it
22 not been for the fact that Mason was on the
23 Board before and kind of knew what the law
24 was. I imagine things like this probably
25 occur.

1 DR. VAN VEEN: What part did it violate again?

2 Where? What section?

3 DR. WILLIAMS: I think for a screening, the only
4 thing you can do at a screening -- and it's in
5 our law somewhere, I think, is determine
6 acuity. I think that's correct.

7 MS. COMBS: What he sent to -- or passed out is
8 under tab three. What Dr. Smith passed out.

9 DR. WILLIAMS: Yeah. What I think Derek wanted to
10 know ---

11 MS. COMBS: I don't know ---

12 DR. WILLIAMS: --- exactly what, exactly what does
13 the law state on screenings?

14 MS. COMBS: Oh, that -- the law is in ---

15 MR. SAXON: It's -- she's in -- Angie has kindly
16 included that. Well, no, it was included in
17 his.

18 MS. COMBS: This was included in his. See, he
19 thought -- I think you all remember that he,
20 he ---

21 DR. TUCKER: Yeah. 40-37-30.

22 MS. COMBS: --- he thought that it wasn't legal to
23 do.

24 DR. WILLIAMS: So 40-37-30?

25 MR. SAXON: If you employ any means for the

1 measurement of powers of vision or the
2 adaptation of lenses for the aid of vision ---

3 DR. WILLIAMS: Okay.

4 MR. SAXON: --- you're practicing.

5 DR. WILLIAMS: So, in other words, all they could
6 do, I guess, is just like do an acuity? I
7 think that's pretty much what a, a screening
8 would -- is okay to be done without -- okay?
9 And again, the intent of this law -- I'm just
10 thinking back of years ago, because this was -
11 --

12 DR. VAN VEEN: 40 ---

13 DR. WILLIAMS: --- awhile ---

14 DR. VAN VEEN: --- 37 ---

15 DR. WILLIAMS: --- before I came in -- yeah ---

16 MR. SAXON: 30.

17 DR. VAN VEEN: 30.

18 MR. SAXON: (B)(2).

19 DR. WILLIAMS: --- was to prevent other for-profit
20 groups from trying to go under the veil of the
21 guise of screening and provide prescriptions
22 for patients. So ...

23 MR. SAXON: And it's also a nice safety measure.

24 DR. WILLIAMS: Yeah. You know, the unfortunate
25 intent here is I think it prevents somebody

1 from doing something that's a benefit to the
2 public. But the only way we could change that
3 ---

4 DR. TUCKER: Is change the law.

5 DR. VAN VEEN: Change the law.

6 DR. WILLIAMS: --- is change the law, as opposed to
7 giving them an exception.

8 DR. SPEARMAN: Which I think would be a mistake.

9 DR. WILLIAMS: And then, when the Board says, okay,
10 we'll, we'll let you guys do it -- I think
11 we've been, I think we've been advised that
12 that's not a very smart thing to do. You
13 know, so ...

14 DR. VAN VEEN: All right. I mean, I, I see the
15 point. But if -- you know, the one issue I
16 have is: I think his system is much better
17 than testing just acuity. But ---

18 DR. WILLIAMS: Oh, I think we all agree.

19 DR. VAN VEEN: Right. So ...

20 DR. WILLIAMS: Yeah. I, I -- yeah. It's just the
21 way our law is ---

22 DR. VAN VEEN: Right.

23 DR. WILLIAMS: --- at this moment.

24 DR. VAN VEEN: And who wants to go through that
25 process?

1 (Multiple speakers)

2 DR. WILLIAMS: Yeah, I think it'd be much easier on
3 everybody's Board if they'd just get a, a
4 local optometrist to show up the day that
5 they're there. And that solves ---

6 DR. VAN VEEN: Yeah.

7 DR. WILLIAMS: And, and I guess they just have to
8 be on site, just to -- just for ---

9 DR. SPEARMAN: Right.

10 DR. WILLIAMS: --- legal purposes. All right. So
11 we had a motion, a second, discussion. All in
12 favor?

13 BOARD MEMBERS: Aye.

14 DR. WILLIAMS: Opposed? (No response). All right.
15 Then that's, unfortunately, rejected. And
16 between Jamie and I, we'll get some
17 information to Dr. Smith informing him of
18 that. Next is continuity of patient care or
19 patient records, patient records
20 responsibility. And that's on tab four. And
21 you know what I think I might do -- well,
22 Jamie, I guess I'll leave it up to you, too.
23 I guess we're pending a legal opinion on
24 exactly what should be done, or what is being
25 ---

1 MR. SAXON: What's your question?

2 DR. WILLIAMS: Well, I don't have a question, but I
3 think somebody on this Board ---

4 MR. SAXON: Okay.

5 DR. SPEARMAN: I think we're asking for a
6 clarification and -- based, based on something
7 that Peter asked, as I recall. Is that right,
8 Peter?

9 DR. CANDELA: That's correct.

10 MR. SAXON: What was the question, Peter?

11 DR. CANDELA: How to word the question? If you
12 come in to see me, and I've been taking care
13 of you for years. Then I move off and
14 something happens in that relationship where I
15 was working. You expect to come back to see
16 me again, and I'm not available. They say I'm
17 not around any more or whatever. The person
18 who owned the practice owns the physical
19 record itself. The patient owns the
20 information to that record. But should not
21 the patient have the right to know where the
22 doctor who'd been treating them for the last
23 two, three, five, ten years, whatever --
24 especially if they're under medical treatment
25 -- continuation of care issues as far as

1 glaucoma, certain infections, inflammations --
2 whatever -- of the eye -- should they not have
3 that information, as opposed to being told
4 certain things?

5 MR. SAXON: You mean more than their records? I
6 mean, obviously, they've got a right to any of
7 their records.

8 DR. CANDELA: They have a right to their record.
9 And according to the patient act, they have to
10 pay for that right, if one so chooses to ---

11 MR. SAXON: Reasonable ---

12 DR. CANDELA: --- charge them for them, but ---

13 MR. SAXON: --- reasonable copying and, and ---

14 DR. CANDELA: Right.

15 MR. SAXON: --- those sorts of things will be
16 upheld.

17 DR. CANDELA: Up to \$20 administrative cap.

18 MR. SAXON: Right. Anything above that would be
19 considered abusive probably. But ---

20 DR. CANDELA: So I, I guess that's the question is
21 should we, as a Board, be able to let the
22 optometrist know and understand that, if
23 someone is in your employ -- someone who is
24 working for you as a contract labor -- that if
25 you leave, that the patient should at least be

1 informed, hey, Dr. So-and-so is no longer
2 going to be with you; we're going to be
3 sending you up to see Dr. So-and-so for the
4 continuation of your care or something of that
5 nature?

6 MR. SAXON: You know, that -- what I've been -- and
7 this is not a question I was expecting. So I
8 ---

9 DR. CANDELA: Sure.

10 MR. SAXON: --- I didn't know to prepare for this.

11 DR. CANDELA: And this isn't anything that we have
12 to hash out now.

13 MR. SAXON: No.

14 DR. CANDELA: If we just started giving out this
15 information and stuff for us to be able to
16 think about and talk about it and see ---

17 MR. SAXON: The records have to be maintained; they
18 have to be made available to the patient. And
19 there can be -- or a parent of a minor child,
20 provided certain guidelines are met. Now, the
21 question as to whether that patient has the
22 right to know where his or her doctor has
23 gone, I'm not real sure the law addresses
24 that.

25 DR. CANDELA: It doesn't.

1 MR. SAXON: Then ---

2 DR. CANDELA: For sure, it does not address it.

3 MR. SAXON: --- I think it is something, then -- I
4 don't think it would be -- I don't see any
5 reason right off hand that it would be hurtful
6 to let the person know the person's former
7 optometrist has gone to, say, Montana or
8 wherever. I don't know that there's a duty,
9 but it certainly seems to me a polite,
10 professional thing to do.

11 DR. CANDELA: To do. Yeah.

12 MR. SAXON: Right.

13 DR. CANDELA: That's what I was thinking.

14 MR. SAXON: But I don't think the law require -- I
15 haven't seen anything in my quick reading of
16 this Patient Records Act that, that says that.

17 DR. CANDELA: See, if I go into my medical doctor
18 and I've seen him for 15 years and all of a
19 sudden he's not there, and they tell me: He's
20 not available now; you need to see so-and-so.
21 Well, where is, you know, Dr. So-and-so?

22 MR. SAXON: Right.

23 DR. CANDELA: And they tell me, well, we don't
24 know. You know, his office is closed; he's
25 not ---

1 MR. SAXON: Right.

2 DR. CANDELA: --- located here anymore. I mean, I
3 still want to see him because I've built up
4 that relationship with him ---

5 MR. SAXON: Right.

6 DR. CANDELA: --- for so many years.

7 MR. SAXON: And generally, the, the way it's
8 handled -- and the reason I know the way that
9 the Medical Board handles this, because it
10 happened to me -- and then it's come up before
11 their Board -- is that, for instance, your
12 doctor leaves or retires or whatever. They
13 generally send on your records to whomever you
14 want them to be sent. They will, they will
15 frequently give you a list of -- and if it's
16 the case of a retirement or a death, then
17 someone from that office will give you a list
18 of people who are willing to take you as a
19 patient.

20 DR. CANDELA: Right.

21 MR. SAXON: And you just call them and say, I'd
22 like to go to this one. They'll send your
23 records on.

24 DR. CANDELA: Right.

25 MR. SAXON: And I've never been charged for that.

1 I think -- but they are certainly within their
2 rights to charge me ---

3 DR. CANDELA: Sure.

4 MR. SAXON: --- for that. And they're required to
5 do that.

6 DR. SPEARMAN: Only if they know -- I mean, you
7 must know where you want those records sent.

8 MR. SAXON: That's, that's correct.

9 DR. SPEARMAN: If they don't know, then ---

10 MR. SAXON: It's, it's the patient's responsibility
11 to ask for his or her records, either to take
12 them home or ask that they be forwarded to
13 such-and-such an office.

14 DR. CANDELA: But if the patient is being given
15 false information as to where that
16 practitioner is located who has had them under
17 treatment for medical conditions.

18 MR. SAXON: Then I think that becomes -- I think
19 you get into a complaint area.

20 DR. CANDELA: Right. So I, I guess what I was
21 saying is that my question was: Could we,
22 should we have some type of statement? I know
23 you -- we said we're against policies now,
24 because we've gotten away from policies ---

25 MR. SAXON: It's -- they're dangerous.

1 DR. CANDELA: --- and then to open up the law just
2 to go ahead and put something like this in, it
3 certainly wouldn't be worth it. But there
4 should be due diligence. Just like, somewhere
5 through here, I remember seeing about we have
6 now ten items of what an eye exam is supposed
7 to be that was -- the Board put together back
8 in 2000/2001 of what's supposed to be included
9 in the examination and that the Board doesn't
10 even recognize an eyeglass exam. Okay?
11 Because these elements need to be in a
12 complete evaluation or examination for
13 patients. So my thought was/is that it should
14 be something that should be said that doctors
15 of optometry should know, if they're
16 practicing in this state, that if the doctor
17 of record who's been taking care of them are
18 no longer located there or the practice
19 changes hands or whatever, information needs
20 to at least be given to the patient so they
21 can make a decision where they would like to
22 go. Go with the doctor who left, stay with
23 the practice, stay where the records are. But
24 inform them.

25 MR. SAXON: Right.

1 DR. SPEARMAN: Well, I know when we do this at our
2 hospital, when we have a physician that
3 leaves, there's a requirement that each active
4 patient receive a letter ---

5 MR. SAXON: Uh-huh.

6 DR. SPEARMAN: --- informing them ---

7 MR. SAXON: Right.

8 DR. SPEARMAN: --- of that.

9 DR. WILLIAMS: I was going to ask you about that.

10 DR. SPEARMAN: Now, is that law, or is that a
11 courtesy?

12 MR. SAXON: I think it's law.

13 DR. SPEARMAN: Well, in that case, then the
14 optometrists should follow under the same -- I
15 don't know if that's a medical practice
16 regulation.

17 MS. COMBS: Can I tell you -- let you know about
18 something?

19 MR. SAXON: Yes, please.

20 MS. COMBS: In your law, optometry law, it states
21 you use the physician's Patient's Record Act,
22 except for -- and I think -- now, I just --
23 except for the section that states that -- and
24 we'll make -- I'll make sure of that -- about
25 the physician may not sell the -- let me go

1 into your law and state -- just to make sure.
2 But I think that's the exception. It's in our
3 regs that said we don't use that.

4 DR. WILLIAMS: And I think ---

5 MS. COMBS: But -- I mean, as far as the detail of
6 what you're supposed to do. But let me, let
7 me just make sure.

8 DR. WILLIAMS: When your hospital sends that out,
9 do you also say where the doctor is going or
10 just that he has -- or that he's ---

11 DR. SPEARMAN: I'm not sure ---

12 DR. WILLIAMS: --- no longer with the ---

13 DR. SPEARMAN: --- that we state ---

14 DR. WILLIAMS: --- practice.

15 DR. SPEARMAN: --- where the doctor is going.

16 MR. SAXON: I've not seen that before.

17 DR. SPEARMAN: Because the idea would be that we
18 want to retain those patients in that
19 practice.

20 DR. WILLIAMS: Exactly.

21 MR. SAXON: Well, and the doctor may not
22 necessarily want people to know where he or
23 she ---

24 DR. SPEARMAN: That's true.

25 MR. SAXON: --- is going.

1 DR. SPEARMAN: He may not, and the hospital may
2 certainly not want that.

3 MR. SAXON: Right. But, you know, that doctor may
4 have a reasonable expectation of ---

5 DR. SPEARMAN: I would think, however, that if the
6 doctor himself or herself wanted to inform
7 that current patient ---

8 MR. SAXON: Yes.

9 DR. SPEARMAN: --- list of his or her whereabouts
10 after that, that he or she would have the
11 right to ---

12 MR. SAXON: Absolutely.

13 DR. SPEARMAN: --- send that letter out ---

14 MR. SAXON: Absolutely.

15 DR. SPEARMAN: --- themselves.

16 DR. WILLIAMS: But we don't ---

17 MR. SAXON: And that's not unusual.

18 (Multiple speakers)

19 DR. WILLIAMS: --- would they, would they ---

20 DR. CANDELA: --- have access to ---

21 DR. WILLIAMS: --- I was going to say ---

22 DR. CANDELA: --- that patient's ---

23 DR. WILLIAMS: --- would they, would ---

24 DR. CANDELA: --- information?

25 DR. WILLIAMS: --- they have access ---

1 DR. CANDELA: --- (inaudible) ---

2 DR. WILLIAMS: --- to the records to ---

3 (Multiple speakers)

4 DR. SPEARMAN: I have access to my information.

5 MR. SAXON: No.

6 DR. WILLIAMS: No.

7 MR. SAXON: They, they could -- you mean to send
8 the letter?

9 DR. WILLIAMS: Yeah.

10 MR. SAXON: To send the letter, yes.

11 DR. CANDELA: Or if an employed person -- if you're
12 employed, you're not going to have access to
13 those patient records -- the inpatient
14 information and stuff. You're employed by
15 whoever, individual practitioner, corporation
16 or whatever.

17 MR. SAXON: You'd have to do it ---

18 DR. CANDELA: You're not going be able to ---

19 MR. SAXON: --- you would have to ---

20 DR. CANDELA: --- get it.

21 MR. SAXON: --- do it, you would have to do it in
22 anticipation of leaving the practice while you
23 still have access to, to those records.

24 DR. CANDELA: Right. So then, therefore, you have
25 to do something illegal because probably per

1 your contract you're not allowed ---

2 DR. SPEARMAN: Well, I ---

3 DR. CANDELA: --- to have those ---

4 DR. SPEARMAN: --- I was just getting ready to say

5 ---

6 MR. SAXON: Not necessarily.

7 DR. SPEARMAN: --- that. Because that's a

8 contractual thing.

9 MR. SAXON: Yeah.

10 DR. SPEARMAN: Optometrists should be aware of this

11 inevitable or potential problem, and as they

12 negotiate the contract, they should make sure

13 that that's included.

14 DR. CANDELA: How do you know they're not going to

15 be hired?

16 DR. SPEARMAN: Well, but I mean, we're trying ---

17 DR. CANDELA: --- (Inaudible) ---

18 DR. SPEARMAN: --- we're trying, in this sense, to

19 somehow legislate a solution to this. The

20 solution is this -- to this, actually, is

21 careful construction of a contract before you

22 go into it. I mean, really, that is the

23 solution.

24 MR. SAXON: And if you want to include something in

25 your regs, there are processes that you could

1 go through to do that. Let's see.

2 MS. COMBS: And that section's about the sale of
3 medical records and notifying ---

4 MR. SAXON: Yeah, the only exception you have is
5 the sale of medical records by a physician who
6 is restricted. A physician may not sell
7 medical records to someone other than a
8 physician or osteopath licensed by the Board
9 of Medical Examiners or hospital, et cetera.

10 MS. COMBS: About publishing notices in ---

11 MR. SAXON: Right.

12 MS. COMBS: --- in the paper. And according to our
13 regs, if, if I understand that right, Jamie,
14 that we go -- or the Board -- or optometrists
15 use that, except for that particular -- is
16 that ---

17 MR. SAXON: That's right.

18 MS. COMBS: --- what that means?

19 MR. SAXON: That's, that's what that means.

20 MS. COMBS: Okay. So ...

21 MR. SAXON: So, basically, and this is included in
22 your notebook -- these, these are your
23 guidelines -- except for section 44-115-130.
24 And that's, that's the only exception that you
25 don't follow. But the rest of them would

1 apply to you as to any physician.

2 DR. WILLIAMS: So ---

3 MR. SAXON: But this is primarily concerning
4 records, not necessarily where the doctor is
5 going.

6 DR. WILLIAMS: So then there's really nothing on
7 file from a law standpoint ---

8 MR. SAXON: Not that I've seen.

9 DR. WILLIAMS: --- that protects the formerly-
10 employed doctor from having access to the
11 patient records so he can notify each patient
12 individually of his or her new location.

13 MR. SAXON: Well, I think like Dr. Spearman said, I
14 think that depends on where he ---

15 DR. WILLIAMS: Yeah.

16 MR. SAXON: --- or she has been practicing and what
17 they will allow.

18 DR. CANDELA: Right. But we're looking at this
19 from the doctor's point of view. I, I took
20 the approach from the patient's point of view.
21 If -- and our job is to protect the public.

22 MR. SAXON: Right.

23 DR. CANDELA: Does the public have the right to
24 know when their doctor is no longer available?

25 MR. SAXON: Yes.

1 DR. CANDELA: How does that mechanism get done
2 then?

3 MR. SAXON: Well, you've -- the patients have --
4 any doctor's patients have to be notified that
5 he's no longer going -- he or she is no longer
6 going to be that person's physician for
7 whatever reason, and there are lots of
8 reasons.

9 DR. CANDELA: Right.

10 MR. SAXON: And that patient then has a right to
11 obtain his or her records, to either take
12 somewhere else or take home -- whatever he or
13 she wants to do with them. The records belong
14 to the patient.

15 DR. CANDELA: So I mean, there's nothing in our law
16 that stipulates anything like that ---

17 MR. SAXON: I'm not seeing it addressed as far as
18 telling the patient where your doctor has
19 gone. And I would be wary of that, because
20 Dr. Candela may not want his patients to know
21 where he's gone or what's going on. You know,
22 it could be even a situation where the doctor
23 is sick and no longer able to see patients.
24 And people don't necessarily need to know
25 that, and there are protections for, for, you

1 know, illness, mental illness, whatever. I, I

2 ---

3 DR. SPEARMAN: He could've had his license
4 suspended for a short period of time and
5 didn't want ---

6 MR. SAXON: Right.

7 DR. SPEARMAN: --- it known that ---

8 MR. SAXON: There, there -- that person -- you've
9 got to balance the patient's protection with
10 the doctor's protection, but a patient always
11 has a right to his or her records. Does that
12 help? Okay.

13 DR. WILLIAMS: Is that the information we were
14 looking for?

15 MR. SAXON: If it's not, I can certainly do more
16 research and get a fuller answer next time.

17 DR. CANDELA: Well, yeah. Basically, I was just
18 looking to see if there's any kind of
19 potential of having some kind of language to
20 be able to have the way that the patients can
21 be notified. And if the Board ---

22 MR. SAXON: I believe that becomes a contractual
23 matter instead of a Board matter. And these
24 days, in particular -- well, and with more and
25 more hospitals owning -- I don't, I don't know

1 that they've gone to owning optometry offices
2 yet, but I'm sure it's coming. But you know,
3 more and more people are working under
4 contract with large groups in this economy,
5 and I think that a lot of it is going to
6 depend on whatever the contract is between
7 that entity and the doctor.

8 DR. CANDELA: Right.

9 MR. SAXON: Optometrist, doctor, whatever that
10 practice is. I think most of them would
11 probably not have a problem, but I've never
12 read most of them, so I can't say that for --
13 with any degree of certainty.

14 DR. WILLIAMS: Any other questions?

15 MR. SAXON: If the Board would like more research
16 done on this, I'll be happy to do it.

17 DR. WILLIAMS: Would y'all like for him to do more?

18 DR. CANDELA: No. I mean, not really. I mean, I'm
19 -- I just ---

20 DR. WILLIAMS: Well, we'll leave that access
21 available if we decide we want to pursue that
22 in the future. Thank you for making that
23 offer.

24 MR. SAXON: Well, that's what I'm here for.

25 DR. WILLIAMS: Okay. And moving forward, then,

1 we're going to talk about results of the
2 Practice Act and Regulation review.

3 MS. COMBS: This is under tab five. LLR has
4 apparently looked at all the Practice Acts,
5 and they're recommending certain changes or
6 some issues that may be some conflicts on
7 this. There's very, very little with your
8 Regulations and, and your law. But under tab
9 five -- I mean, this is in case you want to
10 take it with you and look at it or, you know,
11 we can go over it. I don't know a time line
12 at this point. If they're going to recommend
13 law changes, do you know if ---

14 MR. SAXON: I haven't ---

15 MS. COMBS: --- you don't ---

16 MR. SAXON: --- been told either.

17 MS. COMBS: This is all something new with this.

18 We were just given this, and I thought y'all
19 need to know and make sure this is something
20 you agree with.

21 MR. SAXON: We haven't been given it yet.

22 MS. COMBS: Yeah. Okay. So I don't know, as far
23 as making the changes, when that may happen or
24 they would like that to happen. And it sounds
25 like now -- so the Board is the one that does

1 the work, does the language and the -- they --

2 -

3 MR. SAXON: (Nods head).

4 MS. COMBS: --- okay.

5 MR. SAXON: I was told it's been that way for two
6 years.

7 MS. COMBS: Oh, okay.

8 MR. SAXON: So ...

9 DR. WILLIAMS: So, if I heard you correctly -- and
10 I think you said that before -- that if this
11 Board wanted to move forward with some
12 proposed legislation, then it falls on us to
13 write that up?

14 MR. SAXON: Right. We don't ---

15 DR. WILLIAMS: Who used to do it?

16 MR. SAXON: I don't know.

17 DR. WILLIAMS: Okay.

18 MR. SAXON: At least for two years, it's been the
19 Boards.

20 DR. WILLIAMS: Okay.

21 MR. SAXON: And before that, I assume it might've
22 been advise counsel, but I'm not sure about
23 that.

24 MS. COMBS: It's kind of a combination. If you
25 don't mind, I'll give you a history.

1 (Multiple speakers)

2 DR. WILLIAMS: I would ---

3 MS. COMBS: The last time ---

4 DR. WILLIAMS: --- go ahead.

5 MR. SAXON: I would think.

6 MS. COMBS: --- Dr. Parfitt actually wrote the ---

7 DR. WILLIAMS: Okay.

8 MS. COMBS: --- pretty much the law the way it
9 states. Sharon had written some of it, and
10 then he ---

11 MR. SAXON: Uh-huh.

12 MS. COMBS: --- he ---

13 DR. WILLIAMS: Okay.

14 MS. COMBS: --- anyways, it was kind of a
15 combination.

16 MR. SAXON: And you know, we're under a new
17 administration. I don't know if that will
18 continue. That may be something that is
19 returned so that we do it in -- together.

20 DR. WILLIAMS: Okay.

21 MR. SAXON: I, I just don't know that ---

22 DR. WILLIAMS: So we would have some type of legal
23 counsel available to us ---

24 MR. SAXON: I am always available ---

25 DR. WILLIAMS: --- if we were to write ---

1 MR. SAXON: --- to you.

2 DR. WILLIAMS: Okay. All right.

3 MS. COMBS: Yeah. I think so. I think we would
4 have to.

5 DR. WILLIAMS: So it wouldn't fall all on us six or
6 seven, hopefully?

7 MR. SAXON: I'm not going to, I'm not going to
8 leave you.

9 DR. WILLIAMS: Okay. Fair enough.

10 MS. COMBS: One of the ones that they recommended -
11 - and I think we may have talked about this be
12 -- oh, I know what it was -- in the bill that
13 was introduced by the association had taken
14 this out, about what DPA optometrist -- and
15 basic -- well, they don't exist anymore. So
16 LLR -- they said, that's -- that needs to come
17 out. That's the kind of thing -- and I think
18 the most -- I think there's one about CE.
19 There's -- it's in the regs and in the law
20 twice -- both, both places -- that type of
21 thing. And now, the, the one I'd like for you
22 all to read when you can is that licensure by
23 endorsement -- what they're saying on that.
24 Let's see. Here they're questioning what the
25 law and how the law is stated in the regs,

1 about the endorsement part. And this is
2 something, if you all would like to take this
3 with you and kind of study it, and I'll find
4 out more information about the time line on
5 what they're wanting us to do about making
6 these changes. I'll be happy to do that.

7 DR. WILLIAMS: And I mean, is this something that
8 has to go before the legislature?

9 MS. COMBS: Uh-huh.

10 DR. WILLIAMS: Okay.

11 MS. COMBS: Uh-huh.

12 DR. WILLIAMS: So whatever -- however we respond to
13 this has to be proposed to the legislature in
14 the form of a change to the law?

15 MS. COMBS: When I was given this information, they
16 wanted us to review it and let them know by
17 the 15th of August. And -- but since we were
18 having a Board meeting, this kind of worked
19 out. But that's about all we were told. And
20 I, and I guess it would be a good idea if you
21 all could look at it.

22 DR. WILLIAMS: Okay.

23 MS. COMBS: And then see if maybe ---

24 DR. WILLIAMS: And if the meeting has passed ---

25 MS. COMBS: --- you don't agree. You ---

1 DR. WILLIAMS: --- everything would be ---

2 MS. COMBS: --- yeah, yeah.

3 DR. WILLIAMS: --- right.

4 MS. COMBS: You may not agree with ---

5 DR. SPEARMAN: So what I'd want, for clarification,
6 is: What does exceeded statute/conflicts
7 mean?

8 MR. SAXON: It means whatever your reg was went
9 beyond what your statute allows. There's a
10 conflict ---

11 DR. SPEARMAN: So, so maybe ---

12 MR. SAXON: --- in some way between the statute and
13 the reg ---

14 DR. SPEARMAN: --- so the ---

15 MR. SAXON: --- they don't match.

16 DR. SPEARMAN: --- regulation is something that
17 this Board added -- correct -- without
18 checking into the law?

19 MR. SAXON: Not -- believe it or not, not every
20 Board has it's own regs.

21 DR. SPEARMAN: Uh-huh.

22 MR. SAXON: And some do. They're not -- they don't
23 have quite the power of a statute. They're a
24 little lesser than that. They're unique to
25 each Board. Well, some of the statutes are as

1 well. But the way I read this, there's
2 something in this particular regulation that
3 conflicts with one of your own statutes.

4 DR. SPEARMAN: Okay.

5 MR. SAXON: They don't mesh.

6 DR. SPEARMAN: And then they, they describe which
7 one. Okay.

8 (Multiple speakers)

9 MR. SAXON: I did not do this work. I'm not sure -
10 --

11 MS. COMBS: I don't know. All of a sudden ---

12 MR. SAXON: It comes from, I suspect ---

13 MR. JOHNSON: So ---

14 MR. SAXON: --- one of the ---

15 MS. COMBS: Yeah.

16 MR. JOHNSON: --- so these are recommended changes
17 to the regs and the law?

18 MS. COMBS: Right.

19 MR. JOHNSON: What -- just out of curiosity -- not
20 that -- but what if we don't agree to
21 recommended changes? Then, then what would
22 happen?

23 MS. COMBS: I guess that's where -- if you all can
24 get back with me and I can provide that
25 information -- I don't know. You know, I

1 think in most cases -- the, the one that I
2 have not studied yet -- because I have not had
3 this very long -- is about the conflict about
4 the TMOD and the things of that -- I
5 definitely want you all to look at that and
6 make sure if, if -- when you do have a chance
7 to change the law, make sure it's worded the
8 way you want it worded ---

9 DR. WILLIAMS: Yeah. And that might have been put
10 in there ---

11 MS. COMBS: --- requiring ---

12 DR. WILLIAMS: --- before the law -- before the
13 TMOD was a part of -- embedded in part two.
14 So maybe it's just the way it's written ---

15 MS. COMBS: Uh-huh.

16 DR. WILLIAMS: --- or stated. All right. Well --
17 we just agree on our own to do a little
18 research on this ---

19 MS. COMBS: Uh-huh.

20 DR. WILLIAMS: --- see what we think?

21 MS. COMBS: Yeah. If you could just let me know
22 any kind of comments you'd like me to pass on,
23 I'll be happy to, to pass that on.

24 MR. SAXON: Okay. I see where they made
25 recommendations.

1 DR. WILLIAMS: Basically, it's just -- two of them
2 are just a matter of removing that ---

3 MS. COMBS: Right.

4 DR. WILLIAMS: --- that's stated, and then another
5 one, revising.

6 DR. SPEARMAN: They -- I'm, I'm, I'm sure most of
7 you have already seen this, but I just, I just
8 saw it. They have actually noted the area of
9 the current law that needs to be changed ---

10 MS. COMBS: Right.

11 DR. SPEARMAN: --- and comments beside it. I just
12 saw that, so that makes it ---

13 MR. SAXON: Not in all situations. Let me explain.

14 DR. SPEARMAN: Well, in these two that are, that
15 are, these two that are ---

16 MR. SAXON: I know there's one that just says,
17 consider revising.

18 DR. SPEARMAN: Right. Yeah. Okay. Well, I just -
19 - I was thinking that I had to go back and do
20 all the research, but really, it's all there.
21 We've just got to look and see what they ---

22 MS. COMBS: Yeah.

23 DR. SPEARMAN: --- what they're recommending.

24 MS. COMBS: Right. Just let -- like I say, if you
25 have a comment or feeling about it, let me

1 know and I'll pass it along. This is very
2 new. You know, I'm sorry I don't have a little
3 bit more information on kind of what the long-
4 range plan is to -- or when, you know, they
5 want these done. Can't imagine all of LLR
6 having legislation -- all boards done at the
7 same time.

8 MR. SAXON: I don't know.

9 MS. COMBS: If you have any questions, just, you
10 know, email me, call me, whatever. That's --
11 and I'll ---

12 DR. TUCKER: So we can take this out of here ---

13 MS. COMBS: Yes.

14 DR. TUCKER: --- and take it home?

15 MS. COMBS: If you'd like to, or I can email it to
16 you. That's ---

17 DR. SPEARMAN: Would you mind doing that, just in
18 case?

19 MS. COMBS: Sure.

20 DR. SPEARMAN: I think that'd be a reminder as
21 well.

22 MS. COMBS: Oh, I will, I will. And I have -- we
23 actually have what we call an administrative
24 meeting tomorrow. And I, I may find out a
25 little bit more about this.

1 DR. WILLIAMS: Okay.

2 MS. COMBS: I'm hoping to. So -- and I'll pass
3 that information on to you.

4 DR. WILLIAMS: Thanks for that info, I think. Any
5 further discussion on that topic? All right.
6 Then I guess we will move back up to reports
7 and information, and we'll let Jamie ---

8 MS. COMBS: Yeah. Do you want to ---

9 MR. SAXON: Well, I'm happy to stay if you'd like
10 me. If you don't need me -- Angie, what do
11 you think?

12 MS. COMBS: Neal, the only thing I could think of -
13 - is there anything, just real quick, at ARBO
14 that he -- you need to ask Jamie about ---

15 DR. WILLIAMS: I don't think ---

16 MS. COMBS: --- legal stuff?

17 DR. WILLIAMS: --- I don't think so. Oh, I guess
18 one thing that I'll bring up -- do we do a --
19 when we do our background checks, do we do a
20 state and criminal back ---

21 MS. COMBS: We don't -- it's not in our law to do
22 that. And I was -- we were told that if it's
23 not in our law, we can't ---

24 MR. SAXON: If it's not in your law, you can't do
25 it.

1 MS. COMBS: --- can't do it.

2 DR. WILLIAMS: Really?

3 MS. COMBS: Yeah. Not yet.

4 DR. WILLIAMS: State, nor federal?

5 MS. COMBS: Uh-uh. That's right. That's the way -

6 --

7 DR. WILLIAMS: So we do zero background check?

8 MS. COMBS: Correct.

9 DR. WILLIAMS: Really?

10 MS. COMBS: Uh-huh.

11 DR. WILLIAMS: On new licensees, everybody?

12 MS. COMBS: Uh-huh.

13 DR. WILLIAMS: Really?

14 MS. COMBS: Yeah.

15 DR. WILLIAMS: That's stunning.

16 MS. COMBS: It was explained to -- and Jamie, tell
17 me, tell me if I'm wrong -- that it has to be
18 in our law to do it?

19 DR. WILLIAMS: Wow. How about the other boards?

20 They have it in their laws?

21 MS. COMBS: Some do.

22 DR. WILLIAMS: Man, we need to change that.

23 MR. SAXON: Most do.

24 MS. COMBS: Yeah.

25 DR. WILLIAMS: Geez, Louise. How am I protecting

1 the public? Really.

2 MR. SAXON: It's a good idea to have that ability.

3 DR. WILLIAMS: Sir?

4 MR. SAXON: It's a good idea to have that ability
5 to do ---

6 MS. COMBS: Yeah.

7 MR. SAXON: --- background checks.

8 DR. WILLIAMS: Well ---

9 MS. COMBS: I was told at one time they thought
10 about putting -- it being in the engine -- and
11 that would cover us. But apparently, that
12 didn't happen.

13 MR. SAXON: I, I've not seen that happen.

14 MS. COMBS: It must not have been. I think we
15 would've then jumped on that and started doing
16 them.

17 DR. WILLIAMS: And I, I guess two others -- and
18 this is just from a talk that the ARBO
19 attorney gave that said that disciplinary
20 actions should be on the website as they are
21 public knowledge. We do that ---

22 MS. COMBS: We do that.

23 DR. WILLIAMS: --- anyway? Okay. And mentioned
24 about that it would be ideal if the boards had
25 jurisdiction over all parties which would be

1 candidates, licensees and all others -- i.e. I
2 guess, non-licensed citizens. I'm not sure --
3 -

4 MR. SAXON: You're not going to have jurisdiction
5 over non-licensed ---

6 DR. WILLIAMS: Okay.

7 MR. SAXON: --- folks, except, generally, if they
8 were at one time licensed. And if they ---

9 DR. WILLIAMS: Okay.

10 MR. SAXON: --- are applicants who are trying to be
11 licensed, of course, you have jurisdiction.

12 DR. WILLIAMS: Okay. So pretty much candidates or
13 applicants and licensees?

14 MR. SAXON: And, and ---

15 DR. WILLIAMS: But the non-licensed citizens ---

16 MR. SAXON: --- lapsed licensees perhaps, in some
17 situations.

18 DR. WILLIAMS: Okay. And I think that's kind of
19 what we assumed that we didn't have
20 jurisdiction over non-licensee citizens.

21 That's why we've had the issues ---

22 MR. SAXON: Well, the ---

23 DR. WILLIAMS: --- with the different doctors
24 working in certain locations where we felt
25 like the Practice Act wasn't being followed

1 not because, necessarily, their, their part,
2 but by the corporate entity that they work
3 for. But we have no jurisdiction over that
4 corporate ---

5 MR. SAXON: The non-licensed ---

6 DR. WILLIAMS: --- entity?

7 MR. SAXON: --- right.

8 DR. WILLIAMS: All right. And that's not likely to
9 change; is that correct?

10 MR. SAXON: I don't know. That would be up to
11 y'all to change.

12 DR. WILLIAMS: Oh, really? So that's something we
13 could attempt to do ---

14 MR. SAXON: You, you could ---

15 DR. WILLIAMS: --- with the law?

16 MR. SAXON: I, I think, in general, a person -- the
17 only thing a board can affect is a person's
18 license. And so, if the person isn't
19 licensed, there's no way to have jurisdiction.
20 So I don't think that part's going to change.

21 DR. WILLIAMS: Okay. But if they previously ---

22 MR. SAXON: If they practice ---

23 DR. WILLIAMS: --- if they previously had a license
24 ---

25 MR. SAXON: --- and ever want to have one again,

1 then there are things you can put into place
2 to ---

3 DR. WILLIAMS: Okay.

4 MR. SAXON: --- happen before they're re-licensed.
5 And of course, if someone's practicing without
6 a license, there are ---

7 DR. WILLIAMS: Right.

8 MR. SAXON: --- provisions dealing with that.

9 DR. WILLIAMS: What -- since you're -- let me just
10 throw this out. And this, like, never goes
11 away, and I just stumbled on this by mistake.
12 But I was getting some calls to my home of
13 people thinking it was my office. And I'm
14 like, how in the world did -- not -- and I
15 have my home number -- but I'm like, are all
16 these people just mixing it up, or am I
17 actually listed somewhere and that's assumed
18 to be my office location? Well, lo and
19 behold, in one of those little, small AT&T
20 phonebooks -- I guess they're good for cell
21 phone users -- I'm -- and I don't pay to be
22 listed in there, but I guess they give
23 everybody a complimentary listing in the
24 yellow pages. Sure enough, there's my name
25 with my home address and phone number. So I

1 found the, the root of the problem. But lo
2 and behold, about five levels -- or five names
3 above me is the list of a former licensee --
4 and I'm sure you can all guess who that might
5 be -- listed as Dr. So-and-so and an office
6 number. So this person is no longer a
7 licensed optometrist -- was formerly. I
8 haven't gotten around to calling the number.
9 I mean, it -- he may be in my category, he may
10 not even know the thing's in there. But it,
11 it may have been it just ---

12 MR. SAXON: Could we go off the record for a little
13 bit?

14 (Off the record 4:07 p.m. - 4:08 p.m.)

15 DR. WILLIAMS: All right. Then we will move up to
16 administrative information. So Angie, I'll
17 let you ---

18 MS. COMBS: Okay.

19 DR. WILLIAMS: --- have at it.

20 MS. COMBS: Okay. On the licensee totals, we have
21 762 licensees, and of that number, we have 498
22 in-state at this time. The financial report,
23 you can find that under tab two. And this
24 does have the information for fiscal year
25 nine, ten and '11. And in -- fiscal year '11

1 ended June 30th of this year. And of course,
2 this is only through May. So the next time I
3 will have the complete fiscal year -- this,
4 this past fiscal year, or I can send that to
5 you, if anybody would like some information
6 before November. Or if you -- you know, you
7 are welcome to take this out of your book if
8 you want to study it, have any questions on it
9 and just, you know, let me know, and I'll find
10 out the answer on it. Because we do have the
11 bi-annual renewal, that's why the revenue is -
12 - there's a big jump in years, because most of
13 the money comes from, from renewals. So --
14 but please, feel free to look at it, take it
15 home. If you have any questions, just let me
16 know. Under the Office of General Counsel
17 Report, we actually -- well, we do have one --
18 I guess we have one, one case is residing in
19 that area. Neal, there's a branch
20 application.

21 DR. WILLIAMS: Yes, ma'am.

22 MS. COMBS: It should be right there. Maybe two?

23 DR. WILLIAMS: I think there are two ---

24 MS. COMBS: Okay.

25 DR. WILLIAMS: --- in the back. I'll let you get

1 that.

2 MS. COMBS: Thank you, Jamie.

3 DR. WILLIAMS: Thanks, Jamie.

4 DR. TUCKER: Appreciate it.

5 DR. SPEARMAN: Thank you.

6 MR. SAXON: Anytime. See y'all soon.

7 MS. COMBS: Okay.

8 (Mr. Saxon exits room)

9 DR. SPEARMAN: What is Jamie's last name?

10 DR. WILLIAMS: I don't know. What is Jamie's last
11 name?

12 MS. COMBS: Saxon. It's S-A-X-O-N.

13 DR. WILLIAMS: Oh, Saxon. Okay. Saxon, S-A-X ---

14 DR. SPEARMAN: Thank you. I'm going to put him in
15 my phone. I hope I don't ever have to call
16 him.

17 (Discussion off the record)

18 MS. COMBS: Can I hand that to you and just pass it
19 around. Everybody can just take one, and I'll
20 explain -- we'll get to that in a minute, and
21 I'll explain what that is.

22 DR. WILLIAMS: So everybody's had a chance to ---

23 DR. VAN VEEN: Yeah.

24 DR. WILLIAMS: --- look at these? Well, then I
25 would entertain a motion that these be either

1 approved or disapproved.

2 DR. VAN VEEN: Motion to approve.

3 DR. WILLIAMS: All right.

4 DR. TUCKER: Second.

5 DR. WILLIAMS: All right. Any discussion on either
6 of these two? All right. Well, a motion's
7 out and seconded. All in favor?

8 BOARD MEMBERS: Aye.

9 DR. WILLIAMS: Opposed? (No response). All right.

10 So those are approved for ---

11 MS. COMBS: Okay.

12 DR. WILLIAMS: --- branch locations.

13 MS. COMBS: All right.

14 DR. WILLIAMS: You want that?

15 MS. COMBS: Yeah.

16 DR. WILLIAMS: Oh, sorry about that.

17 MS. COMBS: That's okay.

18 DR. WILLIAMS: All right. Next is Board-member
19 elections.

20 MS. COMBS: Okay. Hopefully, y'all did receive the
21 Notice of Election. We do have -- I'll just
22 go ahead and give you the names of people that
23 have expressed an interest and they want to be
24 on the ballot. There's -- of course, besides,
25 besides Dr. Van Veen and Dr. Spearman -- they

1 will be on the ballot and also Dr. James
2 Vaught, Dr. Charles Woody, and Dr. Gerald
3 Hensley. Now, Dr. Hensley did call me, and I
4 think he's having some doubts about it. So --
5 but he said he will let me know.

6 DR. WILLIAMS: Who was the -- what was Woody's
7 first name?

8 MS. COMBS: Charles.

9 DR. SPEARMAN: Charles.

10 MS. COMBS: He's out of Greer.

11 DR. SPEARMAN: He actually has run before.

12 MS. COMBS: But he ---

13 DR. WILLIAMS: Okay.

14 MS. COMBS: --- that is -- excuse me -- yes, he
15 has. Uh-huh. And so that's -- that will be --
16 --

17 DR. WILLIAMS: Okay.

18 DR. SPEARMAN: Now, are they running for a
19 particular seat, or are all of these at-large?

20 MS. COMBS: What we've done -- at-large, yes. It's
21 all on one -- what we've done in the past is --
22 - just all the names are on one ballot; we
23 tell them to -- this case, it would be vote
24 for three?

25 DR. WILLIAMS: Uh-huh.

1 MS. COMBS: Vote for three. But all names are sent
2 to the governor -- all names, the amount of
3 votes -- and then she'll decide, you know. So
4 -- but that's how, how it's ---

5 DR. WILLIAMS: So you're not running specifically
6 for one seat.

7 DR. SPEARMAN: Right. I just -- I didn't know how
8 that worked.

9 MS. COMBS: Yeah. Uh-huh.

10 DR. VAN VEEN: So how many seats and how many ---

11 MS. COMBS: There's three that'll be -- that'll --
12 would be filled that the licensees will be
13 voting for.

14 DR. WILLIAMS: And they're all four-year ---

15 MS. COMBS: Yeah.

16 DR. WILLIAMS: --- none of them are ---

17 MS. COMBS: Four-year.

18 DR. VAN VEEN: Three seats, five people, correct?

19 Or is ---

20 DR. WILLIAMS: Right at this moment.

21 MS. COMBS: Oh, correct ---

22 DR. VAN VEEN: Okay.

23 MS. COMBS: --- correct. Uh-huh. Yeah. That's
24 what we have as of now, and you know, there
25 could be some more to come along. And Dr.

1 Hensley may -- you know, he may take his off.
2 I'm not sure. So he's going to, he's going to
3 call me back on that.

4 DR. SPEARMAN: Do you expect to have -- I'm not
5 going to be able to be at the meeting ---

6 MS. COMBS: Uh-huh.

7 DR. SPEARMAN: --- this year. Do you expect that
8 we will have nominations and ---

9 MS. COMBS: No. We don't ---

10 DR. SPEARMAN: --- seconds and that sort of thing?

11 DR. WILLIAMS: No. I think what we're trying to --
12 Angie and I had talked about that, and pretty
13 much what we're going to do is just, instead
14 of having nominations, just present the slate
15 and then ---

16 DR. SPEARMAN: It makes it difficult if you're not
17 there.

18 DR. WILLIAMS: Exactly. Yeah. Terribly difficult.
19 And then, just have write-in -- that you can
20 have a write-in candidate, as opposed to
21 nominations from the floor ---

22 DR. SPEARMAN: Makes sense.

23 DR. WILLIAMS: --- and things of that nature. And
24 I think the SCOPA is doing it -- from my talks
25 to Jackie, I think they're doing it in, in

1 essentially the same, the same fashion. And
2 that may be something you, you might want to
3 tell the, the other candidates ---

4 MS. COMBS: Uh-huh.

5 DR. WILLIAMS: --- as time grows closer that if
6 they wanted -- they need -- that they need --
7 whatever campaigning or lobbying, that they --
8 -

9 MS. COMBS: Uh-huh. That's true ---

10 DR. WILLIAMS: --- that they ---

11 MS. COMBS: --- I will.

12 DR. WILLIAMS: --- need to ---

13 MS. COMBS: Yeah.

14 DR. WILLIAMS: --- do that. I don't want somebody
15 getting there -- well, geez, I didn't get --
16 have a chance to have anybody nominate me or
17 second me or make a speech in my behalf. You
18 may want to let these guys know that, you
19 know, that this is exactly how it's going to
20 work. And, and you know, any ---

21 MS. COMBS: Okay. That's a good thing.

22 DR. WILLIAMS: --- campaigning they want to do,
23 they need to go ahead and get started with
24 that.

25 MS. COMBS: Okay, okay. I'll do that. Okay.

1 DR. WILLIAMS: And anybody else have any questions?
2 Basically, what the SCOPA is going to allow us
3 to do is have a little bit of time at their
4 business meeting, which will be Thursday
5 afternoon, I guess ---

6 MS. COMBS: Uh-huh.

7 DR. WILLIAMS: --- after three o'clock or after
8 four o'clock. And I'll be there, and I guess
9 I'll conduct this. And I'll stick around and,
10 you know, take the, take the votes. And I, I
11 don't think you're going to be there, are you?

12 MS. COMBS: No. Uh-uh.

13 DR. VAN VEEN: What time is it on Thursday?

14 DR. WILLIAMS: I think it's -- I think the ---

15 MS. COMBS: Four.

16 DR. WILLIAMS: --- last class is at four, and I
17 think they ---

18 MS. COMBS: 4:15.

19 DR. WILLIAMS: --- transition right in -- or maybe
20 4:15. I think they transition right into ---

21 DR. VAN VEEN: I mean, I plan on coming to the
22 meeting, but I don't know if I'll be able to
23 get down there.

24 DR. WILLIAMS: Well, I think, at the minimum, I
25 would introduce the candidates. Fortunately,

1 for you, you have great name recognition.

2 DR. SPEARMAN: Aw, shoot.

3 DR. WILLIAMS: So the fact that ---

4 DR. SPEARMAN: Who? Who?

5 DR. WILLIAMS: --- the fact that you're not there

6 ...

7 DR. SPEARMAN: Well, I mean, I would like to be
8 there, but I, I have a long-standing conflict.

9 DR. VAN VEEN: And then we'll vote at that meeting,
10 or on Thursday night?

11 DR. WILLIAMS: No, it's, it's going to be -- you
12 know, used to be that ---

13 DR. VAN VEEN: Seems like you'd have it on Saturday
14 ---

15 DR. WILLIAMS: --- the next day ---

16 DR. VAN VEEN: --- or Sunday.

17 DR. WILLIAMS: --- but it's -- they're going to
18 have theirs all that same day as well. So
19 we'll do the same, the same thing. But, yeah,
20 used to -- we used to have, you know, the
21 people would be presented in nomination, and
22 then you'd stand them up. And then the next
23 day, there'd be some speeches, and then you'd
24 have the vote. But that -- and that used to
25 be for the SCOPA as well, but now it's, it's

1 just a one-day, one-day event.

2 DR. VAN VEEN: Seems like Thursday's an odd day to
3 have it, but ---

4 DR. CANDELA: It's -- I don't know why we -- I put
5 the CE schedule together, and I don't ---

6 DR. WILLIAMS: Well, you know, last year ---

7 DR. CANDELA: --- they should keep ---

8 DR. WILLIAMS: --- they had the business meeting --
9 -

10 DR. CANDELA: --- keep it on Friday.

11 DR. WILLIAMS: --- they had the business meeting
12 right after ---

13 DR. CANDELA: Uh-huh. Yeah.

14 DR. WILLIAMS: --- I'm pretty sure it was on
15 Thursday.

16 DR. CANDELA: I think it was last year -- wasn't it
17 Friday, though?

18 DR. WILLIAMS: I don't know.

19 (Multiple speakers)

20 DR. TUCKER: It's usually on Friday.

21 MS. COMBS: It used to be Friday.

22 DR. TUCKER: Most of the time, it's Friday ---

23 DR. CANDELA: --- Thursday?

24 DR. TUCKER: --- Friday morning.

25 DR. CANDELA: No. You know, because not everybody

1 comes in on Thursday. Friday is when you have
2 the most people there.

3 DR. WILLIAMS: Yeah. And Angie might just want to
4 throw out, too -- didn't you tell me that some
5 of the boards here just do this online?

6 MS. COMBS: They do it on -- by mail.

7 DR. WILLIAMS: Oh.

8 MS. COMBS: The opticians do it by mail.

9 DR. WILLIAMS: That -- there's some push ---

10 DR. SPEARMAN: Which opens it up to even more.

11 DR. WILLIAMS: Well, and, and I think the reason
12 we've not been too aggressive on doing that
13 is, is all licensed -- all South Carolina
14 licensed optometrists have a right to vote.
15 That doesn't mean you have to be a resident of
16 South Carolina; doesn't mean you have to be
17 practicing here. But if you hold a South
18 Carolina license and you're at that meeting,
19 you have a right to vote.

20 DR. SPEARMAN: I think that's the caveat, though,
21 is you -- if you're at that meeting.

22 DR. WILLIAMS: True. And I -- at least it's been
23 the wishes of the, of the Board that it stay
24 that way, because then you open it up to
25 possibly a couple hundred people voting who

1 may not ---

2 DR. SPEARMAN: No, I understand. I ---

3 DR. WILLIAMS: --- know ---

4 DR. SPEARMAN: --- I follow you.

5 DR. WILLIAMS: --- any of the ---

6 DR. SPEARMAN: The other question I have, as far as
7 ---

8 DR. WILLIAMS: --- of the candidates.

9 DR. SPEARMAN: --- just historical is that, in the
10 past, my understanding was that the chief, or
11 the ones who got the more votes, were the ones
12 that were submitted to the governor. How long
13 have we been submitting all the names to the
14 governor? Has that been a long time?

15 MS. COMBS: Yes.

16 DR. SPEARMAN: Okay.

17 MS. COMBS: Uh-huh. It has.

18 DR. SPEARMAN: I know sometimes there's only one
19 applicant for a vacant seat, and that would be
20 pretty academic.

21 MS. COMBS: Right.

22 DR. SPEARMAN: I, I'm not questioning that; I'm
23 just, just curious.

24 DR. WILLIAMS: Just want to know, yeah.

25 MS. COMBS: Yeah, yeah. It's been a while that we,

1 that we have been doing that.

2 DR. WILLIAMS: And there have been times -- not
3 many -- but there have been times when the
4 governor says, no, I'm not ---

5 DR. SPEARMAN: Really?

6 DR. WILLIAMS: --- the name you sent up here. One
7 time it was because the OD that was
8 recommended or actually was submitted actually
9 lived outside the state. It was one of the,
10 one of the border practices, and she lived
11 across the line in North Carolina. The
12 governor said, nah, I'm not going to ---

13 MS. COMBS: Can't do that. Yeah.

14 DR. WILLIAMS: --- I'm not going to do that.

15 MS. COMBS: Uh-huh.

16 MR. JOHNSON: So regardless of the vote total, the
17 governor will get all of the names?

18 DR. WILLIAMS: Uh-huh.

19 MS. COMBS: Uh-huh.

20 DR. CANDELA: I didn't know that. Why, why have an
21 election?

22 MS. COMBS: Well, it -- yeah, but ---

23 DR. SPEARMAN: To narrow the field, apparently.

24 DR. WILLIAMS: I think it's just to ---

25 DR. CANDELA: But, I mean, if you have four names

1 that are doing it -- all four names are going
2 to the governor -- why, why have a vote and
3 waste people's time to vote if all the names
4 are going to the governor to pick from?

5 DR. TUCKER: Well, the governor, he may -- or she
6 may want to know who do y'all want?

7 DR. WILLIAMS: Yeah, exactly.

8 MS. COMBS: Yeah.

9 DR. SPEARMAN: But other governors would not care
10 anything about that. I mean, many states, the
11 governor does the ---

12 DR. WILLIAMS: It's a ---

13 DR. SPEARMAN: --- it's purely a political ---

14 DR. WILLIAMS: --- a political -- that's correct.

15 MS. COMBS: Uh-huh.

16 DR. CANDELA: Right.

17 DR. WILLIAMS: Yeah.

18 DR. CANDELA: Yeah.

19 MR. JOHNSON: So does she generally select the, the
20 ones with the higher ---

21 MS. COMBS: One that gets the highest?

22 MR. JOHNSON: --- higher ---

23 MS. COMBS: In the past ---

24 MR. JOHNSON: --- vote total?

25 DR. WILLIAMS: Yeah. Historically, it's gone ---

1 MS. COMBS: Yes.

2 DR. WILLIAMS: --- that way.

3 MS. COMBS: It always has, yeah.

4 DR. SPEARMAN: But this governor, we don't know ---

5 MS. COMBS: Yeah, we don't ---

6 DR. SPEARMAN: --- because she's never made a
7 choice.

8 MS. COMBS: Yeah.

9 DR. WILLIAMS: And I think that's the way the law
10 is, is written. So, I, I don't know that we
11 have ---

12 DR. CANDELA: So the law is written as all names
13 have to be submitted ---

14 MS. COMBS: No ---

15 DR. CANDELA: --- to the governor?

16 MS. COMBS: --- no. It just says the Board has to
17 conduct an election -- or election conducted
18 by the Board.

19 DR. CANDELA: Why would the Board then give all the
20 names to the governor and not the ones who are
21 -- if you have three seats, you give -- well,
22 no, I guess it kind of makes sense. Just give
23 it all with whole vote total.

24 MS. COMBS: Yeah.

25 DR. CANDELA: So ...

1 MS. COMBS: But that's what it is.

2 DR. CANDELA: Okay.

3 MS. COMBS: Yeah. And we can look into doing it in
4 a different way.

5 DR. CANDELA: No, no.

6 MS. COMBS: You know.

7 DR. CANDELA: I'm not ---

8 DR. SPEARMAN: I think unless there's a ---

9 MS. COMBS: Now, we can't ---

10 DR. SPEARMAN: --- comment ---

11 MS. COMBS: --- do this one ---

12 DR. SPEARMAN: Yeah, yeah.

13 MS. COMBS: --- but, but we've already ---

14 DR. SPEARMAN: But, but, you know, if you're
15 looking at it as, is this vote representative
16 of all licensed optometrists, it could be
17 questioned.

18 MS. COMBS: Uh-huh.

19 DR. SPEARMAN: And as you said, there's many, many
20 ways to do it. And then ---

21 MS. COMBS: Right.

22 DR. SPEARMAN: --- whatever is acceptable, I guess,
23 to the governor who makes the decisions ---

24 MS. COMBS: Uh-huh. Because -- yeah. It's in our
25 law that the governor has the ---

1 DR. VAN VEEN: How ---

2 MS. COMBS: --- is the appointee.

3 DR. VAN VEEN: --- how will those doctors absent be
4 informed that there is going to be a vote and
5 who the candidates are?

6 MS. COMBS: Now, as far as -- of course, the Notice
7 tells them that there's going to be an
8 election.

9 DR. VAN VEEN: So that's like a letter?

10 MS. COMBS: That's that letter. I thought about
11 putting it on the website -- on the can -- I
12 could put candidate names when it's a little
13 bit closer on the website. And people -- you
14 know ---

15 (Multiple speakers)

16 DR. CANDELA: That might be ---

17 DR. WILLIAMS: That's probably ---

18 DR. CANDELA: --- a vehicle ---

19 DR. WILLIAMS: --- not a bad idea.

20 DR. CANDELA: --- for them to vote if they're not
21 going to show up. Like in ---

22 MS. COMBS: Yeah.

23 DR. CANDELA: --- in SCOPA, we instituted a
24 absentee ballot.

25 MS. COMBS: Right.

1 DR. CANDELA: We don't have that option with the
2 Board vote, do we?

3 DR. WILLIAMS: I think we, we might ---

4 MS. COMBS: Yeah. But -- I mean, you could.

5 DR. WILLIAMS: --- we could probably do that.

6 MS. COMBS: Yeah. You could.

7 DR. WILLIAMS: But ---

8 MS. COMBS: Or ---

9 DR. WILLIAMS: --- and again, and I'm not saying
10 that this won't change.

11 MS. COMBS: Yeah. Oh, yeah.

12 DR. WILLIAMS: I'm just saying in boards past, it's
13 pretty much been ---

14 DR. CANDELA: You're there ---

15 DR. WILLIAMS: --- you show up ---

16 DR. CANDELA: --- you vote.

17 DR. WILLIAMS: --- you vote.

18 DR. CANDELA: Yeah.

19 DR. WILLIAMS: But again ---

20 DR. VAN VEEN: Could they email you if they're
21 going to -- is that how that would ---

22 MS. COMBS: Yes.

23 DR. VAN VEEN: --- function?

24 MS. COMBS: So far, that -- email. I wanted it --
25 something in writing.

1 DR. VAN VEEN: Okay.

2 MS. COMBS: Everybody's done it in email, the ones
3 that, you know, that say they're going to run.
4 Now, with the ones -- the mail-out that I do
5 with the opticians, they have to -- say like
6 you're going to run, you have to get ten
7 people to sign a petition and say, yes, I want
8 this person to run. And I think the dentists
9 maybe have done that in the past. I don't
10 know if they still do it or not. Of course,
11 some boards, it's just like an association
12 type thing -- recommendations that's sent to
13 the governor. It's not any type of election
14 at all. You know, that's the way it is with
15 the dietetics that I work with. There's --
16 they don't do any type election. You know,
17 it's other groups, and it's in their law.
18 Like the hospital association will recommend
19 somebody, and the state association recommends
20 so many people.

21 DR. WILLIAMS: So it's almost like having a
22 nominating committee, but it's just not called
23 that. They ---

24 MS. COMBS: Right, right.

25 DR. WILLIAMS: --- they come up with their nominee

1 or nominees so to speak.

2 MS. COMBS: So there's not a lot of boards that
3 really -- that have -- I -- there's -- that
4 have that experience like you all do in doing
5 this. And we could open it up to the case of
6 say, the weekend. You know, if it's sometime
7 during the weekend of the meeting that you can
8 hand it to a Board member -- the ballot -- if
9 you're all really concerned about not
10 everyone's there on Thursday. Because I'm
11 sure there's some that don't come till maybe
12 Friday.

13 DR. VAN VEEN: Well, I think in this meeting, maybe
14 -- and Pete, you may know a little bit more
15 than me -- but the -- there's been so much
16 continuing education this year that I wonder
17 how well this is going to be ---

18 DR. WILLIAMS: Going to be ---

19 DR. VAN VEEN: --- attended.

20 DR. WILLIAMS: --- attended.

21 DR. SPEARMAN: Well, there's ---

22 DR. VAN VEEN: And when you put it on Thursday and
23 ---

24 DR. SPEARMAN: It's really, though -- and not to
25 pour any water on this, but it's really --

1 when you're talking about this meeting, and
2 then you're talking about the total number of
3 licensed optometrists that are eligible to
4 vote, it's a small, small sampling anyway.

5 DR. VAN VEEN: Uh-huh.

6 MS. COMBS: Uh-huh.

7 DR. SPEARMAN: I mean, it's -- it really is, but
8 that's traditionally the way we've done it.
9 And as long as that's acceptable to the
10 governor and to the -- and we're not doing
11 anything illegal, I don't know that it's
12 something that we would want to change. But I
13 think we do have to recognize that ---

14 DR. WILLIAMS: Yep.

15 DR. SPEARMAN: --- that regardless of what day it's
16 on, it's still a small representative ---

17 DR. VAN VEEN: Yeah, you're right.

18 DR. SPEARMAN: --- still a small sampling. So, in
19 the future, we're -- if there is someone that
20 raised the point that there's not adequate
21 representation or adequate ability to vote, we
22 might have to change the way we vote.

23 DR. WILLIAMS: Any further discussion on that?

24 Cease and Desist Orders issued.

25 MS. COMBS: Okay. I just want to let you all know

1 when I get a call, then I -- we do investigate
2 it first.

3 DR. WILLIAMS: So these -- in other words, so a
4 complaint came in ---

5 MS. COMBS: Uh-huh.

6 DR. WILLIAMS: --- to the Board. And then, and
7 then the Board actually investigated?

8 MS. COMBS: Right.

9 DR. WILLIAMS: Okay.

10 MS. COMBS: I request that investigation. It's
11 sort of like what's called an administrative
12 complaint.

13 DR. WILLIAMS: All right. So then who has the
14 authority now to issue this since we don't
15 have authority over non-licensed citizens?

16 MS. COMBS: Well, this -- that's because they're --
17 yeah. These -- this is through ---

18 DR. WILLIAMS: So the Attorney General or somebody
19 sends ---

20 MS. COMBS: Yeah. It -- see, if they don't comply
21 and stop, then it goes to the Administrative
22 Law Court.

23 DR. WILLIAMS: Okay.

24 MS. COMBS: Yeah. That's where it goes. So -- but
25 we do just issue ---

1 DR. WILLIAMS: The bottom line, these either --
2 these just came in from either doc, docs or --
3 -

4 MS. COMBS: Yeah. Uh-huh.

5 DR. WILLIAMS: --- concerned citizens. So there is
6 ---

7 MS. COMBS: Right.

8 DR. WILLIAMS: --- so there is a process in place -
9 --

10 MS. COMBS: Uh-huh.

11 DR. WILLIAMS: --- that actually works ---

12 MS. COMBS: Uh-huh.

13 DR. WILLIAMS: --- if people just log the
14 complaint?

15 MS. COMBS: And then sometimes what happens is that
16 the people that the Cease and Desist was
17 issued to, they start telling on ---

18 DR. WILLIAMS: Yeah.

19 MS. COMBS: --- other businesses. So -- because
20 it's -- you know, they, they think, well I
21 can't sell them, no one else should.

22 DR. WILLIAMS: Okay.

23 MS. COMBS: And so it's not a bad thing, you know -
24 --

25 DR. SPEARMAN: Yeah.

1 MS. COMBS: --- on that side ---

2 DR. WILLIAMS: But it is investigated by a Board
3 investigator ---

4 MS. COMBS: Yes.

5 DR. WILLIAMS: --- is that correct?

6 MS. COMBS: Yes. We do have to send out an
7 investigator first ---

8 DR. WILLIAMS: To be sure of an error of someone
9 like that.

10 MS. COMBS: --- to make sure. And, and then when
11 we -- when that investigator comes back, lets
12 me know and then we issue ---

13 DR. WILLIAMS: Okay.

14 MS. COMBS: --- a Cease and Desist.

15 DR. WILLIAMS: Okay.

16 MS. COMBS: So I'm going to, to let y'all know that
17 because that is on, you know, the letterhead -
18 - or the top -- it does have the Board name,
19 all the information, but I'm, I'm the one --
20 at this point in time, I sign it.

21 DR. WILLIAMS: Okay. That's good, that's good to
22 know. Any other discussion or questions about
23 that? Let's move on to continuing education
24 course approvals.

25 MS. COMBS: There really wasn't very much. The

1 only thing I've received -- and I just thought
2 I'd just bring it to your attention, but we
3 talked about this before -- is the vision
4 expo. They're wanting credit. We said we
5 considered this a limited. I can -- I'll just
6 send that back to them, unless you all -- if
7 there's something you'd want to add or, or if
8 anybody would ever want to look at this --
9 what -- the different courses. This is the
10 one that's going to be September in Las Vegas.
11 And unless there's a change of what -- how you
12 feel about this particular one, I'll just let
13 them know it's limited.

14 DR. VAN VEEN: I mean, it's not really how we feel.
15 It's just what's ---

16 MS. COMBS: Well ---

17 DR. VAN VEEN: --- written in the law ---

18 MS. COMBS: --- it's ---

19 DR. VAN VEEN: --- I think was ---

20 DR. WILLIAMS: Well, that's ---

21 DR. VAN VEEN: --- what doctor ---

22 DR. WILLIAMS: --- and that's what I was going to
23 ask: Is that actually in the law, as well, or
24 is that in our regs about what we do and don't
25 accept, limited and unlimited?

1 MS. COMBS: Okay. It is in -- it's a combination.
2 It's -- the regs now have what your policy
3 used to be. Now it is law.
4 DR. WILLIAMS: Okay.
5 MS. COMBS: And it's very detailed.
6 DR. WILLIAMS: Okay.
7 MS. COMBS: Our reg is very detailed.
8 DR. WILLIAMS: So again, if in the future we
9 decided we wanted to change, that would be a -
10 --
11 MS. COMBS: Sure.
12 DR. WILLIAMS: --- change in the law ---
13 MS. COMBS: Oh, yeah.
14 DR. WILLIAMS: --- correct?
15 MS. COMBS: Definitely.
16 DR. WILLIAMS: Okay.
17 MS. COMBS: Yeah.
18 DR. WILLIAMS: All right.
19 DR. CANDELA: We need to start making a list.
20 DR. SPEARMAN: Uh-huh.
21 (Multiple speakers)
22 DR. WILLIAMS: You got background checks; you got -
23 --
24 MS. COMBS: Definitely.
25 DR. WILLIAMS: --- continuing education.

1 (Multiple speakers)

2 MS. COMBS: Yeah. Make a list. That's right.

3 (Multiple speakers)

4 DR. CANDELA: Exactly.

5 MS. COMBS: So I'll, I'll just send them a letter
6 and let them know.

7 DR. WILLIAMS: Okay. All right. Anything else on
8 continuing education?

9 MS. COMBS: No. That's the only one that I, that I
10 had on that.

11 DR. WILLIAMS: Okay.

12 MS. COMBS: That information that I sent around --
13 did it make it -- about the ---

14 DR. WILLIAMS: Oh, okay. Thank you.

15 MS. COMBS: --- about the laws -- Dr. Spearman,
16 you'd asked about a little brief -- or you
17 didn't say brief -- I'm sorry -- about
18 information ---

19 (Multiple speakers)

20 MS. COMBS: Put words in your mouth here -- about
21 information on some of the terms we use. And
22 this is just something I put together. This
23 is, this is brief. And I want Jamie to get
24 into more as -- you know, maybe on our next
25 meeting, explain a little bit more. And I

1 know it's confusing because, with statute,
2 sometimes I'll say statute; sometimes I'll say
3 Optometry Practice Act; sometimes I'll say
4 optometry law. That all is law. And there's
5 only two laws -- it's my understanding there's
6 statute and regulations. Sometimes I'll call
7 them regs. And this gives a little bit of
8 information. Like I say, it's very brief.
9 And you can tell that what I've also included
10 is -- if you go to the Statehouse website --
11 the South Carolina Code of Laws. We are under
12 Title 40, and that's professions and
13 occupations. And if you go there, then we, we
14 will -- then we are listed under that -- under
15 Title 40.

16 DR. SPEARMAN: This is very good. Thank you. I
17 mean ---

18 MS. COMBS: So I mean, that's just very ---

19 DR. SPEARMAN: --- that's pretty basic, but it's
20 still ---

21 MS. COMBS: --- it's basic, but that's -- and
22 always keep in mind with the regulations --
23 and that's what they were -- when I say they,
24 that information you were, you were just
25 looking at. If it's not stated in law, you

1 can't really cover it in regulations. And ---

2 DR. SPEARMAN: A regulation actually expands on the

3 ---

4 MS. COMBS: Right.

5 DR. SPEARMAN: --- statute or the law?

6 MS. COMBS: Gives a little more details. Like if
7 you -- like, you know, if that sounds
8 reasonable to you in the wording or maybe I'm
9 not explaining it right. But if it -- like I
10 say, it's stated in here, you can say in the
11 law -- you may say 20 hours or 50 hours or
12 whatever the hours, and then in the regs you
13 can talk about those hours and give more
14 details. But if you didn't talk about CE in
15 the law, you can't be -- you can't have it in
16 the regs. So as we put all this together when
17 we open up the statute and regs ---

18 DR. VAN VEEN: Now, do regs have to go through
19 state legislature?

20 MS. COMBS: Yes, they do.

21 DR. VAN VEEN: Regs do?

22 MS. COMBS: It's not -- I've been through it with
23 it some. It's been awhile. It's not quite as
24 detailed. And I can get all that in writing
25 as far as step-by-step, the process, when we

1 go to do this or anytime you'd like that
2 information of exactly what happens. The regs
3 isn't quite as detailed -- if you want to call
4 it -- say that.

5 DR. SPEARMAN: Well, if it doesn't cause you any
6 extra work, I would appreciate it if we could
7 start a tab that would follow us at every
8 meeting that would have the -- because
9 sometimes during just a conversation ---

10 MS. COMBS: Sure.

11 DR. SPEARMAN: --- something will come up that we
12 know we could refer to here for clarification.

13 MS. COMBS: Sure. I can do that.

14 DR. SPEARMAN: And that would help me a lot, if
15 that's ---

16 MS. COMBS: Yeah.

17 DR. SPEARMAN: --- not too much work ---

18 MS. COMBS: Not at all.

19 DR. SPEARMAN: --- for you.

20 MS. COMBS: Oh, no. Uh-uh. And that -- and as we
21 go, I'll be -- there's terms or things we talk
22 about or say or whatever ---

23 DR. SPEARMAN: We may just want to add it to that -
24 --

25 MS. COMBS: --- add, that I'll add to it ---

1 DR. SPEARMAN: Exactly.

2 MS. COMBS: --- as we go.

3 DR. SPEARMAN: That'd be perfect.

4 MS. COMBS: Okay. No, that's no problem at all.

5 But I just -- like I say, this is just very
6 brief and ---

7 DR. SPEARMAN: Well, thank you.

8 DR. WILLIAMS: Yeah, it is very helpful.

9 MR. JOHNSON: So Chapter 37 of Title 40 addresses
10 the practice of optometry, right?

11 MS. COMBS: Right.

12 MR. JOHNSON: Okay.

13 MS. COMBS: Chapter 37. And the regs is under --
14 is Chapter 95. Of course, it's -- all the
15 professions will start out Department of
16 Labor, Licensing and Regulation, and optometry
17 is, is 95, but it's -- this is a list of -- it
18 kind of gives you an open view of all -- how
19 it's, how it -- the big picture, I guess ---

20 MR. JOHNSON: Right.

21 MS. COMBS: --- you'd say. You have all the
22 chapters and the titles and everything.

23 DR. WILLIAMS: All right. Any other questions for
24 Angie on that? Comments? All right. Then I
25 guess the next thing is a little ARBO report,

1 which, the first part I'm going to give has to
2 do with an update from the National Board.
3 And gosh, I wish I'd have brought this
4 invitation. Did you guys get an invitation to
5 their -- has everybody on the Board got one of
6 those to their open house for the new testing
7 facility there in Charlotte or not?

8 MS. COMBS: Yeah, it's in Charlotte.

9 DR. WILLIAMS: You got one ---

10 MS. COMBS: Yes, I ---

11 DR. WILLIAMS: --- right?

12 MS. COMBS: --- got one.

13 DR. WILLIAMS: I got one. Did y'all get one?

14 DR. SPEARMAN: I don't think I did. I got
15 something from them, but it wasn't that.

16 DR. WILLIAMS: Well, foot. Then maybe they just
17 sent it to you and I ---

18 MS. COMBS: I guess they did.

19 DR. WILLIAMS: --- as the President. I wish I'd
20 have brought the thing. I want to say it's,
21 say it's next Thursday. I think it's like ---

22 MS. COMBS: I think it is. I, I've got the
23 invitation.

24 DR. WILLIAMS: I think it's February (sic) the
25 11th. But basically, they're having an open

1 house. Plus, as you know, starting, I guess,
2 now, all National Board testing is going to be
3 done single-site, which is Charlotte. Okay?
4 So everybody around the country that's going
5 to take National Boards ---

6 DR. SPEARMAN: Good central location.

7 DR. WILLIAMS: --- from this point forward, it's in
8 Charlotte. Okay? And they're actually having
9 an open house of the testing center. I think
10 it is a week from tomorrow. And they sent me
11 ---

12 MS. COMBS: I can send everybody that information.

13 DR. WILLIAMS: --- they sent me an invitation,
14 which I'm not going to go. And I meant to
15 bring the thing. So if one of you guys, or
16 two or three of you want to go -- I mean, it's
17 fairly close for you guys to scoot up to
18 Charlotte. I think it's mainly Thursday
19 afternoon, just to kind of show you around,
20 have some hors d'oeuvres and stuff. So I
21 mean, if that's of interest to anybody, that's
22 available. Well, I'm just going to read off
23 how I got my notes, and that's -- just be the
24 way it is. But for parts one and two, that's
25 recognized or accepted by 50 states and the

1 District of Columbia. Part three is 48 states
2 and the District of Columbia. TMOD -- 44
3 states and the District of Columbia. Now,
4 that doesn't mean that's the only licensing
5 requirement, but that's just who, in the grand
6 scheme of things, accepts National Boards. I
7 think there are five states, of which North
8 Carolina is one. So maybe it's -- that
9 require some type of licensure testing other
10 than the jurisprudence exam. The vast, vast,
11 vast majority of the states accept the
12 National Boards. And with the jurisprudence
13 exam, that's who gets licensed. Part one is
14 still the applied basic science, 500 questions
15 in four parts. And that's given in March of
16 the third year, or initially available for
17 testing March of the third year. Part two is
18 the PAM or Patient Assessment Management -- 60
19 cases, 350 questions total, and that's where
20 the TMOD is still embedded. So you can't
21 really take the TMOD any longer as a stand
22 alone. If you need the TMOD for any reason,
23 then you need to take part two. And I guess
24 the way it's embedded, there -- they say
25 there's no way you could go in and take it

1 and, and for just those questions to be ID'd.
2 You got to take the, the whole thing. And
3 that's initially available December, the
4 fourth year. And part three, which is
5 clinical skills, is now available September
6 through April of the fourth year. So based --
7 and that's the one that's -- and I guess I
8 should back up and say that the clinical-
9 skills part is the one that's going to, that's
10 going to be given single-site. So that's part
11 three. And basically, they said, number one,
12 it's a cost issue; number two, they feel like
13 it's going to be a ton fairer to the students
14 because you have a set group of patients, a
15 set group of evaluators. The equipment is
16 hopefully good, and you know, it's not ---

17 DR. TUCKER: State of the art.

18 DR. WILLIAMS: Yeah, it should be.

19 DR. TUCKER: I talked to the guy that set it up.

20 DR. WILLIAMS: Okay.

21 DR. TUCKER: He said it's first class.

22 DR. WILLIAMS: Okay.

23 DR. SPEARMAN: Any questions ---

24 DR. WILLIAMS: And I'm going ---

25 DR. SPEARMAN: --- as to why, why not mid-

1 continent? I mean, it seems like a penalty to
2 the west coast.

3 DR. VAN VEEN: You know, that came up at the, the
4 meeting at SECO. And apparently, they did
5 some kind of analysis to figure out -- that
6 was part of the thing was cost. And I guess
7 when they looked at, like Chicago, which would
8 geographically seem ---

9 DR. SPEARMAN: Sure.

10 DR. VAN VEEN: --- or Texas ---

11 DR. SPEARMAN: Or St. Louis.

12 DR. VAN VEEN: --- that was probably ---

13 DR. WILLIAMS: Or St. Louis. And that's why they
14 moved to Charlotte in the first place, because
15 it was so much cheaper to rent office space.
16 And I think flying into the Charlotte airport
17 was, was a fairly decent part ---

18 DR. SPEARMAN: I'm just curious how ---

19 DR. VAN VEEN: Yeah.

20 DR. SPEARMAN: --- I mean, it just sounds ---

21 DR. WILLIAMS: And yes, and ---

22 DR. SPEARMAN: --- unfair.

23 DR. WILLIAMS: --- people on the west coast are
24 fired up because, you know, there was a, there
25 was a, I guess, a fairly large movement to

1 have two sites, one east coast/one west coast.
2 And they said that the cost was just way
3 prohibitive to have a facility on the west
4 coast. So just basically, this is how it's
5 going to be, I guess, for the foreseeable
6 future. And duplication of equipment and all,
7 it just -- you know, the costs were
8 prohibitive to do it other than this way, at
9 least in the National Board's opinion. But
10 what's interesting is, technically, now you
11 could take part three before you take part
12 two. Because part two is, you know, available
13 initially December, the fourth year. Whereas,
14 part three is available September through
15 April of the fourth year. Okay? And that's
16 four station -- I don't think that's really
17 changed -- four stations, 30 minutes each, 19
18 skills to include injections. And if I can
19 find my injection stuff -- right now, the
20 injection skills is available for 2002, but it
21 not -- it will not count toward your score.
22 So in other words, you take it, but it won't -
23 - if you don't pass it, then it won't prevent
24 you from passing the entire clinical skills.
25 But in, but in 2013, it will be scored as a

1 part. Okay? And it will be reported as a
2 separate score. And it will also be given as
3 a stand-alone test for state boards that may
4 require licensees to take for scope-of-
5 practice issues and that's available to the
6 boards. If they get an injections law, it's
7 okay, well, you didn't take that course -- you
8 know, you didn't take that when you came
9 through school as part of part three -- if the
10 state wanted to, that could be a test or, or a
11 procedure or -- that it will be available if
12 the state wanted to use that. Or you, you
13 know, you could potentially use some other
14 testing agency. And this was, this was out of
15 control. But you know, since they had the
16 issues with the pirating last year when the
17 exam was, quote, compromised -- part one was
18 compromised, and they made one school -- of
19 which my son went to -- the entire school
20 retake part one. Then they had to come up
21 with more questions. Okay? So this is just
22 for part one, as I understand it. But they've
23 gone from all of the questions being single
24 response to some of the questions being
25 multiple response, which means, as a student

1 taking this test, there can be up to -- it
2 said most of, most of them were two responses;
3 there were some three and some four, which
4 required the student, then, to look at five to
5 eight options and choose the two that were
6 correct, if that's what they said were correct
7 -- or the three that were correct.

8 DR. CANDELA: So you mean one of the ---

9 (Multiple speakers)

10 DR. WILLIAMS: That's exact -- well, I'm not sure
11 exactly.

12 (Multiple speakers)

13 DR. SPEARMAN: Or choose the ones below that aren't
14 correct.

15 DR. CANDELA: And that's ridiculous. I mean ---

16 (Multiple speakers)

17 DR. WILLIAMS: Just, just, just wait till I get to
18 the passing rate for part one this last time.
19 So my take was that -- is that there were four
20 -- up to four potential responses, but it -- I
21 don't think it was like A and B, da-da-da-da.
22 In other words, this is the questions, you've
23 got eight possible answers down there, four of
24 them or two of them or three of them --
25 however many they tell you -- are correct.

1 You have to get all -- if there are four, you
2 got to get all four or you miss the question.
3 Which leads to -- guess what the pass rate for
4 part was -- part one was in March of 2011 --
5 the kids who just took it?

6 DR. VAN VEEN: Around the country?

7 DR. WILLIAMS: Yes.

8 DR. VAN VEEN: What?

9 DR. WILLIAMS: 72%. So you got 30 -- you got 28%
10 of optometry students who did not pass part
11 one. And if they don't get it in gear when
12 it's re-given again, potentially, you could
13 have 25/28% of kids graduating from optometry
14 who can't practice. Because, obviously,
15 that's what we -- you know, you need parts one
16 through three.

17 DR. CANDELA: I wouldn't want to take part one
18 again now.

19 DR. WILLIAMS: Yeah. And that pass rate in March
20 of 2010, the year prior, was 85%. So that's,
21 to me, that -- I heard that, I'm like, that's
22 -- you're charging kids \$35,000 a year to go
23 to school, and potentially 28% of them are not
24 going to be able to go -- to me, that's a,
25 that's a problem. But the National Boards

1 seem to think that the students will do much
2 better when they retook it now that they will
3 be accustomed to the fact that there were some
4 multiple response questions. Now, that's the
5 first time they've ever done multiple
6 response, and it's only on part one. And
7 their justifications in doing that is, you
8 know, we had to come up with some new, new
9 questions. And if you look at the historical
10 pass rate, obviously, I think you can make an
11 argument that maybe it's not a fair way of
12 testing. But that's ---

13 DR. SPEARMAN: Well, maybe they don't want them
14 walking in there with, with the answers.

15 DR. WILLIAMS: And then part two, the pass rate in
16 December 2010 was 91%. Part three was
17 clinical skills, and generally most people
18 pass that. In April 2010, it was 96%. April
19 2011, which were the ones that just passed,
20 was at 97%. In April 2011, the pass rate for
21 the injections part was 82%. So there were a
22 fair number of kids who took that injections
23 test who did not pass. But it didn't go into
24 their score. It didn't mean they failed the
25 injections -- the clinical skills part. But

1 in 2013, that will be part of their clinical
2 skills score. Okay?

3 DR. VAN VEEN: But it'll still be offered
4 separately?

5 DR. WILLIAMS: And it will still be -- but it -- my
6 understanding is, come 2013, if you're rolling
7 in there to take part three, injections is
8 part of it. Whereas, now, you can choose --
9 when my son took it, he chose to take it, and
10 he got a separate score reported on that. But
11 it didn't -- and he passed that, but it would
12 not have counted against him for passing part
13 three had he not passed it. But, let's just
14 say he went to a state that had an injections
15 law. And let's just say they use the new kids
16 coming out, let's say the clinical skills part
17 was something they required for the ability to
18 perform injections in that state, then,
19 obviously, that would be an issue. But for
20 passing it -- part three -- it's not an issue
21 now, but it will be in 2013. Okay? Somewhere
22 I've got some info -- and actually, the Board
23 has come up with a little grid. So I -- and
24 I'm not sure when the first day is that the
25 fourth-year students can request to take part

1 four. But it'd be like trying to get an
2 airline flight. You basically go online.
3 There are going to be certain dates and times
4 that are available, and you punch in. And if
5 that -- and if your initial time and date that
6 you want to take it -- i.e. somebody else is
7 already in there -- then you just scroll on
8 down and find the date and the time that is
9 acceptable for you. It's going to -- right
10 now they're going to set it up that they'll
11 test four candidates in the morning, four in
12 the afternoon. So they're only going to test
13 eight a day. And I think this is six days a
14 week. I think there's Monday through Friday
15 and I think Saturday morning. I'm not -- it
16 may be all day Saturday. But they have the
17 capability with the rooms and getting more
18 equipment, they could potentially do eight in
19 the morning, eight at night -- or in the
20 afternoon. So they could test 16 a day. And
21 they, they called it on-site as well as remote
22 grading. So on-site meant while you were in
23 that module doing the testing, the examiner
24 was in there, but I think most of them are set
25 up remote that you're in there doing the

1 testing and they've got a remote camera in
2 there. The examiner or the grader is in a
3 separate room in that facility watching you
4 perform the required skills. So they'll
5 either have somebody in there watching you or
6 it'll be like a security setup where there's a
7 guy sitting there looking at the remote
8 camera, watching as you perform the skills.
9 Now, what percentage of that is right now, I
10 don't know. You know, whether it's of -- you
11 got four in there taking, whether it's two and
12 two. You know, two would be the examiner in
13 the room, or -- and two being done remote. I,
14 I don't know. And it says tests are graded on
15 a monthly basis and reported the first week
16 after the next month. So let's say you roll
17 in there in September and you take that test
18 or the clinical skills exams, and none of them
19 are going to be graded till the end of the
20 month. And then I guess they pool all the
21 information they've got, grade them, and then
22 the results will be given the first week of
23 the next month. So, you test in September,
24 you'll be graded at the end of that month, and
25 then the results will be posted on the website

1 the first week in November. Is that -- on and
2 on. And I think that's about it. And I've
3 got a booklet here for those of you who want
4 to look at it in greater detail. I'll leave
5 this with Angie. Whomever wants it will have
6 it, but the National Board report is in there.
7 So any question on that part so far? And
8 also, too, all tests are moving to being
9 computer-based by 2012. So 2011 -- this'll be
10 the last year that they'll be given pen and
11 paper. Starting for part one which will be
12 March of 2012, which'll be for third-year
13 students, that'll be computer-based from
14 spring of 2012. And then part two, in
15 December of 2012, will be computer-based. So
16 basically after this year, paper is gone, gone
17 away, everything is computer-based. All
18 clinical skills testing on part three is done
19 same-site. Okay? But the schools still will
20 be able to administer the parts one and two.
21 Now, whether they will be able to do like some
22 of us did who had -- who took the Board
23 certification at their different testing sites
24 -- I actually took the dang thing in Utah.

25 DR. TUCKER: You did?

1 DR. WILLIAMS: Yeah. Just because I was out there,
2 and it was more convenient for me to do it
3 there than it was at the sites that were set
4 up in South Carolina. So it was kind of
5 interesting. And then, getting into more
6 legal information, the questions I asked Jamie
7 were basically brought up that, you know, it
8 would be ideal for the boards to have
9 jurisdiction over all parties: candidates,
10 licensees, and all others, which, according to
11 Jamie, is not going to happen. And if you're
12 going to do background checks, it ought to be
13 state and federal. I didn't know we did
14 neither. And disciplinary website -- or
15 disciplinary actions should be presented on
16 the website. I had an OE Tracker
17 presentation, and according to OE Tracker,
18 there are 42,311 licensed OD's in the U.S.
19 24,316 of those -- or a little more than half
20 -- are actually registered in OE Tracker. And
21 then, OE Tracker has information in it about
22 40 -- on, on 40 -- roughly 40,000
23 optometrists. Then we got into the talk of,
24 you know, what the continuing education,
25 what's considered the standard today versus

1 where are we probably heading. And they
2 talked about a potential shift from continuing
3 education to continual professional
4 development. In other words, basically, we
5 sit in a class now or some type of meeting and
6 get the information. And that's, you know,
7 pretty much it. What continual professional
8 development does is kind of force some type of
9 interaction on the back end. All right. What
10 did you learn, and how is that applicable to
11 you? Like testing or some type of way of
12 proving that you actually have learned
13 something and, you know, are -- and you are
14 progressing professionally. And the, the, I
15 guess, the example that was given or examples
16 given was like commercial airline pilots. You
17 know, they have to prove that they have
18 competency every year and that they still
19 possess the skills ---

20 DR. SPEARMAN: Well, the Board ---

21 DR. WILLIAMS: --- to fly and operate a plane.

22 DR. SPEARMAN: --- the Board certification will
23 have those types of things.

24 DR. WILLIAMS: And that's certainly, you know, a
25 potential way to go. And then they talked

1 about something called deemed status -- D-E-E-
2 M-E-D -- like deemed status. Have you heard
3 of this?

4 DR. SPEARMAN: Uh-uh.

5 DR. WILLIAMS: Because I had not either. Where it
6 -- the term -- came from, I do not know. But
7 it's potentially a way of -- for licensing
8 boards to improve or endorse proof of
9 competence without actually being the provider
10 of that testing procedure. In other words,
11 it's possible that a different entity or
12 organization, i.e. board certification or some
13 other entity, other than the board, could be
14 the provider of the process of the
15 demonstration of competency and the board
16 accept that process. In other words, without
17 us actually having to be the ones to provide
18 the training, provide the testing -- it could
19 be some entirely different organization. And
20 we say, okay, we'll -- we think that's a
21 viable entity and we'll accept that as proof
22 or, or verification that you've developed some
23 additional skills. And then Dr. Rafferty gave
24 a talk and he talked about -- and, and, you
25 know, whether this information is footnoted or

1 not and whether there's documentation to this,
2 I'm just reporting the information that came
3 my way. But basically, in, in his
4 presentation, he said the traditional
5 continuing education does not improve patient
6 outcomes. Now, whether there have been tests
7 to document that or not, I don't know.

8 DR. TUCKER: Continuing education does not?

9 DR. WILLIAMS: Does not -- okay -- improve patient
10 outcomes.

11 DR. CANDELA: Yeah -- well, that's because we need
12 to keep sending everybody to Charlotte to go
13 ahead and ---

14 DR. SPEARMAN: And pay somebody ---

15 (Multiple speakers)

16 DR. WILLIAMS: What he did say is longitudinal or
17 sequential CE works much better for improving
18 patient outcomes. And again, the
19 presentations are in there, where the
20 documentation comes from, I'm not sure whether
21 there have actually truly been studies.

22 DR. VAN VEEN: What kind of CE was that?

23 DR. WILLIAMS: That's what I said -- longitudinal
24 or sequential. And basically, how that was
25 explained is that you have a three-part

1 program and you have some type of self-
2 assessment. In other words, either you take
3 the course, maybe you go on the computer, do
4 some, do some training online, assess that
5 information. Then there's some type of post-
6 initial assessment training and education.
7 And then there's some type of testing or
8 evaluation at the end to prove that, in fact,
9 you did learn something or you developed some
10 type of skill.

11 DR. SPEARMAN: Well, I ---

12 DR. CANDELA: They've just been positioning
13 themselves for years ---

14 DR. WILLIAMS: Yeah.

15 DR. CANDELA: --- not only to take the students,
16 but now to take the doctors who are already in
17 practice and basically make a monopoly for
18 themselves.

19 DR. WILLIAMS: Well, now, now -- and this is ---

20 DR. SPEARMAN: They're making a ---

21 DR. WILLIAMS: --- now this is out ---

22 DR. SPEARMAN: --- private center.

23 (Multiple voices)

24 DR. WILLIAMS: --- this is outside of the National
25 Board. This ---

1 DR. SPEARMAN: Well, let me just say that, that at
2 SECO ---

3 DR. WILLIAMS: Only, only what I gave on the front
4 end was the, the Board. Or once ---

5 DR. CANDELA: He's tied to them; isn't he?

6 DR. WILLIAMS: --- once that's ---

7 DR. SPEARMAN: One of the things that we're talking
8 about at SECO right now is the fact that the
9 way education is produced in this country is
10 essentially, whoever determines that they want
11 to be a speaker, submits a course to whatever
12 entity it is. And that -- and then the
13 education committee determines that we need a
14 course on this. And then they go to their
15 archives and they look and see they have a
16 course on that. You picked that doctor, does
17 anybody know him or her, and is it something
18 that we believe that would be appropriate for
19 our attendees? And then they come and they
20 give their lecture based on -- solely on their
21 content and the optometrists listen or sleep,
22 and then they go home. The new changes that
23 we're looking at is that we will have someone
24 in the organization who determines what is
25 appropriate and needed by attendees. And that

1 is based on the trends in optometry, the --
2 where we -- where the statistics will lead us.
3 Then that person identifies speakers that can
4 speak on that subject and works with that
5 administrative person to develop a program
6 that is acceptable to SECO. That is, it
7 covers the areas that we believe need to be
8 covered and is presented in a way that we
9 believe it should be presented. And then,
10 after they leave the meeting, there is
11 followup from that lecturer to them, via the
12 internet or whatever, to give them supportive
13 information and maybe even the kind of
14 feedback that you're talking about. So
15 education is changing, in my opinion, and
16 probably for the better. The, the goal that
17 we've always had at SECO, and we've -- I hope
18 we have it -- every person who offers
19 education -- is that the goal is to change
20 behavior, that optometrist leaves that meeting
21 and goes home and changes their behavior,
22 which, in fact, benefits the patient in the
23 long run.

24 DR. WILLIAMS: Right.

25 DR. SPEARMAN: But that's a tough thing.

1 DR. WILLIAMS: Yeah.

2 DR. SPEARMAN: And the fact is, is that very few
3 doctors ---

4 DR. WILLIAMS: Yeah, and how do you ---

5 DR. SPEARMAN: --- actually ---

6 DR. WILLIAMS: --- prove it, and how do you track
7 it and all that?

8 DR. SPEARMAN: It's not an easy thing.

9 DR. WILLIAMS: Yeah. You ought to ---

10 DR. SPEARMAN: But some of that's valid, and, and -
11 --

12 DR. WILLIAMS: Yeah.

13 DR. SPEARMAN: --- and based on my experiences ---

14 DR. WILLIAMS: And you got to understand, this is
15 coming from a regulatory -- how do I want to
16 say this -- this is coming from a regulatory
17 environment or bias, not from a doctor ---

18 DR. SPEARMAN: Sure.

19 DR. WILLIAMS: --- bias. So these guys are looking
20 at it from a different slant. And they have
21 guys who come in who are with patient-advocacy
22 groups. And these are saying, this is what
23 the public wants or this is what patient-
24 advocacy groups want. We want some type of
25 proof that these doctors are actually getting

1 education and learning from that and, as you
2 say, becoming better practitioners and that
3 the public benefits from that. But, but, but
4 you know, this is a different viewpoint here.
5 We're sitting here saying, you know, hey, man,
6 we take these courses and we go in there and
7 we pay attention and we learn from it. And,
8 yeah, like Bill says, I hope we do. But now
9 you're over here on the other standpoint, and
10 the public's saying, how do we know that?

11 DR. SPEARMAN: Well, if we survey ---

12 DR. WILLIAMS: Prove it to us.

13 DR. SPEARMAN: --- if we surveyed people who were
14 taking continuing education in optometry, and
15 maybe all other fields out there, and, and
16 asked them why they're sitting in that room --
17 -

18 DR. WILLIAMS: You know what the ---

19 DR. SPEARMAN: --- I'm afraid that what we might
20 find is ---

21 DR. WILLIAMS: --- is that ---

22 DR. SPEARMAN: --- because the Board of Examiners -
23 --

24 DR. WILLIAMS: Yeah. I need my ---

25 DR. SPEARMAN: --- requires ---

1 DR. WILLIAMS: --- I need my license. Yeah.

2 DR. SPEARMAN: --- requires that.

3 DR. WILLIAMS: Yep.

4 DR. SPEARMAN: So, you know, a lot of what we do to
5 get educated is simply to fulfill a
6 requirement of the Board. And that's not just
7 optometry; that's all professions.

8 DR. WILLIAMS: And Peter, you're right. There's a
9 ton of money involved in there. There's a lot
10 at stake. So that's just -- don't shoot the
11 messenger.

12 DR. CANDELA: No, I didn't say that. I'm just,
13 just put it out on the table from my previous
14 experience.

15 DR. WILLIAMS: Yeah, I know.

16 DR. CANDELA: Okay.

17 DR. VAN VEEN: Was there any reports as to the new
18 optometry schools' acceptance rates, that sort
19 of stuff?

20 DR. WILLIAMS: Oh, thank you. That did come up.
21 There seemed to be genuine concern that these
22 schools had just popped up without maybe a
23 necessary need for them. And what else came
24 up that -- I'm not sure how this is going to
25 play out, but -- and unfortunately, I wasn't

1 there when Dr. Casser gave her presentation,
2 but she is the, maybe, clinical director. I'm
3 sure she's not -- Tom Lewis is PC. I think
4 he's president of the school, but she's right
5 beneath that. But PCO's looking to go into a
6 shortened curriculum.

7 DR. SPEARMAN: Uh-huh.

8 DR. WILLIAMS: And most of the people were like,
9 man, we got ---

10 DR. SPEARMAN: Going to three years.

11 DR. WILLIAMS: Yeah. What -- they're like, man, we
12 have enough trouble in the legislative arena
13 because we're four years and without
14 residencies. How in the world are we possibly
15 going to present a viable legislative agenda
16 if you're cutting it back to three years. So
17 that was a huge outcry over that.

18 DR. VAN VEEN: Wow. What was the ---

19 DR. WILLIAMS: And I don't what her rationale is.
20 Although I -- I mean, let's all admit -- I
21 mean, I think you could condense just about
22 anything if you wanted to lengthen the day,
23 no, no break in the summer. I mean, there are
24 ways of doing it and ---

25 DR. CANDELA: I don't know what the curriculum's

1 like now, but we've had ---

2 DR. WILLIAMS: Yeah.

3 DR. CANDELA: --- so much ---

4 DR. WILLIAMS: Yeah.

5 DR. CANDELA: --- repetition, too.

6 DR. WILLIAMS: But I do know where my son went, New
7 England College, they've got four or five OD
8 programs. They had some for, like, you know,
9 foreign students. They have a condensed
10 version. I mean, it's, it's like there are
11 three or four different degrees you can get
12 there with, you know, a couple different ways
13 of getting an OD degree. So obviously, this
14 is something that's been looked at.

15 DR. SPEARMAN: Seems that there's an economic ---

16 DR. WILLIAMS: Yeah.

17 DR. SPEARMAN: --- agenda in there somewhere.

18 DR. WILLIAMS: Yeah, exactly. But that was, that
19 was, I think, the thing that probably grabbed
20 people's attention more than, say, the three
21 new optometry schools. But again, how that
22 was presented is that they were done at
23 existing schools and it seemed to be more from
24 a business standpoint. You've got the school;
25 you've got ---

1 DR. SPEARMAN: The faculty.

2 DR. WILLIAMS: --- the faculty ---

3 (Multiple speakers)

4 DR. SPEARMAN: --- (inaudible) ---

5 DR. WILLIAMS: --- you've got the ---

6 DR. SPEARMAN: --- (inaudible) ---

7 DR. WILLIAMS: --- the buildings there. Why not?

8 Let's, let's create another curriculum,

9 whether there's a ---

10 DR. SPEARMAN: --- whether there's cause for it ---

11 DR. WILLIAMS: --- whether there's a bonafide need
12 for it or not. You know, we've got faculty;
13 we've got buildings; we've got infrastructure
14 here. We need to, need to use it. Kind of
15 like expanding your own, own office for, you
16 know, later hours and things like that. Just
17 -- it was more of a business decision made by
18 non-traditional optometry schools. And I
19 think they were all osteopathic programs where
20 the three new ---

21 DR. SPEARMAN: Uh-huh.

22 DR. WILLIAMS: --- schools are.

23 DR. SPEARMAN: What are you seeing nurse -- I mean,
24 physician's assistants expanding to a doctor's
25 program, occupational -- well, not

1 occupational at this point, but physical
2 therapy. I think CRNA's are looking at going
3 that way. So they're adding another year, and
4 then they make it a doctoral program.

5 DR. WILLIAMS: Right.

6 DR. SPEARMAN: So it's -- there's a lot of -- in my
7 opinion, there's a lot of, lot of profit
8 center considerations.

9 DR. WILLIAMS: But like I say, the book's here.
10 And most of the -- I just took notes. There's
11 no way I could digest all that. So I hope I
12 didn't mislead on any of these topics.

13 (Multiple speakers)

14 DR. WILLIAMS: But ---

15 DR. CANDELA: --- the book. I still have the book
16 from last year.

17 DR. WILLIAMS: --- whoever goes in the future,
18 it's, it's an experience. It's not a lot of
19 fun. I mean, the information's pretty dry.
20 It's -- and next meeting is going to be end of
21 June -- 24th or 26th June -- in Chicago. So I
22 guess the AOA will be the weekend after that.
23 And there was some talk about whether you want
24 -- they wanted to move ARBO or have it at a
25 different time. I guess, historically, of

1 late, it's been the weekend -- the end of the
2 weekend and the first of the week prior to
3 AOA. I guess the theory is, is most of the
4 docs are going to potentially be around then
5 anyway. But that may change. It may be given
6 at an entirely different site than the AOA in
7 the future and an entirely different time of
8 the year. But of the people who were there
9 who were polled, I think the, the vast
10 majority still prefer it to be done the way it
11 is currently. And that's pretty much ARBO.
12 And again, as members of ARBO, you pay based
13 on the number of licensees, correct? And I
14 know we've floated ---

15 MS. COMBS: Correct. Up to ---

16 DR. WILLIAMS: --- this out ---

17 MS. COMBS: --- a certain ---

18 DR. WILLIAMS: --- to the Board ---

19 MS. COMBS: --- point, yeah. Uh-huh.

20 DR. WILLIAMS: -- you know, if this Board so
21 decides, we don't have to be a member of ARBO.
22 And I must say, this is the most scantily-
23 attended ARBO meeting I've ever been to. And
24 I think part of it was economy, maybe part of
25 it location. There just -- there wasn't a ton

1 of people from the north. And there was a, a
2 lot of people -- there were a lot of states
3 missing from the northeast. I was really kind
4 of shocked.

5 MS. COMBS: Well, was there much -- what about
6 board certification? What ---

7 DR. WILLIAMS: That really didn't ---

8 MS. COMBS: --- that was a big thing ---

9 DR. WILLIAMS: --- that was not ---

10 MS. COMBS: --- last ---

11 DR. WILLIAMS: --- you know, that was ---

12 MS. COMBS: --- last ---

13 DR. WILLIAMS: --- really not a ---

14 MS. COMBS: Really? Okay.

15 DR. WILLIAMS: You know, I'd say it's probably --
16 well, you know -- obviously, you've got North
17 Carolina on one end that it ain't happening
18 there as long as John Robinson is alive.

19 Secondly, there were some other states like
20 Louisiana and some other states said they had
21 absolutely no problem -- no, no discussions.
22 You know, board certification -- they had
23 absolutely no problem with that. I'd say the
24 vast majority are kind of like us as they're
25 going to take it on a, on a wait-and-see

1 basis. And you know, if you want to use that
2 designation, then it'll be taken on a case-by-
3 case basis. And speaking of which, did most
4 of you guys take the test?

5 DR. SPEARMAN: I didn't. I chickened out.

6 DR. WILLIAMS: You did. You did. Did you?

7 DR. VAN VEEN: I did not.

8 DR. WILLIAMS: Okay. And I -- they said that --
9 when I took the test, they said six to eight
10 weeks on the results. And I took it like the
11 fourth -- I, I took it like the 14th of June.
12 So I was at the very end of the ---

13 DR. TUCKER: Yeah.

14 DR. WILLIAMS: --- of the ---

15 DR. TUCKER: --- of June.

16 DR. WILLIAMS: --- window there.

17 DR. TUCKER: Yeah. So it'll be September probably.

18 DR. CANDELA: I was there June 9th. I'm not
19 expecting to pass either. I didn't study for
20 it.

21 DR. SPEARMAN: That's kind of the reason I didn't
22 take it.

23 DR. CANDELA: I know.

24 (Multiple speakers)

25 DR. SPEARMAN: Well, I talked to people that

1 studied hard, like Tom, who's such a genius
2 anyway.

3 DR. TUCKER: No. I, I just studied a little bit.

4 DR. WILLIAMS: Personally, if I'd have studied, I
5 don't think I would've picked up -- I, I don't
6 think I would've studied what they asked me.
7 I really ---

8 DR. SPEARMAN: Did you not study? I know this is
9 irrelevant.

10 DR. WILLIAMS: I looked, I looked through that KMK
11 booklet.

12 DR. TUCKER: Yeah. The book was good. Except for
13 binocular vision, the book was excellent.

14 DR. WILLIAMS: Yeah. And like I say, I wouldn't
15 have gotten that anyway. I was ---

16 DR. SPEARMAN: Well, I spoke with ---

17 DR. WILLIAMS: --- conceding that.

18 DR. SPEARMAN: --- I spoke with some of the AOA
19 officers while we were at a ---

20 DR. WILLIAMS: Yeah?

21 DR. SPEARMAN: --- meeting, and they said at that
22 time, there was only 300 and something ---

23 DR. WILLIAMS: Yeah. It was a very small number
24 took it.

25 DR. SPEARMAN: But then the AOA news, I think, said

1 close to 500.

2 DR. WILLIAMS: 500. But still, that's, I think, a
3 small number.

4 DR. SPEARMAN: Well, when you're talking about ---

5 DR. WILLIAMS: You got 40,000 ---

6 DR. SPEARMAN: --- having 40-some thousand members
7 ---

8 DR. WILLIAMS: --- you got 40,000 optometrists, I
9 was -- I thought that was a shockingly small
10 number.

11 (Multiple speakers)

12 DR. WILLIAMS: I mean, really.

13 DR. TUCKER: I was surprised.

14 DR. WILLIAMS: They said there were, what, 1300
15 people who had registered?

16 DR. TUCKER: 1500 are eligible now.

17 DR. WILLIAMS: Yeah.

18 DR. SPEARMAN: And that's not a lot either.

19 DR. WILLIAMS: No. I was shocked. I'm like, hell,
20 of those 500, 30 were from -- 20 or 30 were
21 probably from the little small state like
22 South Carolina. I think there were fair
23 number of people ---

24 (Multiple speakers)

25 DR. SPEARMAN: I think they had a really good

1 turnout from our ---

2 DR. WILLIAMS: --- that were taking that.

3 DR. SPEARMAN: Speaking of which, I never have
4 received my credit -- my notification of
5 credit for attending that. Have y'all gotten
6 something from KMK or from the state stating
7 that you attended that 70 or 80 hour event?

8 DR. WILLIAMS: You should've ---

9 DR. CANDELA: You should've gotten it from ---

10 DR. WILLIAMS: You should've gotten the thing ---

11 DR. CANDELA: --- SCOPA ---

12 DR. WILLIAMS: --- when you, when you left that
13 day.

14 DR. CANDELA: --- when you left. You got ---

15 DR. WILLIAMS: Or did you leave a little early?

16 DR. CANDELA: --- one with your normal annual ---

17 DR. SPEARMAN: No. I didn't leave early. I was
18 there till the bitter end.

19 DR. WILLIAMS: Then they gave you something for --
20 what was it -- 19 hours or something?

21 DR. CANDELA: Check -- call at the office because
22 Anna will have the -- be able to look back ---

23 DR. SPEARMAN: Okay.

24 DR. CANDELA: --- I'm sure.

25 DR. SPEARMAN: Well, I don't know that I'll need

1 it, but if I do, I'd like ---

2 DR. WILLIAMS: Yeah.

3 DR. SPEARMAN: --- I mean, if I get audited, I'd
4 like to ---

5 DR. CANDELA: Yeah, yeah.

6 DR. WILLIAMS: Yeah. They gave out something ---

7 DR. SPEARMAN: Because that was ---

8 DR. WILLIAMS: --- and I think it was ---

9 DR. SPEARMAN: --- 20-something ---

10 DR. WILLIAMS: --- when we left.

11 DR. SPEARMAN: --- hours.

12 DR. CANDELA: Yeah. When -- yeah, when we left.

13 DR. SPEARMAN: How many hours was that?

14 DR. CANDELA: It was 18.

15 DR. SPEARMAN: Yeah, I thought it was ---

16 DR. VAN VEEN: And it was all co-approved, right?

17 DR. CANDELA: Yeah. It was all co-approved.

18 DR. WILLIAMS: Yes. And you know, that's the nice
19 thing about -- what's that called up there
20 that they use that I, that I -- aw, man -- not
21 SELMO, but what's that deal there? That's the
22 nice thing about OE Tracker. I, I do it. I
23 know some of you guys are anti that, but at
24 least once the information gets in there, if
25 you ever get audited or you have to present

1 that stuff, you don't have to go re-track all
2 that stuff down.

3 DR. SPEARMAN: I wouldn't mind ---

4 DR. WILLIAMS: It makes for a very nice little
5 printout, because I'm not, I'm not very good
6 at keeping up with that stuff. So for me,
7 it's ---

8 (Multiple speakers)

9 DR. TUCKER: They didn't report that, they didn't
10 report ---

11 DR. WILLIAMS: I did it ---

12 DR. TUCKER: --- the course.

13 DR. WILLIAMS: --- myself. I went back home that
14 night and, and I faxed that thing in there.

15 DR. TUCKER: Yeah, I didn't do that, but I -- when
16 I go to SECO, I always use my OE Tracker card.

17 DR. SPEARMAN: I do, too. I do the same thing.

18 DR. TUCKER: And that makes it really easy. I was
19 surprised they didn't at least let us write
20 the ---

21 DR. WILLIAMS: Well, just ---

22 DR. TUCKER: --- number down.

23 DR. WILLIAMS: --- take your thing -- if you do --
24 and just fax it in. And within three or four
25 days, you'll get ---

1 DR. CANDELA: Yeah. KMK ---

2 DR. WILLIAMS: --- in the mail for each course ---

3 DR. CANDELA: --- had that on there, though, to put
4 your OE Tracker number on there and they would
5 report it.

6 DR. WILLIAMS: Oh, it was on there?

7 DR. CANDELA: KMK.

8 DR. WILLIAMS: Oh.

9 DR. TUCKER: Well, they didn't report it, because I
10 looked ---

11 DR. CANDELA: Really?

12 DR. TUCKER: -- I looked at mine last night, and
13 it's not on there.

14 DR. WILLIAMS: All right. So that's all I've got
15 on ARBO.

16 DR. CANDELA: All right.

17 DR. WILLIAMS: Any other questions y'all want to
18 fire at me about the ARBO meeting?

19 DR. SPEARMAN: Glad you went.

20 DR. WILLIAMS: Well.

21 DR. TUCKER: Let's hear it for Neal.

22 DR. WILLIAMS: Some, somebody needs to be -- they,
23 they can think about -- Peter, you'd probably
24 be an ideal -- you'd be the ARBO antithesis in
25 there.

1 DR. CANDELA: If they have the same attorney for
2 them, they wouldn't ---

3 DR. SPEARMAN: They wouldn't let you ---

4 DR. CANDELA: --- let me ---

5 DR. SPEARMAN: --- in the room.

6 DR. CANDELA: --- in the room.

7 DR. WILLIAMS: Might be bloodshed if you went to
8 that meeting. Everyone's entitled to their
9 own opinion. All right. Any other --
10 anything else, for the good of the Board,
11 anybody wants to bring up?

12 MS. COMBS: The only thing that -- for -- that I
13 will let y'all know that the director,
14 Catherine Templeton, she said she's willing to
15 speak with anyone. You know, if y'all have
16 any issues or anything, she ---

17 DR. SPEARMAN: Could we ask her to stop by our
18 board meeting one day? Tell her it'd be nice
19 for us to meet her ---

20 MS. COMBS: Sure.

21 DR. SPEARMAN: --- and say hello to her.

22 MS. COMBS: Yeah.

23 DR. SPEARMAN: I'd like to see who she is.

24 MS. COMBS: Okay. And also, she is -- and I'm
25 willing to let the association know that she

1 said she would meet with them or attend an
2 event or interact as appropriate to facilitate
3 better understandings of issues and develop
4 sound working relationships. I will let the
5 association know that and -- so, but if you
6 have any -- you know, if you just call me,
7 find out her contact number and I'll get that
8 to you or I'll send -- I'll go ahead and send
9 that to you. And then, anytime, you know,
10 just let her know if you have a question or
11 concern or comment.

12 DR. SPEARMAN: It would be nice to meet her.

13 DR. VAN VEEN: Who is this?

14 DR. SPEARMAN: The new director ---

15 MS. COMBS: New director ---

16 DR. SPEARMAN: --- of LLR.

17 DR. VAN VEEN: Oh, of LLR. Okay. Great.

18 DR. TUCKER: Over the whole LLR?

19 MS. COMBS: Right. Uh-huh. Yes.

20 DR. WILLIAMS: Any other -- anybody else got
21 anything they want to say?

22 DR. CANDELA: No.

23 DR. WILLIAMS: Well, next meeting's the 2nd of
24 November. So hearing no other discussion,
25 I'll entertain a motion that we adjourn.

1 DR. CANDELA: Make a motion to adjourn.

2 DR. TUCKER: Second.

3 MR. JOHNSON: Second.

4 DR. WILLIAMS: All in favor?

5 BOARD MEMBERS: Aye.

6 DR. WILLIAMS: We're done. Thanks.

7 (Whereupon, at 5:12 p.m., the
8 proceeding in the above-entitled
9 matter was concluded.)

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1 STATE OF SOUTH CAROLINA)
) CERTIFICATE
 2 COUNTY OF LEXINGTON)
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4 Be it known that I, Terri A. Winiarski, Nationally
 5 Certified Court Reporter and Notary Public in and for the
 6 State of South Carolina, took the foregoing board meeting at
 3:04 p.m. on Wednesday, August 3rd, 2011;

7 That the foregoing 128 pages constitute a true and
 8 accurate transcription of the proceedings and all testimony
 given at that time to the best of my skill and ability;

9 I further certify that I am not counsel or kin to
 10 any of the parties to this cause of action, nor am I
 interested in any manner of its outcome.

11 In witness whereof, I have hereunto set my hand and
 seal this 17th day of August 2011.

12
 13
 14 _____
 Terri A. Winiarski, CVR
 15 Notary Public for South Carolina
 My commission expires November 16th, 2015.

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 22 is reproduced as read or quoted by the speaker.
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