

**July 17, 2020**  
**Virtual Meeting**  
**9:00 a.m.**

**Agenda**  
**Virginia Board of Optometry**  
**Full Board Meeting**

**VIRTUAL MEETING**

**\*\*\*\*Refer to Page 3 of the Agenda for Meeting Access Information\*\*\*\***

**Call to Order – Fred E. Goldberg, O.D., Board President**

**Page 4**

- Welcome and Roll Call
- Introductions
- Mission Statement

**Ordering of Agenda – Dr. Goldberg**

**Public Comment – Dr. Dr. Goldberg**

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. (See instructions on page 3 for providing public comment during virtual meeting.)

**Approval of Minutes – Dr. Goldberg**

**Pages 5-7**

February 7, 2020 – Full Board Meeting

**Agency Report – David E. Brown, D.C., Director**

**Legislative/Regulatory Update – Elaine Yeatts**

**Pages 8-35**

- Legislative Update
  - 2020 Legislative Session Overview
  - 2021 Legislation Session – Consideration of Board recommendation for re-submission of clean-up bill for Chapter 32, Optometry Law
  - HB967 – Consideration of any waiver of experience requirements for spouse of active duty military or veteran
- Regulatory Update
  - Waiver for E-prescribing – under review by administration
  - Repeal of Professional Designation Rules and Fees – under review by administration
  - Handling Fee – effective date of 03/05/2020
  - Inactive Licenses – effective date of 03/04/2020
- Petition for Rulemaking – Consideration of Haine petition to restrict number of contact lenses per prescription
- Federal Contact Lens Rule Amendments

**Discussion Items**

**Pages 36-69**

- Healthcare Workforce Data Report – **Elizabeth Carter and Yetty Shobo**
- Continuing Education (CE) – **Leslie Knachel**
  - Audit for previous licensing year

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- CE requirements for current licensure period
  - Review of Draft Telepractice Guidance Document – **Ms. Knachel**
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**Board Counsel Report – Charis Mitchell**

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**President’s Report – Dr. Goldberg**

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**Board of Health Professions Report – Dr. Clayton-Jeter**

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**Association of Regulatory Boards of Optometry Annual Meeting Report – Dr. Goldberg**

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**Staff Reports**

**Pages 70-79**

- Executive Director’s Report – **Ms. Knachel**
    - Statistics
    - E-Prescribing Waiver Requests
    - Outreach
      - Regulatory Update (2/12/2020)
      - Extension of CE Requirements (3/19/2020)
      - Electronic Transmission of Opioid Prescriptions (04/21/2020)
      - Renewals
    - Updated forms
    - Board Calendar
  - Discipline Report – **Kelli Moss**
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**New Business – Dr. Goldberg**

**Page 76**

Elections

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**Next Meeting** – October 16, 2020

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**Meeting Adjournment – Dr. Goldberg**

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This information is in **DRAFT** form and is subject to change.

## Instructions for Accessing July 17, 2020 Virtual Full Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the joining options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be submitted by email to [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov) no later than 12:00 noon on July 16, 2020. The written comments will be made available to the board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov) no later than 12:00 noon on July 16, 2020, indicating they wish to offer oral comment at the board meeting. Comment may be offered by these individuals when their names are announced by the meeting chair.
- Public participation connections will be muted following the public comment periods.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the board meeting will be restored.
- Please call from a location without background noise.
- Dial (804) 597-4129 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>.

**JOIN THE INTERACTIVE MEETING** (NOTE: WebEx is a video and audio platform and best accessed by connecting with a mobile device which has a built-in microphone and camera. Laptops and desktop computers will work provided an external microphone and camera are available. However, audio and video quality may vary depending on internet speed and use of a web browser other than Internet Explorer is required.)

Click or copy the link below:

<https://virginia-dhp.my.webex.com/virginia-hp.my/j.php?MTID=mc33c56e102e759bb0babe7a0552f59ab>

### JOIN BY AUDIO ONLY

1-408-418-9388

Meeting number (access code): 132 779 5659

Meeting password: 79353883



Virginia Department of  
**Health Professions**  
Board of Optometry

Perimeter Center  
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**Website:** <https://www.dhp.virginia.gov/Boards/Optomety/>

## MISSION STATEMENT

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**BOARD OF OPTOMETRY  
FULL BOARD MEETING  
February 7, 2020**

**TIME AND PLACE:** The Virginia Board of Optometry (Board) meeting was called to order at 9:04 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 3, Henrico, Virginia 23233.

**PRESIDING OFFICER:** Fred E. Goldberg, O.D. President

**MEMBERS PRESENT:** Lisa Wallace-Davis, O.D. Vice-President  
Helene Clayton-Jeter, O.D.  
Steven A. Linas, O.D.  
Clifford A. Roffis, O.D.

**MEMBERS NOT PRESENT:** Devon Cabot, Citizen Member

**STAFF PRESENT:** Leslie L. Knachel, Executive Director  
Kelli Moss, Deputy Executive Director  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Elaine Yeatts, Senior Policy Analyst  
Anthony C. Morales, Operations Manager  
Tamara Farmer - Administrative Assistant  
Celia Wilson - Administrative Assistant  
David Brown, D.C., DHP Director

**OTHERS PRESENT:** Bo Keeney, Virginia Optometric Association (VOA)  
Amanda Bount, Department of Accountancy

**QUORUM:** With five members of the Board present, a quorum was established.

**ORDERING OF AGENDA** There were no changes to the agenda.

Ms. Knachel introduced new staff member Celia Wilson and commented that Tamara Farmer would be attending board meetings.

**PUBLIC COMMENT:** There was no public comment.

**APPROVAL OF MINUTES:** Dr. Linas moved to approve the meeting minutes for the November 8, 2019 – Full Board Meeting.

The motion was seconded and carried.

**DIRECTOR'S REPORT:** Dr. Brown reported on the General Assembly, security measures and legislation of interest to the Board.

**LEGISLATIVE/REGULATORY UPATE:** **2019 Legislative/Regulatory Update**  
Ms. Yeatts reviewed legislation being followed by DHP.

Ms. Yeatts provided an overview of the following regulatory actions that are in process;

- Repeal of professional designation rules and fees
- Handling Fee

- Inactive Licensure  
Ms. Knachel commented that the effective date of the inactive license regulations is March 4, 2020, which is in the middle of the renewal period. She indicated that this option will be available to licensees after the effective date of the regulations. Those licensees who want to change status to "inactive" will need to contact the Board.
- Addition of Gabapentin to the TPA Formulary  
Ms. Knachel commented that an email notification regarding gabapentin will be sent out to licensees.
- Periodic Review
- Prescribing Opioids

Ms. Knachel provided a copy of the waiver form for electronic transmission of opioid prescriptions and asked the Board to consider how the waivers will be granted.

Dr. Wallace-Davis moved to delegate authority to the Executive Director to grant requested waivers.

The motion failed for lack of a second.

Dr. Clayton-Jeter moved to delegate authority to the Executive Director to grant waivers for "Economic Hardship and Technological Limitations" and consult with the Board President prior to granting a waiver when "Other Exceptional Circumstances" are identified.

The motion was seconded. The Board discussed the issue.

The motion passed with a unanimous vote.

**DISCUSSION ITEMS:**

**Update to Guidance Document 105-14: Bylaws**

Ms. Knachel stated that the proposed change to the bylaws rectifies a discrepancy between two guidance documents.

Dr. Roffis moved to accept the changes to Guidance Document 105-14 as proposed.

The motion was seconded and carried.

**Consideration to accept Board meeting attendance to meet CE requirement for CEU's.**

The Board discussed this item and did not take any action

**BOARD MEMBER TRAINING:**

Ms. Moss provided an overview on probable cause review and closing cases explanation.

**BOARD COUNSEL REPORT:**

Ms. Mitchell did not have any information to report.

**PRESIDENT'S REPORT:**

Dr. Goldberg thanked the Board Members for their service and board staff for their support.

**BOARD OF HEALTH  
PROFESSION'S REPORT:**

Dr. Clayton-Jeter gave a report on the activities of the Board of Health Professions.

**STAFF REPORTS:**

**Executive Director's Report – Ms. Knachel**

**Statistics**

Ms. Knachel provided an update on board statistics.

**ARBO**

- Annual Meeting: Ms. Knachel stated that Drs. Goldberg, Clayton-Jeter and Wallace-Davis have expressed interest in attending the 2020 meeting in Alexandria, VA.
- Member Board Update: Ms. Knachel information regarding the ARBO's failed negotiations with NBEO.

**News from NBEO**

Ms. Knachel stated that recent information from NBEO was included in the agenda package.

**Results of CE Audit**

Ms. Knachel reported on the 2018 CE audit results.

The Board discussed whether to conduct a CE Audit for 2019. Ms. Knachel commented that the Board should make a CE audit decision at first meeting after the renewal period is over. This will be added to the agenda for the July meeting.

**Outreach Emails**

Ms. Knachel reported that on the outreach emails sent to optometry licensees.

**Discipline Report – Ms. Moss**

Ms. Moss provided an overview of the caseload statistics.

**NEW MEETING:**

The next scheduled full board meeting is July 7, 2020.

**ADJOURNMENT:**

The meeting adjourned at 10:58 a.m.

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Fred Goldberg, O.D.  
Chair

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Leslie L. Knachel, M.P.H.  
Executive Director

**Board of Optometry  
Legislative Report – 2020 General Assembly**

**HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.**

*Chief patron: Hurst*

*Summary as passed:*

**Prescription Monitoring Program; information disclosed to the Emergency Department Care Coordination Program; redisclosure.** Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information. This bill is identical to SB 575.

**HB 967 Military service members and veterans; expediting issuance of credentials to spouses, application.**

*Chief patron: Willett*

*Summary as passed House:*

**Professions and occupations; expediting the issuance of credentials to spouses of military service members.** Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any



requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930 and is identical to SB 981.

**HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.**

**This bill was carried over to 2021 with a study to be conducted by the Board of Health Professions**

*Chief patron: Rasoul*

*Summary as introduced:*

**Naturopathic doctors; license required.** Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

**HB 1328 Offender medical & mental health information & records; exchange of information to facility, etc.**

*Chief patron: Watts*

*Summary as passed:*

**Exchange of offender medical and mental health information and records.** Provides that a health care provider who has been notified that a person to whom he has provided services within the last two years is committed to a local or regional correctional facility shall, upon request by the local or regional correctional facility, disclose to the local or regional correctional facility where the person is committed any information necessary to ensure the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent. This bill is identical to SB 656.

**HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.**

*Chief patron: Sickles*

*Summary as passed:*

**Pharmacists; prescribing, dispensing, and administration of controlled substances.** Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

**Consideration of Board recommendation for re-submission of  
Clean-up Bill for Chapter 32 – Optometry law**

## Department of Health Professions

### 2021 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending §§ 54.1-3202, 54.1-3211, 54.1-3213, 54.1-3215, 54.1-3221, 54.1-3222, and 54.1-3223, and by repealing § 54.1-3220 to update and clarify statutory provisions governing the practice of optometry.

**Be it enacted by the General Assembly of Virginia:**

1. That §§ 54.1-3202, 54.1-3211, 54.1-3213, 54.1-3215, 54.1-3221, 54.1-3222, and 54.1-3223 of the *Code of Virginia* are amended and reenacted as follows:

#### **§ 54.1-3202. Exemptions.**

This chapter shall not apply to:

1. Physicians licensed to practice medicine by the Board of Medicine or to prohibit the sale of nonprescription eyeglasses and sunglasses; ~~or~~
2. Any optometrist rendering free health care to an underserved population in Virginia who (i) does not regularly practice optometry in Virginia, (ii) holds a current valid license or certificate to practice optometry in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care in an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of his license or certification in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any optometrist whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow an optometrist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state; or
3. Any student, intern or trainee in optometry, engaged in a course of study at an accredited university or college under the direct supervision of a licensed optometrist or ophthalmologist while performing optometric services constituting a part of his supervised course of study.

#### **§ 54.1-3211. Examination.**

The Board shall set the necessary standards to be attained in the examinations to entitle the candidate to receive a license to practice optometry.

~~The examination shall be given at least semiannually if there are any candidates who have applied to the Board for examination at least 30 days before the date for the examination.~~

~~The examination shall include anatomy; physiology; pathology; general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications and emergency care associated with the use of diagnostic pharmaceutical agents; and the use of the appropriate instruments.~~

The Board may determine a score that it considers satisfactory on any written examination of the National Board of Examiners in Optometry. ~~The Board may waive its examination for a person who achieves a satisfactory score on the examination of the National Board of Examiners in Optometry.~~

Those persons licensed on or before June 30, 1997, to practice optometry in this state but not certified to administer diagnostic pharmaceutical agents may continue to practice optometry but may not administer diagnostic pharmaceutical agents without satisfying the requirements of this section. Those persons licensed after June 30, 1997, shall be considered as certified to administer diagnostic pharmaceutical agents. After June 30, 2004, every person who is initially licensed to practice optometry in Virginia shall meet the qualifications for a TPA-certified optometrist.

#### **§ 54.1-3213. Issuance of license; fee; renewal.**

Every candidate successfully passing the examination shall be licensed by the Board as possessing if such candidate possesses the qualifications required by law and regulation to practice optometry.

~~The fee for examination and licensure shall be prescribed by the Board and shall be paid to the executive director of the Board by the applicant upon filing his application.~~

Every license to practice optometry granted under the provisions of this chapter shall be renewed at such time, in such manner and upon payment of such fees as the Board may prescribe.

#### **§ 54.1-3215. Reprimand, revocation and suspension.**

The Board may ~~revoke or suspend a license or reprimand the licensee~~ refuse to admit an applicant to any examination; refuse to grant or renew a license or certificate; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke any license or certificate for any of the following causes:

1. Fraud or deceit in his practice;

2. Conviction of any felony under the laws of the Commonwealth, another state, the District of Columbia or any United States possession or territory or of any misdemeanor under such laws involving moral turpitude;
3. Conducting his practice in such a manner as to endanger the health and welfare of his patients or the public;
4. Use of alcohol or drugs to the extent such use renders him unsafe to practice optometry or mental or physical illness rendering him unsafe to practice optometry;
5. Knowingly and willfully employing an unlicensed person to do anything for which a license to practice optometry is required;
- ~~6. Practicing optometry while suffering from any infectious or contagious disease;~~
7. Neglecting or refusing to display his license ~~and the renewal receipt~~ for the current year;
- ~~8-7.~~ Obtaining of any fee by fraud or misrepresentation or the practice of deception or fraud upon any patient;
- ~~9-8.~~ Advertising which directly or indirectly deceives, misleads or defrauds the public, claims professional superiority, or offers free optometrical services or examinations;
- ~~10-9.~~ Employing, procuring, or inducing a person not licensed to practice optometry to so practice;
- ~~11-10.~~ Aiding or abetting in the practice of optometry any person not duly licensed to practice in this Commonwealth;
- ~~12-11.~~ Advertising, practicing or attempting to practice optometry under a name other than one's own name as set forth on the license;
- ~~13-12.~~ Lending, leasing, renting or in any other manner placing his license at the disposal or in the service of any person not licensed to practice optometry in this Commonwealth;
- ~~14-13.~~ Splitting or dividing a fee with any person or persons other than with a licensed optometrist who is a legal partner or comember of a professional limited liability company formed to engage in the practice of optometry;
- ~~15-14.~~ Practicing optometry where any officer, employee, or agent of a commercial or mercantile establishment, as defined in subsection C of § 54.1-3205, who is not licensed in Virginia to practice optometry or medicine directly or indirectly controls, dictates, or influences the professional judgment, including but not limited to the level or type of care or services rendered, of the licensed optometrist;
- ~~16-15.~~ Violating other standards of conduct as adopted by the Board;

~~17.16.~~ Violating, assisting, inducing or cooperating with others in violating any provisions of law relating to the practice of optometry, including the provisions of this chapter, or of any regulation of the Board.

**§ 54.1-3219. Continuing education.**

A. As a prerequisite to renewal of a license or reinstatement of a license, each optometrist shall be required to complete 20 hours of continuing education relating to optometry, as approved by the Board, each year. A licensee who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle. The courses shall include, but need not be limited to, the utilization and application of new techniques, scientific and clinical advances, and new achievements of research. The Board shall prescribe criteria for approval of courses of study. ~~The Board may approve alternative courses upon timely application of any licensee.~~ Fulfillment of education requirements shall be certified to the Board upon a form provided by the Board and shall be submitted by each licensed optometrist at the time he applies to the Board for the renewal of his license. The Board may waive individual requirements in cases of certified illness or undue hardship.

B. Of the 20 hours of continuing education relating to optometry required pursuant to subsection A:

1. At least 10 hours shall be obtained through real-time, interactive activities, including in-person or electronic presentations, provided that during the course of the presentation, the licensee and the lecturer may communicate with one another;

2. No more than two hours may consist of courses related to recordkeeping, including coding for diagnostic and treatment devices and procedures or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products; and

3. For TPA-certified optometrists, at least 10 hours shall be in the areas of ocular and general pharmacology, diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents, or new or advanced clinical devices, techniques, modalities, or procedures.

C. Nothing in this subsection shall prevent or limit the authority of the Board to require additional hours or types of continuing education as part or in lieu of disciplinary action.

**~~§ 54.1-3220. Certification for administration of diagnostic pharmaceutical agents. (Repealed).~~**

~~In order to become certified to administer diagnostic pharmaceutical agents for the purpose of examining and determining abnormal or diseased conditions of the human eye or related structures, an optometrist shall:~~

~~1. Complete successfully a Board approved course in general and ocular pharmacology as it relates to the practice of optometry which shall consist of at least fifty-five classroom hours including a minimum of fifteen classroom hours in general pharmacology, twenty classroom hours in ocular pharmacology and twenty classroom hours of clinical laboratory presented by a college or university accredited by a regional or professional accreditation organization which is recognized or approved by the Council on Post-Secondary Accreditation or by the United States Department of Education.~~

~~2. Pass a Board approved, performance-based examination on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications and emergency care associated with the use of diagnostic pharmaceutical agents as defined in this article.~~

**§ 54.1-3221. "Diagnostic pharmaceutical agents" defined; utilization; acquisition.**

~~A. Certified optometrists~~ Optometrists certified to administer diagnostic pharmaceutical agents or optometrists licensed after June 30, 1997 may administer diagnostic pharmaceutical agents only by topical application to the human eye. "Diagnostic pharmaceutical agents" shall be defined as Schedule VI controlled substances as set forth in the Drug Control Act (§ 54.1-3400 et seq.) that are used for the purpose of examining and determining abnormal or diseased conditions of the human eye or related structures.

~~B. Any optometrist who utilizes diagnostic pharmaceutical agents without being certified as required by this article to administer diagnostic pharmaceutical agents or licensed after June 30, 1997~~ shall be subject to the disciplinary sanctions provided in this chapter.

~~C. Licensed drug suppliers or pharmacists are authorized to supply optometrists with diagnostic pharmaceutical agents upon presentation of evidence of Board certification for administration of such drugs or an optometrist license issued after June 30, 1997.~~

**§ 54.1-3222. TPA certification; certification for treatment of diseases or abnormal conditions with therapeutic pharmaceutical agents (TPAs).**

A. The Board shall certify an optometrist to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents (TPAs), if the optometrist files a written application, accompanied by the fee required by the Board and satisfactory proof that the applicant:

~~1. Is licensed~~ qualified for licensure by the Board as an optometrist ~~and certified to administer diagnostic pharmaceutical agents pursuant to Article 4 (§ 54.1-3220 et seq.);~~

~~2. Has satisfactorily completed such didactic and clinical training programs for the treatment of diseases and abnormal conditions of the eye and its adnexa as are determined, after consultation with a school or college of optometry and a school of medicine, to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients; and~~



3. Passes such examinations as are determined to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients.

B. TPA certification shall enable an optometrist to prescribe and administer, within his scope of practice, Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedules III through VI controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) to treat diseases and abnormal conditions of the human eye and its adnexa as determined by the Board, within the following conditions:

1. Treatment with oral therapeutic pharmaceutical agents shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen, and analgesics included on Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act, which are appropriate to alleviate ocular pain and (ii) other Schedule VI controlled substances as defined in § 54.1-3455 of the Drug Control Act appropriate to treat diseases and abnormal conditions of the human eye and its adnexa.

2. Therapeutic pharmaceutical agents shall include topically applied Schedule VI drugs as defined in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.).

3. Treatment of angle closure glaucoma shall be limited to initiation of immediate emergency care.

4. Treatment of infantile or congenital glaucoma shall be prohibited.

5. Treatment through surgery or other invasive modalities shall not be permitted, except for treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

6. Entities permitted or licensed by the Board of Pharmacy to distribute or dispense drugs, including, but not limited to, wholesale distributors and pharmacists, shall be authorized to supply TPA-certified optometrists with those therapeutic pharmaceutical agents specified by the Board on the TPA-Formulary.

**§ 54.1-3223. Regulations relating to instruction and training, examination, and therapeutic pharmaceutical agents.**

A. The Board shall promulgate such regulations governing the treatment of diseases and abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents by TPA-certified optometrists as are reasonable and necessary to ensure an appropriate standard of medical care for patients, including, but not limited to, determinations of the diseases and abnormal conditions of the human eye and its adnexa that may be treated by TPA-certified optometrists, treatment guidelines, and the drugs specified on the TPA-Formulary.

~~In establishing standards of instruction and training, the Board shall consult with a school or college of optometry and a school or college of medicine and shall set a minimum number of hours of clinical training to be supervised by an ophthalmologist. The didactic and clinical~~

~~training programs may include, but need not be limited to, programs offered or designed either by schools of medicine or schools or colleges of optometry or both or some combination thereof.~~

~~The Board may prepare, administer, and grade appropriate examinations for the certification of optometrists to administer therapeutic pharmaceutical agents or may contract with a school of medicine, school or college of optometry, or other institution or entity to develop, administer, and grade the examinations.~~

In order to maintain a current and appropriate list of therapeutic pharmaceuticals on the TPA-Formulary, current and appropriate treatment guidelines, and current and appropriate determinations of diseases and abnormal conditions of the eye and its adnexa that may be treated by TPA-certified optometrists, the Board may, from time to time, amend such regulations. Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq.), except to any extent that they may be specifically made subject to §§ 2.2-4024, 2.2-4030, and 2.2-4031; the Board's regulations shall, however, comply with § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.). The Board shall, however, conduct a public hearing prior to making amendments to the TPA-Formulary, the treatment guidelines or the determinations of diseases and abnormal conditions of the eye and its adnexa that may be treated by TPA-certified optometrists. Thirty days prior to conducting such hearing, the Board shall give written notice by mail or electronic means of the date, time, and place of the hearing to all currently TPA-certified optometrists and any other persons requesting to be notified of the hearings and publish notice of its intention to amend the list in the Virginia Register of Regulations. During the public hearing, interested parties shall be given reasonable opportunity to be heard and present information prior to final adoption of any TPA-Formulary amendments. Proposed and final amendments of the list shall also be published, pursuant to § 2.2-4031, in the Virginia Register of Regulations. Final amendments to the TPA-Formulary shall become effective upon filing with the Registrar of Regulations. The TPA-Formulary shall be the inclusive list of the therapeutic pharmaceutical agents that a TPA-certified optometrist may prescribe.

B. To assist in the specification of the TPA-Formulary, there shall be a seven-member TPA-Formulary Committee, as follows: three Virginia TPA-certified optometrists to be appointed by the Board of Optometry, one pharmacist appointed by the Board of Pharmacy from among its licensees, two ophthalmologists appointed by the Board of Medicine from among its licensees, and the chairman who shall be appointed by the Board of Optometry from among its members. The ophthalmologists appointed by the Board of Medicine shall have demonstrated, through professional experience, knowledge of the optometric profession. In the event the Board of Pharmacy or the Board of Medicine fails to make appointments to the TPA-Formulary Committee within 30 days following the Board of Optometry's requesting such appointments, or within 30 days following any subsequent vacancy, the Board of Optometry shall appoint such members.

The TPA-Formulary Committee shall recommend to the Board those therapeutic pharmaceutical agents to be included on the TPA-Formulary for the treatment of diseases and abnormal conditions of the eye and its adnexa by TPA-certified optometrists.

2. That § 54.1-3220 of the *Code of Virginia* is repealed.

**Consideration of any waiver of experience requirements for spouse of active duty military or veteran**

# VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

## CHAPTER 28

*An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.*

[H 967]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

**18VAC105-20-10. Requirements for licensure.**

**A. The applicant, in order to be eligible for licensure to practice optometry in the Commonwealth, shall meet the requirements for TPA certification in 18VAC105-20-16 and shall:**

- 1. Be a graduate of a school of optometry accredited by the Accreditation Council on Optometric Education or other accrediting body deemed by the board to be substantially equivalent; have an official transcript verifying graduation sent to the board;**
- 2. Request submission of an official report from the NBEO of a score received on each required part of the NBEO examination or other board-approved examination;**
- 3. Submit a completed application and the prescribed fee; and**
- 4. Sign a statement attesting that the applicant has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.**

**B. The board may waive the requirement of graduation from an accredited school of optometry for an applicant who holds a current, unrestricted license in another United States jurisdiction and has been engaged in active clinical practice for 36 out of the 60 months immediately preceding application for licensure in Virginia.**

**C. Required examinations. For the purpose of § 54.1-3211 of the Code of Virginia, the board adopts all parts of the NBEO examination as its written examination for licensure. After July 1, 1997, the board shall require passage as determined by the board of Parts I, II, and III of the NBEO examination, including passage of TMOD.**

**D. If an applicant has been licensed in another jurisdiction, the following requirements shall also apply:**

- 1. The applicant shall attest that the applicant is not a respondent in a pending or unresolved malpractice claim.**
- 2. Each jurisdiction in which the applicant is or has been licensed shall verify that:**
  - a. The license is current and unrestricted, or if the license has lapsed, it is eligible for reinstatement;**
  - b. All continuing education requirements have been completed, if applicable;**
  - c. The applicant is not a respondent in any pending or unresolved board action; and**
  - d. The applicant has not committed any act that would constitute a violation of § 54.1-3204 or 54.1-3215 of the Code of Virginia.**

**3. An applicant licensed in another jurisdiction who has not been engaged in active practice within the 12 months immediately preceding application for licensure in Virginia shall be required to complete 20 hours of continuing education as specified in 18VAC105-20-70.**

**4. In the case of a federal service optometrist, the commanding officer shall also verify that the applicant is in good standing.**

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
(As of June 25, 2020)**

<b>Board of Optometry</b>		<b>Action - Stage - Information</b>
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Waiver for e-prescribing</u> [Action 5438] Emergency/NOIRA - <i>At Governor's Office</i>
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Repeal of professional designation rules and fees</u> [Action 5426] Fast-Track - <i>At Governor's Office</i>



## **Consideration of Response to Petition for Rulemaking**

Virginia.gov

Agencies | Governor



**VIRGINIA**  
REGULATORY TOWN HALL



Secretarial

**Health and Human Resources**

Agency

**Department of Health Professions**

Board

**Board of Optometry**

[Edit Petition](#)

Petition 322

Petition Information	
<b>Petition Title</b>	Restriction on number of contact lenses per prescription
<b>Date Filed</b>	4/22/2020 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	David Haine
<b>Petitioner's Request</b>	To amend section 45 to include the number of contact lenses that can be dispensed from a prescription for contact lenses.
<b>Agency's Plan</b>	The petition will be published in the Register of Regulations on May 25, 2020 with comment requested until June 24, 2020. The Board will consider all comments and the petition and decide whether to initiate rulemaking at its next meeting scheduled for July 17, 2020.
<b>Comment Period</b>	<p>↔ <a href="#">In Progress!</a></p> <p><a href="#">Ends 6/24/2020</a></p> <p><a href="#">Currently 1 comments</a></p>
<b>Agency Decision</b>	Pending

Contact Information	
<b>Name / Title:</b>	Leslie L. Knachel / Executive Director
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, 23233
<b>Email Address:</b>	<a href="mailto:leslie.knachel@dhp.virginia.gov">leslie.knachel@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)597-4130 FAX: (804)527-4471 TDD: (-)



# COMMONWEALTH OF VIRGINIA

## Board of Optometry APR 21 2020

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

**DHP**  
(804) 567-4508 (Tel)  
(804) 527-4466 (Fax)

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix.) Haine, David A		
Street Address <del>306 England Street</del> 1702 Gately Dr.	Area Code and Telephone Number (804) 402-0754 cell	
City Ashland Henrico	State VA	Zip Code 23238
Email Address (optional) Daheydoc@aol.com	Fax (optional)	

### Respond to the following questions:

- What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.  
18 VAC 105-20-45 C1 (Attached)  
Add: Number of lenses to dispense (i.e. 24 Monthly lenses in total) not to exceed 730 daily lenses in total
- Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.  
FTC/Contact Lens Rule refers to state law (see attached) which does not address this specifically.  
Current law does not prevent a patient from getting several years of CL with a 1 or 2 year prescription. Retailers are contacting consumers prior to
- State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.  
① FTC Contact lens rule (AKA Fairness to Contact Lens Consumers) Act (FAQ attached) § 54.1-2400 1? 6? or 2.2-4000 B

Signature:

Date: Admin Process Act  
4/10/20

Needs Periodic Review P27  
July 2002

## 2. The Prescription

- **When am I required to give my patients their contact lens prescriptions?**

You must give your patients a copy of their contact lens prescription when the lens fitting is complete. Some patients may require follow-up visits after the initial exam before their contact lens fitting is complete. All follow-up exams must be medically necessary, and eye care providers should use sound professional judgment — based on appropriate and objective standards of care — to make that call.

- **What if my patient asks for a copy of the contact lens prescription before the lens fitting is complete?**

The Act and the Rule do not require that you provide the contact lens prescription to the patient before the fitting is complete. If you are prepared to sell your patients contact lenses, however, you cannot refuse to give them a copy of their prescription on the grounds that their fitting isn't complete. If you're willing to sell them the lenses, that means their fitting is complete, and you must give them a copy of the prescription.

- **In my state, a contact lens prescription expires two years after it's written. Does the Contact Lens Rule change that?**

No. If state law specifies an expiration date of one year or more from the prescription's issue date, the prescription expires on that date. But if state law specifies an expiration date of less than one year from the prescription's issue date, the expiration date is determined by the Rule. Under the Rule, a prescription expires one year from its issue date, unless there's a legitimate medical reason for setting a shorter expiration date.

- **In my state, the law says I have to provide contact lens prescriptions to patients only if they ask for them. But the Contact Lens Rule says I have to provide the prescriptions regardless. Which law applies?**

The Contact Lens Rule applies. You must give your patients their contact lens prescription at the completion of the contact lens fitting, whether the patient asks for it or not.

- **As an eye care provider, can I charge a patient for trial lenses or require a patient to buy them?**

You may, but only if the trial lenses are necessary to complete the fitting process. This is sometimes the case with some "specialty" or custom-made lenses. You may not require a patient to buy contact lenses — such as a six-month supply of disposable lenses — as a condition of giving them a copy of their prescription.

- **I'm a contact lens seller. Can I substitute one brand of contact lenses for another brand under the Rule?**

You can substitute one brand of contact lenses for another if:

- the prescription specifies private label lenses, and
- the substitute lenses are identical to the prescribed lenses.

Example: TekViz, Inc. manufactures and sells contact lenses under both the "TekViz" brand and the "Dr. Jones" brand. If the prescription specifies "Dr. Jones" brand lenses, the seller may substitute "TekViz" brand lenses. The seller may not substitute non-identical lenses manufactured by TekViz, Inc., or lenses manufactured by another company.

- **The Contact Lens Rule says prescribers must provide or verify contact lens prescription information "as directed" by a third party designated by a patient. But according to HIPAA (Health Insurance Portability and Accountability Act of 1996), don't I have to get written authorization from a patient before providing or verifying his contact lens prescription to a seller?**

No. HIPAA permits covered entities to use or disclose protected health information without patient authorization if the use or disclosure is for "treatment" or "required by law." Providing, confirming, correcting, or verifying a contact lens prescription to a seller designated by the patient constitutes treatment or is required by the Act and the Rule.

- **As the eye care provider, may I include a specific number of refills on a contact lens prescription?**

The Contact Lens Rule doesn't require or prohibit you from including refill quantities on contact lens prescriptions. Follow your state law if it requires — or prohibits — such information. Note that the Rule does not allow you to use refill quantities to shorten a prescription expiration period to less than a year, unless there are legitimate medical reasons.

18 VAC105-20-45

6. If an expiration date is placed on a prescription for ophthalmic goods, the date shall not be less than one year unless the medical reason for a shorter expiration date is documented in the patient record; and

7. Any special instructions.

**C. Contact lens.**

1. Sufficient information for complete and accurate filling of an established contact lens prescription shall include (i) the power, (ii) the material or manufacturer or both, (iii) the base curve or appropriate designation, (iv) the diameter when appropriate, and (v) medically appropriate expiration date. Add: # of lenses to be dispensed in toto

2. An optometrist shall provide a patient with a copy of the patient's contact lens prescription at the end of the contact lens fitting, even if the patient doesn't ask for it. An optometrist may first require all fees to be paid, but only if he requires immediate payment from patients whose eye examinations reveal no need for corrective eye products.

3. An optometrist shall provide or verify the prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers.

4. An optometrist shall not require patients to buy contact lenses, pay additional fees or sign a waiver or release in exchange for a copy of the contact lens prescription.

5. An optometrist shall not disclaim liability or responsibility for the accuracy of an eye examination.

**D. Spectacle lens.**

1. A licensed optometrist shall provide a written prescription for spectacle lenses immediately after the eye examination is completed. He may first require all fees to be paid, but only if he requires immediate payment from patients whose eye examinations reveal no need for corrective eye products.

2. An optometrist shall not require patients to buy ophthalmic goods, pay additional fees or sign a waiver or release in exchange for a copy of the spectacle prescription.

3. An optometrist shall not disclaim liability or responsibility for the accuracy of an eye examination.

**E. Practitioners shall maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:**

1. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

2. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.





June 23, 2020

Virginia Board of Optometry  
Leslie L. Knachel, Executive Director  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233

Sent via email: [leslie.knachel@dhp.virginia.gov](mailto:leslie.knachel@dhp.virginia.gov)

**Re: Petition for Rulemaking 18VAC105-20-45 – Contact Lens Prescriptions**

Dear Executive Director Knachel and Members of the Board:

On behalf of the National Association of Optometrists and Opticians (NAOO), a national organization representing the retail optical industry and its thousands of employed and affiliated optometrists and opticians, I'd like to offer comments regarding the proposed rule change regarding prescriptions for contact lenses.

The NAOO is consumer-service oriented, dedicated to the proposition the consumer's visual care needs are met most completely and economically by the free market, in the tradition of the American business system. NAOO members collectively represent over 9000 co-located eye care offices and optical dispensaries, including over 225 in Virginia, and serving millions of patients and eyewear customers each year.

As we understand it, the requested change is to add a requirement to include the number of contact lenses that can be dispensed from a prescription for contact lenses. We recommend against this change because it is contrary to the spirit of federal rules regarding contact lens prescriptions and will, therefore, confuse prescribers and sellers of contact lenses.

A requirement that a prescription for contact lenses must include the number of lenses that may be dispensed is both unnecessary to protect consumers and conflicts with the spirit of federal law [Fairness to Contact Lens Consumers Act ("FCLCA"); Public Law 108-164-Dec. 6, 2003] and the implementing Federal Trade Commission rules that favor consumer access to refills, putting dispensers in the untenable position of having to decide which law controls.

First, the FTC's Contact Lens Rule already requires a seller seeking verification of a contact lens prescription from the prescriber to provide the prescriber with, among other information, the quantity of lenses ordered. [16 CFR 315.5 (b)(3)]. The FTC has made it clear that the consumer must be able to order new contact lenses during the entirety of the prescription's validity. When a verification request is made to refill the lenses, the prescriber is permitted to limit the number of lenses to those needed until the expiration date of the prescription, but the total number of refill requests may not be limited. With the information for verification provided by the seller, when a consumer requests more lenses than is appropriate for the period until the expiration date of the Rx, a prescriber may inform the seller that the prescription is inaccurate (but only if the prescriber specifies the basis for that determination). The prescriber must correct the prescription order to note what quantity is allowable. The rule

**P.O. Box 498472, Cincinnati, OH 45249  
(513) 607-5153**

proposal, therefore, flies in the face of controlling federal law and creates unnecessary confusion and uncertainty on the part of the dispenser and the consumer.

As the FTC has stated it, "...the Rule does not allow you [the prescriber] to use refill quantities to shorten a prescription expiration period to less than a year, unless there are legitimate medical reasons." (FTC Guidance, Complying with the Contact Lens Rule, [ftc.gov](http://ftc.gov) ) As such, this rule request should be denied. The key to control in regard to refills, is for the prescriber to be sure to pay attention to verification requests and to limit the number of lenses at that time as appropriate under the FTC rule.

The proposal is also impractical. How is a seller or dispenser to know how many lenses have been dispensed under the script? The FTC has made it clear that patients are automatically entitled to the script upon completion of the fitting process and to additional copies upon request. With patients purchasing contact lenses from multiple sources, including the prescriber, optical shops and online sellers, it is not possible for the lens limitation to be met or even known by possible sellers. Even if a patient buys a full supply of lenses from the prescriber at the time of prescription release, the patient must still leave with the script and be able to obtain refills as needed until the prescription expiration date. So what use is the quantity limitation on the script? As mentioned above, it may only serve to confuse the consumer or to suggest that the script is no longer valid even though it has not yet expired under federal law. Prescribers, instead, should be sure their patients understand the proper use of contact lenses and the reason for the determined expiration date on the script rather than putting a quantity on the prescription that is misleading.

In summary, the NAOO recommends against the adoption of this proposal in that it is unnecessary, will cause confusion, is contrary to the spirit of the FCLCA and Contact Lens Rule and is impractical in its implementation.

Thank you for the opportunity to comment. If I may be of further assistance, I can be reached at [joebneville@gmail.com](mailto:joebneville@gmail.com)

Very truly yours,

*Joseph B. Neville*

Joseph B. Neville  
Executive Director  
National Association of Optometrists & Opticians

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Optometry

Chapter Regulations of the Virginia Board of Optometry [18 VAC 105 - 20]

[Back to List of Comments](#)

Commenter: Gerald R Neidigh, Grove Eye Care

5/29/20 1:29 pm

**Comment on Petition to limit number of contact lenses**

While I understand the thinking behind this request for rule making, I do not agree with trying to implement this type of regulation through this process. More specifically I do not feel this should be handled at the state level. There are organizations and alliances already working with the FTC and FDA on this issue and others like it with regard to contact lens abuses. Furthermore, adding this requirement/restriction on a contact lens prescription will create many issues and hardships for the practitioner as well as the patient. There are many variables the doctor must consider when prescribing contact lenses including best lens for the patient based on the comprehensive eye exam, recommended wearing schedule, etc. Also, patients do not wear their contact lenses the same way nor replace them with the same frequency. Some actually replace them more often than the recommended wearing schedule and thus could require the use of more contacts throughout the year. This limitation creates an unnecessary hardship for the patient and doctor, potentially wastes time and energy. There is also the issue of enforcement. Tracking the number of contact lenses each patient receives in a given year I see as a daunting and unnecessary task for Board of Optometry.

CommentID: 80172





**FEDERAL TRADE COMMISSION**  
**PROTECTING AMERICA'S CONSUMERS**

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# FTC Announces Final Amendments to the Agency's Contact Lens Rule

June 23, 2020

## Changes will help more patients comparison shop for contact lenses

FOR RELEASE

**TAGS:** [contact lens](#) | [Optometry](#) | [Bureau of Consumer Protection](#) | [Consumer Protection](#) | [Advertising and Marketing](#)

The Federal Trade Commission today announced the approval of a final rule amending the agency's Contact Lens Rule, which facilitates shopping for contact lenses by requiring prescribers to automatically provide a copy of a patient's prescription to the patient and to verify or provide prescriptions to third-party sellers.

The Final Rule requires prescribers to request that their patients confirm that they have received their prescription, and allows flexibility in the way the prescription and confirmation are provided.

"Eye doctors are required by law to provide every patient with a copy of his or her contact lens prescription, allowing patients to comparison shop for lenses," said Bureau of Consumer Protection Director Andrew Smith. "This rule change will help to ensure that eye doctors fulfill their obligations, and will facilitate FTC enforcement of these important requirements."

Issuance of the Final Rule follows an extensive review and consideration of thousands of public comments and materials received by the Commission between 2015 and 2019, including surveys, studies, analyses, and information generated at an FTC workshop devoted to the Rule and the evolving contact lens marketplace. It also incorporates changes made in response to public comments received following a supplemental notice of proposed rulemaking published in May 2019.

As detailed in a final notice of rulemaking to be published shortly, after a contact lens fitting, prescribers will be required to do one of the following to confirm that a patient received their prescription:

- request that the patient acknowledge receipt of the contact lens prescription by signing a separate confirmation statement;
- request that the patient sign a prescriber-retained copy of the prescription that contains a statement confirming the patient has received it;
-

request that the patient sign a prescriber-retained copy of the sales receipt for the examination that contains a statement confirming the patient received the prescription; or

- provide the patient with a digital copy of the prescription, and retain evidence that it was sent, received, or made accessible, downloadable, and printable.

Prescribers must maintain proof that they satisfied the confirmation of prescription release requirement for at least three years. If a patient refuses to sign a confirmation, prescribers must note this and save it to record their compliance.

The Final Rule also will affect prescribers in several other ways. First, it adds a new definition of the term "provide to the patient a copy," which will allow the prescriber—with the patient's verifiable consent—to provide the patient with a digital copy of her prescription instead of a paper copy. When seeking a patient's consent, prescribers must tell the patient the specific method of electronic delivery they will use, and must keep a record of the patient's consent to that method for three years. The Final Rule will also require prescribers to provide patients or their designated agents with an additional copy of their prescriptions on request within 40 business hours.

The Final Rule includes several new requirements for sellers as well. To address concerns about sellers verifying prescriptions by leaving incomplete or incomprehensible automated telephone messages with prescribers, sellers who use automated telephone messages for verification must:

- record the entire call and preserve the complete recording;
- start the call by identifying it as a prescription verification request made in accordance with the Contact Lens Rule;
- deliver the verification message in a slow and deliberate manner and at a volume that the prescriber can understand; and
- make the message repeatable at the prescriber's option.

The Final Rule also includes modifications designed to reduce illegal prescription alterations by sellers. Under the Final Rule, sellers must make prominently available a way for consumers to present their prescriptions, and must clearly disclose that method. The method of presentation and related disclosure must be provided before requesting the prescriber's contact information to verify the prescription.

The Contact Lens Rule already prohibits prescription alteration, but the Final Rule defines "alteration" to include sellers providing, as part of a verification request, a brand or manufacturer other than that prescribed to the consumer. There are exceptions, however, for when the seller provides, as part of the verification request, the manufacturer or brand named by the consumer in response to the seller's request for the manufacturer or brand listed on the prescription. These changes should reduce the incidence of sellers selling consumers lenses other than those that were prescribed. The Final Rule also clarifies that the only permissible substitution involves private label lenses; private label and brand name lenses can be substituted for each other when they are identical lenses made by the same manufacturer.

The Rule changes go into effect 60 days after publication in the Federal Register notice.

### **The Contact Lens Rule**

In place since August 2004, the Rule imposes obligations on both eye-care prescribers and contact lens sellers. The prescriber must automatically provide the patient with a complete copy of the contact lens

prescription after completion of a contact lens fitting, and also must verify or provide the prescription to authorized third parties. The Rule also requires that contact lens vendors sell contact lenses only in accordance with a valid prescription the seller has received from either the patient or prescriber, or has verified via direct communication with the prescriber.

The Commission vote approving publication of the final notice of rulemaking in the Federal Register was 5-0, with Commissioner Rebecca Kelly Slaughter issuing a separate statement. The final notice will be published shortly.

The Federal Trade Commission works to promote competition, and protect and educate consumers. You can learn more about consumer topics and file a consumer complaint online or by calling 1-877-FTC-HELP (382-4357). Like the FTC on Facebook, follow us on Twitter, read our blogs, and subscribe to press releases for the latest FTC news and resources.

**PRESS RELEASE REFERENCE:**

[FTC Sends Warning Letters to Sellers of Cosmetic Contacts: All Contact Lens Purchases Require a Prescription from a Medical Professional](#)

[FTC Seeks Additional Public Comment on Proposed Changes to the Contact Lens Rule](#)

[FTC to Host Workshop March 7 Examining the Contact Lens Marketplace and Proposed Changes to the Commission's Contact Lens Rule](#)

[FTC Seeks Comment on Proposed Changes to Contact Lens Rule](#)

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**STAFF CONTACT(S):**

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ftc.gov

**DRAFT**

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# *Virginia's Optometrist Workforce: 2020*

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Healthcare Workforce Data Center

May 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-367-2115, 804-527-4466 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 1,300 Optometrists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Optometry express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

***Healthcare Workforce Data Center Staff:***

**Elizabeth Carter, PhD**  
*Director*

**Yetty Shobo, PhD**  
*Deputy Director*

**Laura Jackson, MSHSA**  
*Operations Manager*

**Rajana Siva, MBA**  
*Research Analyst*

**Christopher Coyle**  
*Research Assistant*

# **Virginia Board of Optometry**

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## The Optometrist Workforce: At a Glance:

### The Workforce

Licenses:	1,674
Virginia's Workforce:	1,246
FTEs:	1,029

### Background

Rural Childhood:	24%
HS Degree in VA:	32%
UG Degree in VA:	30%

### Current Employment

Employed in Prof.:	97%
Hold 1 Full-Time Job:	68%
Satisfied?:	95%

### Survey Response Rate

All Licenses:	83%
Renewing Practitioners:	92%

### Residency Program

Ocular Disease:	7%
Primary Eye Care:	4%

### Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	71%

### Demographics

% Female:	55%
Diversity Index:	48%
Median Age:	46

### Finances

Median Inc.:	\$120k-\$130k
Health Benefits:	56%
Under 40 w/ Ed. Debt:	71%

### Time Allocation

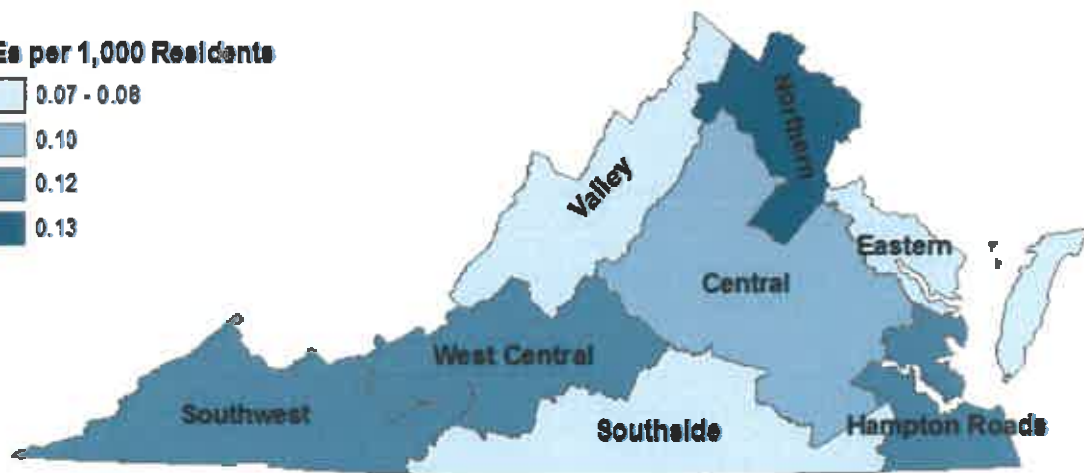
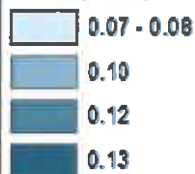
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	92%

Source: Va. Healthcare Workforce Data Center

## Full-Time Equivalency Units Provided by Optometrists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018  
Source: U.S. Census Bureau, Population Division





This report contains the results of the 2020 Optometrist Workforce Survey. More than 1,300 optometrists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which now takes place every March for optometrists; the process previously occurred in December. These survey respondents represents 83% of the 1,674 optometrists who are licensed in the state and 92% of renewing practitioners.

The HWDC estimates that 1,246 optometrists participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's optometrist workforce provided 1,029 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than half of Virginia's optometrists are female, including 73% of those who are under the age of 40. In a random encounter between two optometrists, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's optometrist workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly one-quarter of all optometrists grew up in a rural area, and 18% of these professionals currently work in non-metro areas of the state. In total, 7% work in non-metro areas of Virginia.

Nearly all optometrists are currently employed in the profession, 68% hold one full-time job, and 42% work between 40 and 49 hours per week. Over the past year, 2% of all optometrists have experienced involuntary unemployment, and 2% have experienced underemployment. Nearly all optometrists work in the private sector, including 92% who are employed in the for-profit sector. With respect to establishment types, nearly half of optometrists work in group private practices, while another 23% work in solo private practices. The typical optometrist earns between \$120,000 and \$130,000 per year, and 77% of wage or salaried optometrists receive at least one employer-sponsored benefit. Nearly all optometrists are satisfied with their current work situation, including 64% who indicate that they are "very satisfied".

## Summary of Trends

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In this section, all statistics for this year are compared to the 2015 optometrist workforce. The number of licensed optometrists has increased by 7% (1,674 vs. 1,571). In addition, the size of the optometrist workforce has also increased by 7% (1,246 vs. 1,165), and the number of FTEs provided by this workforce has increased by 3% (1,029 vs. 1,003). Virginia's optometrists who are renewing their licenses are more likely to respond to this survey (92% vs. 85%).

The percentage of the state's optometrist workforce that is female has increased (55% vs. 51%), and this workforce has also become more diverse (48% vs. 43%) at a time when the state's overall population is also becoming more diverse (57% vs. 55%). Although there has been no change in the percentage of optometrists who grew up in rural areas, this group of optometrists is slightly less likely to work in non-metro areas of the state (18% vs. 19%). Among all optometrists, the percentage who work in non-metro areas of Virginia has decreased (7% vs. 9%).

Optometrists are less likely to hold one full-time job (68% vs. 69%). At the same time, optometrists are relatively more likely to work between 30 and 39 hours per week (30% vs. 26%) and relatively less likely to work between 40 and 49 hours per week (42% vs. 46%). Meanwhile, optometrists are more likely to work in group private practices (45% vs. 39%) instead of either solo private practices (23% vs. 25%) or optical goods stores (16% vs. 19%).

The median annual income of Virginia's optometrists has increased (\$120k-\$130k vs. \$100k-\$110k), and more optometrists receive this income in the form of a salary/commission (54% vs. 51%) instead of from a business/practice (29% vs. 32%). In addition, wage or salaried optometrists are more likely to receive at least one employer-sponsored benefit (77% vs. 70%), including those who have access to health insurance (56% vs. 47%). Optometrists who are under the age of 40 are considerably less likely to carry education debt (71% vs. 89%), but the median debt burden among those with education debt has increased (\$110k-\$120k vs. \$100k-\$110k). Optometrists are slightly less likely to indicate that they are satisfied with their current work situation (95% vs. 96%). This is also the case among those optometrists who indicate that they are "very satisfied" (64% vs. 66%).

## Survey Response Rates

### A Closer Look:

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	<b>1,439</b>	<b>86%</b>
<b>New Licensees</b>	<b>123</b>	<b>7%</b>
<b>Non-Renewals</b>	<b>112</b>	<b>7%</b>
<b>All Licensees</b>	<b>1,674</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. More than 90% of renewing optometrists submitted a survey. These represent 83% of all optometrists who held a license at some point in the past year.*

### At a Glance:

#### Licensed Optometrists

Number:	1,674
New:	7%
Not Renewed:	7%

#### Response Rates

All Licensees:	83%
Renewing Practitioners:	92%

Source: Va. Healthcare Workforce Data Center

### Response Rates

<b>Completed Surveys</b>	<b>1,388</b>
<b>Response Rate, All Licensees</b>	<b>83%</b>
<b>Response Rate, Renewals</b>	<b>92%</b>

Source: Va. Healthcare Workforce Data Center

### Response Rates

Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 30</b>	39	71	65%
<b>30 to 34</b>	48	181	79%
<b>35 to 39</b>	38	172	82%
<b>40 to 44</b>	38	168	82%
<b>45 to 49</b>	30	181	86%
<b>50 to 54</b>	21	166	89%
<b>55 to 59</b>	20	149	88%
<b>60 and Over</b>	52	300	85%
<b>Total</b>	<b>286</b>	<b>1,388</b>	<b>83%</b>
<b>New Licenses</b>			
<b>Issued In Past Year</b>	60	63	51%
<b>Metro Status</b>			
<b>Non-Metro</b>	17	89	84%
<b>Metro</b>	154	926	86%
<b>Not in Virginia</b>	115	373	76%

Source: Va. Healthcare Workforce Data Center

### Definitions

- 1. The Survey Period:** The survey was conducted in March 2020.
- 2. Target Population:** All optometrists who held a Virginia license at some point between April 2019 and March 2020.
- 3. Survey Population:** The survey was available to optometrists who renewed their licenses online. It was not available to those who did not renew, including some optometrists newly licensed in the past year.

## At a Glance:

### Workforce

2020 Optometrist Workforce: 1,246  
FTEs: 1,029

### Utilization Ratios

Licenses in VA Workforce: 74%  
Licenses per FTE: 1.63  
Workers per FTE: 1.21

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated Intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks with 2 weeks off) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

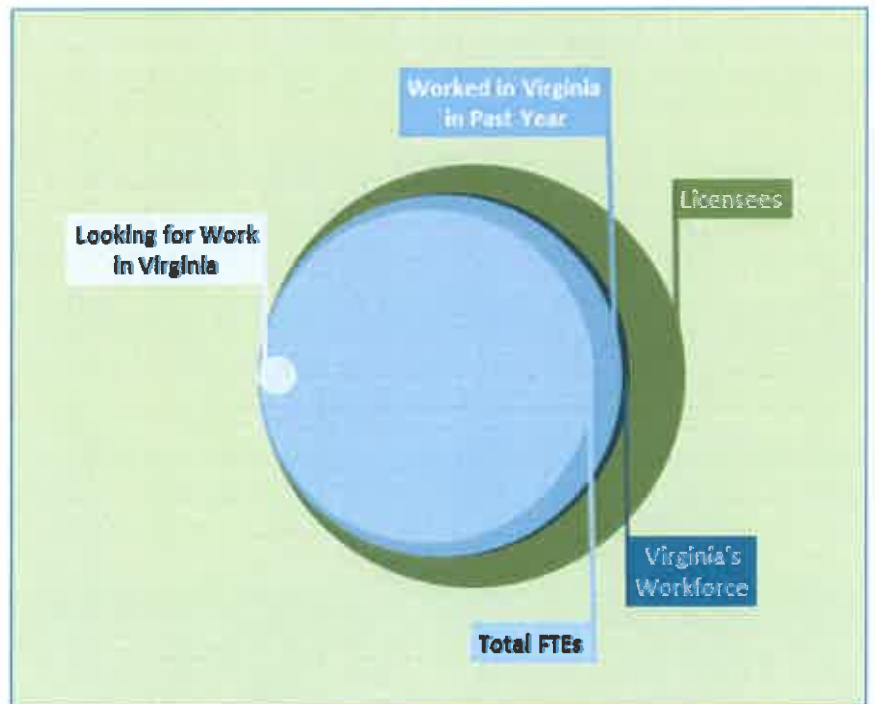
## Virginia's Optometrist Workforce

Status	#	%
<b>Worked in Virginia in Past Year</b>	<b>1,232</b>	<b>99%</b>
<b>Looking for Work in Virginia</b>	<b>14</b>	<b>1%</b>
<b>Virginia's Workforce</b>	<b>1,246</b>	<b>100%</b>
<b>Total FTEs</b>	<b>1,029</b>	
<b>Licenses</b>	<b>1,674</b>	

Source: Va. Healthcare Workforce Data Center

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[https://www.dhp.virginia.gov/  
PublicResources/HealthcareW  
orkforceDataCenter/](https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/)



Source: Va. Healthcare Workforce Data Center

## Demographics

### A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	19	26%	52	74%	71	8%
30 to 34	36	26%	101	74%	137	15%
35 to 39	36	29%	88	71%	124	13%
40 to 44	31	28%	79	72%	110	12%
45 to 49	48	41%	69	59%	117	13%
50 to 54	41	40%	61	60%	102	11%
55 to 59	50	62%	31	39%	81	9%
60 and Over	160	87%	25	14%	185	20%
<b>Total</b>	<b>419</b>	<b>45%</b>	<b>506</b>	<b>55%</b>	<b>925</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Gender

% Female: 55%  
% Under 40 Female: 73%

#### Age

Median Age: 46  
% Under 40: 36%  
% 55+: 29%

#### Diversity

Diversity Index: 48%  
Under 40 Div. Index: 57%

Source: Va. Healthcare Workforce Data Center

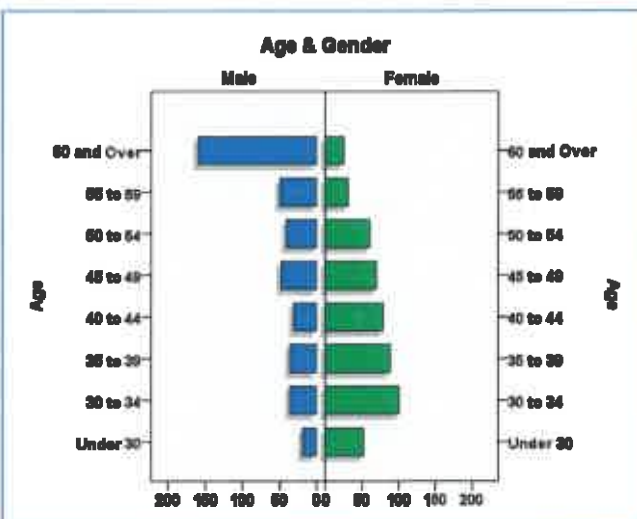
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	61%	643	69%	193	59%
Black	19%	45	5%	18	6%
Asian	7%	178	19%	88	27%
Other Race	0%	24	3%	7	2%
Two or More Races	3%	19	2%	13	4%
Hispanic	10%	18	2%	8	2%
<b>Total</b>	<b>100%</b>	<b>927</b>	<b>100%</b>	<b>327</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two optometrists, there is a 48% chance that they would be of different races or ethnicities (a measure known as the diversity index).*

*More than one-third of all optometrists are under the age of 40, and 73% of these professionals are female. In addition, there is a 57% chance that two randomly chosen optometrists from this age group would be of different races or ethnicities.*



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 11%  
 Rural Childhood: 24%

### Virginia Background

HS in Virginia: 32%  
 UG Education in VA: 30%  
 HS/UG Edu. in VA: 36%

### Location Choice

% Rural to Non-Metro: 18%  
 % Urban/Suburban to Non-Metro: 4%

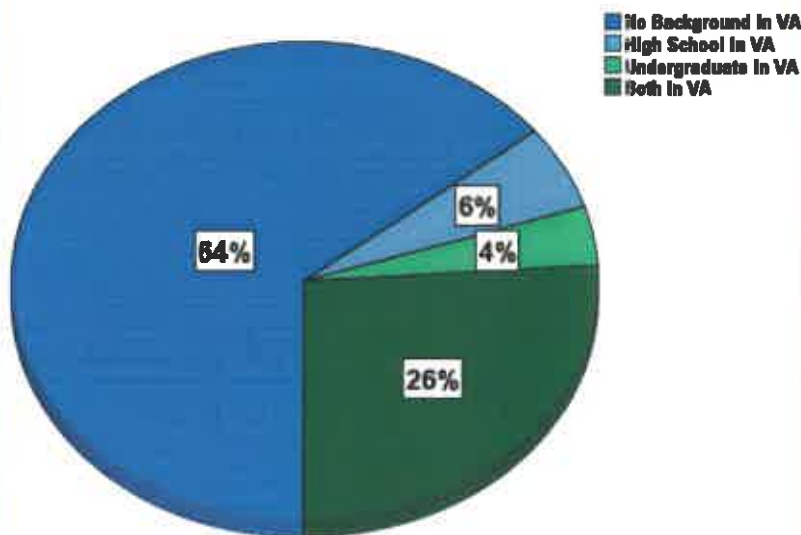
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	70%	12%
2	Metro, 250,000 to 1 Million	39%	50%	11%
3	Metro, 250,000 or Less	30%	66%	4%
<b>Non-Metro Counties</b>				
4	Urban Pop., 20,000+, Metro Adjacent	0%	80%	20%
6	Urban Pop., 2,500-19,999, Metro Adjacent	47%	47%	5%
7	Urban Pop., 2,500-19,999, Non-Adjacent	83%	17%	0%
8	Rural, Metro Adjacent	67%	0%	33%
9	Rural, Non-Adjacent	25%	50%	25%
<b>Overall</b>		<b>24%</b>	<b>65%</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*Nearly one-quarter of all optometrists grew up in self-described rural areas, and 18% of these professionals currently work in non-metro counties. Overall, 7% of Virginia's optometrist workforce work in non-metro counties of the state.*

## Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	296	Pennsylvania	293
2	Pennsylvania	77	Tennessee	131
3	New York	72	Massachusetts	94
4	Maryland	69	Illinois	60
5	North Carolina	38	Florida	53
6	Ohio	34	Ohio	46
7	Florida	34	Indiana	45
8	California	28	New York	38
9	Outside U.S./Canada	27	Alabama	33
10	New Jersey	26	Texas	31

Source: Va. Healthcare Workforce Data Center

Nearly one-third of optometrists received their high school degree in Virginia, while 32% received their Doctorate of Optometry in Pennsylvania. Virginia does not currently have a professional school for optometrists.

Among optometrists who have been licensed in the past five years, 31% received their high school degree in Virginia, while 30% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	68	Pennsylvania	66
2	Pennsylvania	18	Massachusetts	32
3	California	17	Tennessee	22
4	Maryland	13	Florida	16
5	North Carolina	9	New York	12
6	New York	8	Indiana	11
7	Indiana	7	Puerto Rico	11
8	Illinois	7	Illinois	10
9	Ohio	6	Texas	10
10	Massachusetts	5	California	9

Source: Va. Healthcare Workforce Data Center

More than one-quarter of licensed optometrists did not participate in Virginia's workforce in the past year. Most of these optometrists worked at some point in the past year, including 91% who currently work as optometrists.

### At a Glance:

#### Not in VA Workforce

Total:	430
% of Licensees:	26%
Federal/Military:	22%
Va. Border State/D.C.:	31%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Residency Programs		
Area	#	% of Workforce
Ocular Disease	83	7%
Primary Eye Care	55	4%
Cornea and Contact Lenses	22	2%
Family Practice Optometry	21	2%
Pediatric Optometry	19	2%
Vision Therapy and Rehabilitation	17	1%
Low Vision Rehabilitation	16	1%
Geriatric Optometry	6	0%
Brain Injury Vision Rehabilitation	6	0%
Refractive and Ocular Surgery	6	0%
Community Health Optometry	1	0%
Other	8	1%
<b>At Least One Res. Program</b>	<b>163</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Residency Programs**  
 Ocular Disease: 7%  
 Primary Eye Care: 4%  
 Cornea/Contacts Lenses: 2%

**Education Debt**  
 Carry Debt: 44%  
 Under Age 40 w/ Debt: 71%  
 Median Debt: \$110k-\$120k

Source: Va. Healthcare Workforce Data Center

*More than one out of every ten optometrists has completed at least one residency program, including 7% who have completed a residency program in ocular diseases.*

*More than 40% of all optometrists currently have education debt, including 71% of those who are under the age of 40. For those optometrists with education debt, the median debt burden is between \$110,000 and \$120,000.*

Amount Carried	All		Optometrists Under 40	
	Optometrists			
	#	%	#	%
<b>None</b>	444	56%	82	29%
<b>Less than \$20,000</b>	15	2%	6	2%
<b>\$20,000-\$39,999</b>	26	3%	8	3%
<b>\$40,000-\$59,999</b>	31	4%	9	3%
<b>\$60,000-\$79,999</b>	32	4%	15	5%
<b>\$80,000-\$99,999</b>	42	5%	12	4%
<b>\$100,000-\$119,999</b>	32	4%	17	6%
<b>\$120,000 or More</b>	166	21%	136	48%
<b>Total</b>	<b>788</b>	<b>100%</b>	<b>285</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 97%  
 Involuntarily Unemployed: 0%

### Positions Held

1 Full-Time: 68%  
 2 or More Positions: 15%

### Weekly Hours:

40 to 49: 42%  
 60 or More: 3%  
 Less than 30: 14%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
<b>Employed, Capacity Unknown</b>	1	< 1%
<b>Employed in an Optometry-Related Capacity</b>	887	97%
<b>Employed, NOT in an Optometry-Related Capacity</b>	7	1%
<b>Not Working, Reason Unknown</b>	0	0%
<b>Involuntarily Unemployed</b>	0	0%
<b>Voluntarily Unemployed</b>	12	1%
<b>Retired</b>	9	1%
<b>Total</b>	<b>916</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly all licensed optometrists are currently employed in the profession, more than two-thirds hold one full-time job, and 42% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
<b>No Positions</b>	21	2%
<b>One Part-Time Position</b>	126	14%
<b>Two Part-Time Positions</b>	38	4%
<b>One Full-Time Position</b>	594	68%
<b>One Full-Time Position &amp; One Part-Time Position</b>	60	7%
<b>Two Full-Time Positions</b>	10	1%
<b>More than Two Positions</b>	21	2%
<b>Total</b>	<b>870</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
<b>0 Hours</b>	21	2%
<b>1 to 9 Hours</b>	15	2%
<b>10 to 19 Hours</b>	34	4%
<b>20 to 29 Hours</b>	69	8%
<b>30 to 39 Hours</b>	263	30%
<b>40 to 49 Hours</b>	368	42%
<b>50 to 59 Hours</b>	68	8%
<b>60 to 69 Hours</b>	19	2%
<b>70 to 79 Hours</b>	6	1%
<b>80 or More Hours</b>	4	0%
<b>Total</b>	<b>867</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Income		
Annual Income	#	%
<b>Volunteer Work Only</b>	<b>5</b>	<b>1%</b>
<b>Less than \$40,000</b>	<b>35</b>	<b>5%</b>
<b>\$40,000-\$59,999</b>	<b>30</b>	<b>5%</b>
<b>\$60,000-\$79,999</b>	<b>54</b>	<b>8%</b>
<b>\$80,000-\$99,999</b>	<b>75</b>	<b>11%</b>
<b>\$100,000-\$119,999</b>	<b>129</b>	<b>19%</b>
<b>\$120,000-\$139,999</b>	<b>117</b>	<b>18%</b>
<b>\$140,000-\$159,999</b>	<b>77</b>	<b>12%</b>
<b>\$160,000-\$179,999</b>	<b>33</b>	<b>5%</b>
<b>\$180,000-\$199,999</b>	<b>30</b>	<b>5%</b>
<b>\$200,000 or More</b>	<b>81</b>	<b>12%</b>
<b>Total</b>	<b>666</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$120k-\$130k

Benefits

Health Insurance: 56%

Retirement: 56%

Satisfaction

Satisfied 95%

Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	<b>567</b>	<b>64%</b>
<b>Somewhat Satisfied</b>	<b>275</b>	<b>31%</b>
<b>Somewhat Dissatisfied</b>	<b>33</b>	<b>4%</b>
<b>Very Dissatisfied</b>	<b>10</b>	<b>1%</b>
<b>Total</b>	<b>884</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical optometrist earns between \$120,000 and \$130,000 per year. In addition, 77% of wage or salaried optometrists receive at least one employer-sponsored benefit at their primary work location.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Paid Vacation</b>	<b>465</b>	<b>52%</b>	<b>68%</b>
<b>Retirement</b>	<b>409</b>	<b>46%</b>	<b>56%</b>
<b>Health Insurance</b>	<b>389</b>	<b>44%</b>	<b>56%</b>
<b>Paid Sick Leave</b>	<b>300</b>	<b>34%</b>	<b>46%</b>
<b>Dental Insurance</b>	<b>241</b>	<b>27%</b>	<b>37%</b>
<b>Group Life Insurance</b>	<b>176</b>	<b>20%</b>	<b>28%</b>
<b>Signing/Retention Bonus</b>	<b>84</b>	<b>9%</b>	<b>14%</b>
<b>At Least One Benefit</b>	<b>568</b>	<b>64%</b>	<b>77%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Underemployment in Past Year		
In the Past Year, Did You . . . ?	#	%
<b>Work Two or More Positions at the Same Time?</b>	146	12%
<b>Switch Employers or Practices?</b>	61	5%
<b>Experience Voluntary Unemployment?</b>	45	4%
<b>Experience Involuntary Unemployment?</b>	21	2%
<b>Work Part-time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?</b>	20	2%
<b>Experienced at Least One</b>	<b>239</b>	<b>19%</b>

Source: Va. Healthcare Workforce Data Center

*Over the past year, 2% of Virginia's optometrists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.7% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	7	1%	10	4%
<b>Less than 6 Months</b>	41	5%	25	10%
<b>6 Months to 1 Year</b>	93	11%	34	13%
<b>1 to 2 Years</b>	112	13%	43	17%
<b>3 to 5 Years</b>	141	16%	51	20%
<b>6 to 10 Years</b>	135	16%	42	16%
<b>More than 10 Years</b>	341	39%	52	20%
<b>Subtotal</b>	<b>870</b>	<b>100%</b>	<b>257</b>	<b>100%</b>
<b>Did Not Have Location</b>	14		982	
<b>Item Missing</b>	362		6	
<b>Total</b>	<b>1,246</b>		<b>1,246</b>	

Source: Va. Healthcare Workforce Data Center

*More than half of optometrists receive a salary or a commission at their primary work location, while 29% earn income from a business or practice.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 22%  
Over 2 Years: 71%  
Over 2 Yrs., 2<sup>nd</sup> Location: 56%

**Employment Type**

Salary/Commission: 54%  
Business/Practice Inc.: 29%

Source: Va. Healthcare Workforce Data Center

*More than 70% of all optometrists have been employed at their primary work location for more than two years.*

**Employment Type**

Primary Work Site	#	%
<b>Salary/Commission</b>	363	54%
<b>Business/Practice Income</b>	197	29%
<b>Hourly Wage</b>	93	14%
<b>By Contract</b>	23	3%
<b>Unpaid</b>	1	0%
<b>Subtotal</b>	<b>678</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from March 2020 was still preliminary.

## At a Glance:

### Concentration

Top Region:	40%
Top 3 Regions:	78%
Lowest Region:	1%

### Locations

2 or More (2020):	30%
2 or More (Now*):	28%

Source: Va. Healthcare Workforce Data Center

*Nearly 80% of optometrists work in Northern Virginia, Hampton Roads, and Central Virginia.*

## A Closer Look:

### Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
<b>Northern</b>	346	40%	104	40%
<b>Hampton Roads</b>	174	20%	41	16%
<b>Central</b>	152	18%	44	17%
<b>West Central</b>	81	9%	23	9%
<b>Southwest</b>	36	4%	12	5%
<b>Valley</b>	33	4%	10	4%
<b>Southside</b>	14	2%	5	2%
<b>Eastern</b>	12	1%	1	0%
<b>Virginia Border State/D.C.</b>	12	1%	16	6%
<b>Other U.S. State</b>	7	1%	6	2%
<b>Outside of the U.S.</b>	0	0%	0	0%
<b>Total</b>	<b>867</b>	<b>100%</b>	<b>262</b>	<b>100%</b>
<b>Item Missing</b>	<b>364</b>		<b>1</b>	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



*More than one quarter of all optometrists currently have multiple work locations, while 30% have had multiple work locations over the past year.*

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	14	2%	20	2%
1	607	69%	615	70%
2	160	18%	154	17%
3	63	7%	70	8%
4	15	2%	7	1%
5	13	2%	11	1%
6 or More	13	2%	7	1%
<b>Total</b>	<b>884</b>	<b>100%</b>	<b>884</b>	<b>100%</b>

\*At the time of survey completion: March 2020.

Source: Va. Healthcare Workforce Data Center

## Establishment Type

### A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	741	92%	230	92%
<b>Non-Profit</b>	22	3%	6	2%
<b>State/Local Government</b>	7	1%	9	4%
<b>Veterans Administration</b>	14	2%	0	0%
<b>U.S. Military</b>	21	3%	2	1%
<b>Other Federal Government</b>	0	0%	2	1%
<b>Total</b>	<b>805</b>	<b>100%</b>	<b>249</b>	<b>100%</b>
<b>Did Not Have Location</b>	14		982	
<b>Item Missing</b>	426		13	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

#### Sector

For-Profit: 92%  
Federal: 4%

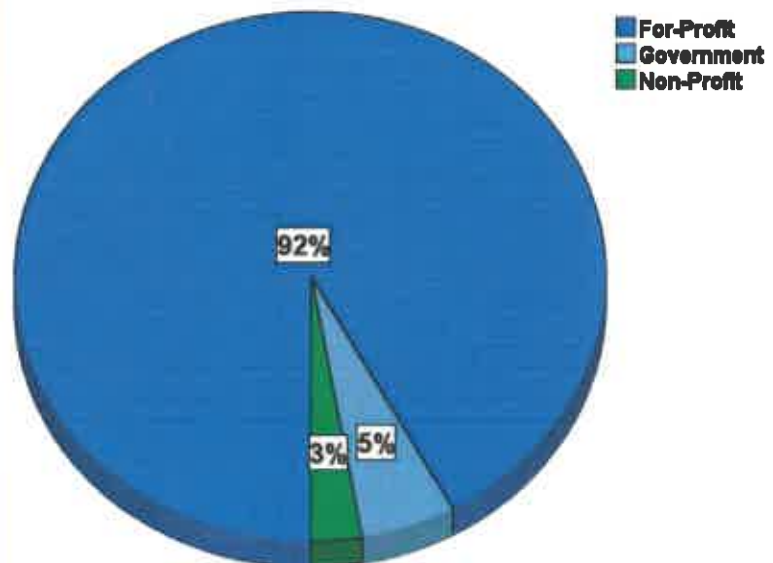
#### Top Establishments

Private Practice, Group: 45%  
Private Practice, Solo: 23%  
Optical Goods Store: 16%

Source: Va. Healthcare Workforce Data Center

*More than 90% of all optometrists work in the private sector, including 92% who work in the for-profit sector.*

### Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center



Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
<b>Private Practice, Group</b>	343	45%	122	51%
<b>Private Practice, Solo</b>	176	23%	28	12%
<b>Optical Goods Store</b>	120	16%	60	25%
<b>General Hospital, Outpatient Department</b>	32	4%	2	1%
<b>Physician Office</b>	20	3%	4	2%
<b>Outpatient/Community Clinic</b>	18	2%	8	3%
<b>Home Health Care</b>	2	0%	0	0%
<b>Academic Institution</b>	1	0%	1	0%
<b>General Hospital, Inpatient Department</b>	1	0%	1	0%
<b>Other</b>	48	6%	14	6%
<b>Total</b>	<b>761</b>	<b>100%</b>	<b>240</b>	<b>100%</b>
<b>Did Not Have a Location</b>	14		982	

Source: Va. Healthcare Workforce Data Center

*More than two-thirds of all optometrists work in a private practice, including 45% who work in a group private practice.*

*Nearly two-thirds of optometrists work at an establishment that accepts cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's optometry workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
<b>Cash/Self-Pay</b>	806	65%
<b>Private Insurance</b>	780	63%
<b>Medicare</b>	695	56%
<b>Medicaid</b>	443	36%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 90%-99%  
Administration: 1%-9%

### Roles

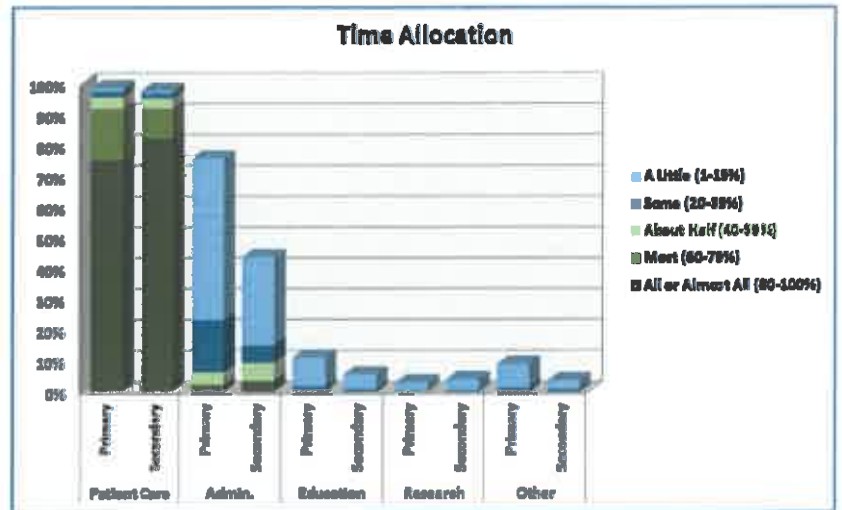
Patient Care: 92%  
Administrative: 3%

### Patient Care Optometrists

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*The typical optometrist spends most of her time caring for patients. In fact, 92% of all optometrists fill a patient care role, defined as spending at least 60% of their time in that activity.*

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	75%	83%	2%	3%	0%	0%	0%	0%	0%	0%
<b>Most (60-79%)</b>	17%	10%	1%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	4%	3%	4%	6%	0%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	2%	2%	17%	6%	1%	1%	0%	0%	1%	1%
<b>A Little (1-19%)</b>	1%	1%	52%	28%	9%	5%	3%	4%	8%	3%
<b>None (0%)</b>	2%	2%	24%	56%	89%	94%	97%	96%	91%	96%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists Over 50	
	#	%	#	%
<b>Under Age 50</b>	10	1%	-	-
<b>50 to 54</b>	27	4%	2	1%
<b>55 to 59</b>	82	11%	15	5%
<b>60 to 64</b>	181	23%	41	13%
<b>65 to 69</b>	265	34%	115	36%
<b>70 to 74</b>	102	13%	73	23%
<b>75 to 79</b>	45	6%	33	10%
<b>80 or Over</b>	18	2%	14	4%
<b>I Do Not Intend to Retire</b>	42	5%	28	9%
<b>Total</b>	<b>771</b>	<b>100%</b>	<b>321</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

All Optometrists

Under 65: 39%

Under 60: 15%

Optometrists 50 and Over

Under 65: 18%

Under 60: 5%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 24%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

*Nearly 40% of optometrists expect to retire before the age of 65. Among optometrists who are at least age 50, 18% still expect to retire by the age of 65.*

*Within the next two years, 8% of Virginia's optometrists expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.*

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Patient Care Hours</b>	88	7%
<b>Leave Virginia</b>	21	2%
<b>Leave Profession</b>	14	1%
<b>Decrease Teaching Hours</b>	3	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	102	8%
<b>Pursue Additional Education</b>	49	4%
<b>Increase Teaching Hours</b>	19	2%
<b>Return to Virginia's Workforce</b>	7	1%

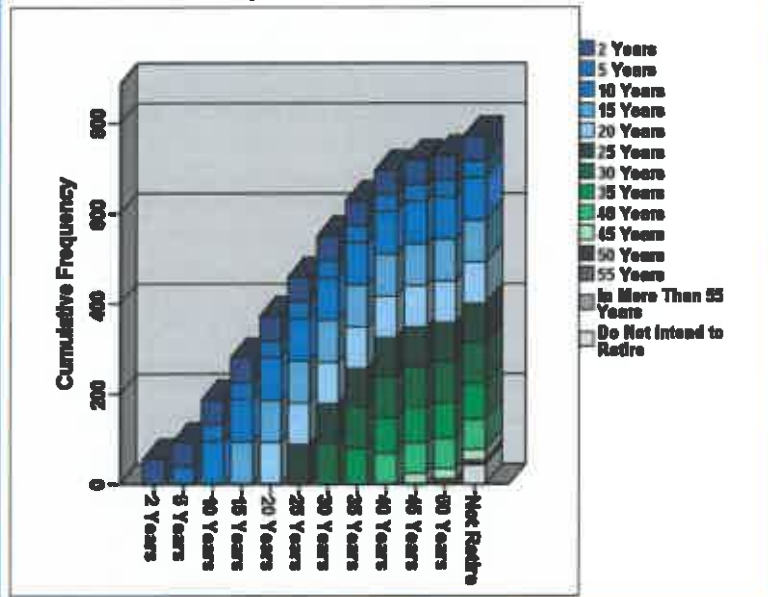
Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectations to age, we can estimate the maximum years to retirement for optometrists. While only 7% of optometrists expect to retire in the next two years, 24% expect to retire within the next decade. More than half of the current workforce expect to retire by 2045.*

Time to Retirement			
Expect to Retire Within . .	#	%	Cumulative %
<b>2 Years</b>	55	7%	7%
<b>5 Years</b>	37	5%	12%
<b>10 Years</b>	94	12%	24%
<b>15 Years</b>	93	12%	36%
<b>20 Years</b>	92	12%	48%
<b>25 Years</b>	87	11%	59%
<b>30 Years</b>	91	12%	71%
<b>35 Years</b>	78	10%	81%
<b>40 Years</b>	68	9%	90%
<b>45 Years</b>	23	3%	93%
<b>50 Years</b>	10	1%	94%
<b>55 Years</b>	0	0%	94%
<b>In More than 55 Years</b>	0	0%	94%
<b>Do Not Intend to Retire</b>	42	5%	100%
<b>Total</b>	<b>771</b>	<b>100%</b>	

Source: Vix, Healthcare Workforce Data Center

**Expected Years to Retirement**



Source: Vix, Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2030. Retirement will peak at 12% of the current workforce around the same time before declining to under 10% again around 2060.*



### At a Glance:

#### FTEs

Total: 1,029  
 FTEs/1,000 Residents<sup>2</sup>: 0.121  
 Average: 0.84

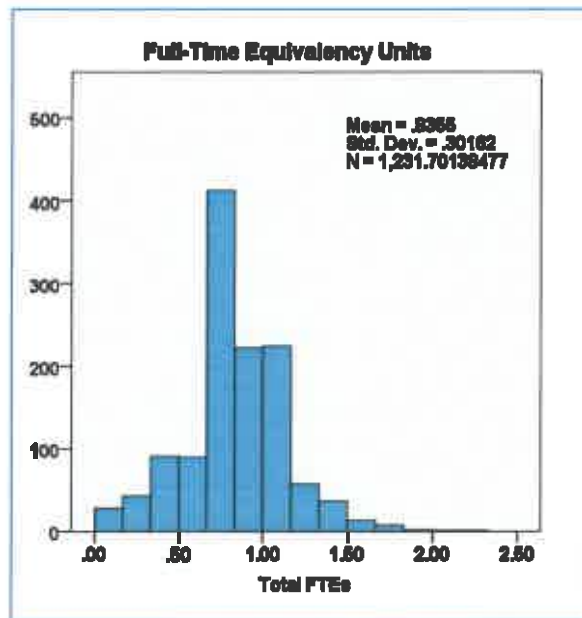
#### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Small

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

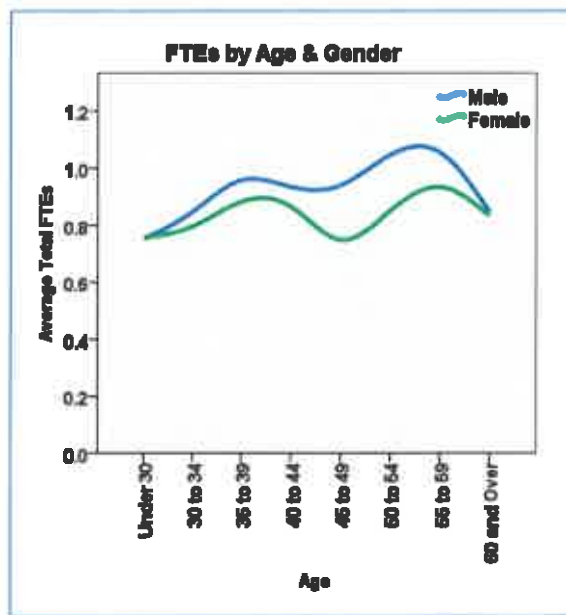


Source: Va. Healthcare Workforce Data Center

*The typical (median) optometrist provided 0.81 FTEs in the past year, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.75	0.81
30 to 34	0.82	0.81
35 to 39	0.85	0.84
40 to 44	0.87	0.81
45 to 49	0.81	0.77
50 to 54	0.80	0.79
55 to 59	0.98	0.92
60 and Over	0.81	0.74
<b>Gender</b>		
Male	0.91	0.96
Female	0.83	0.87

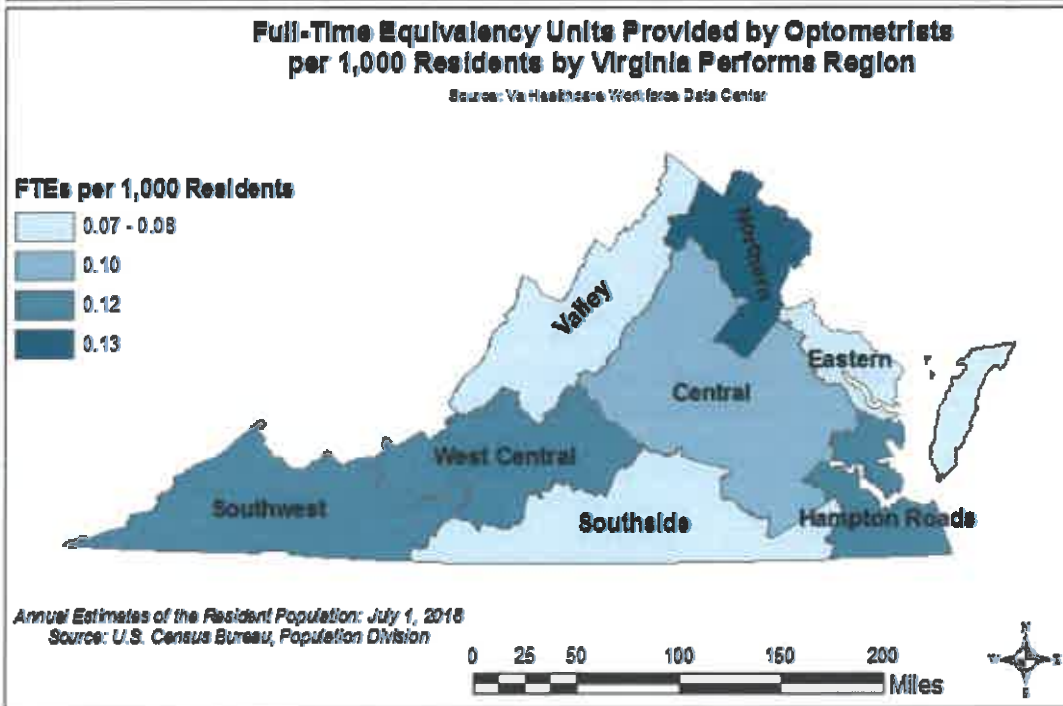
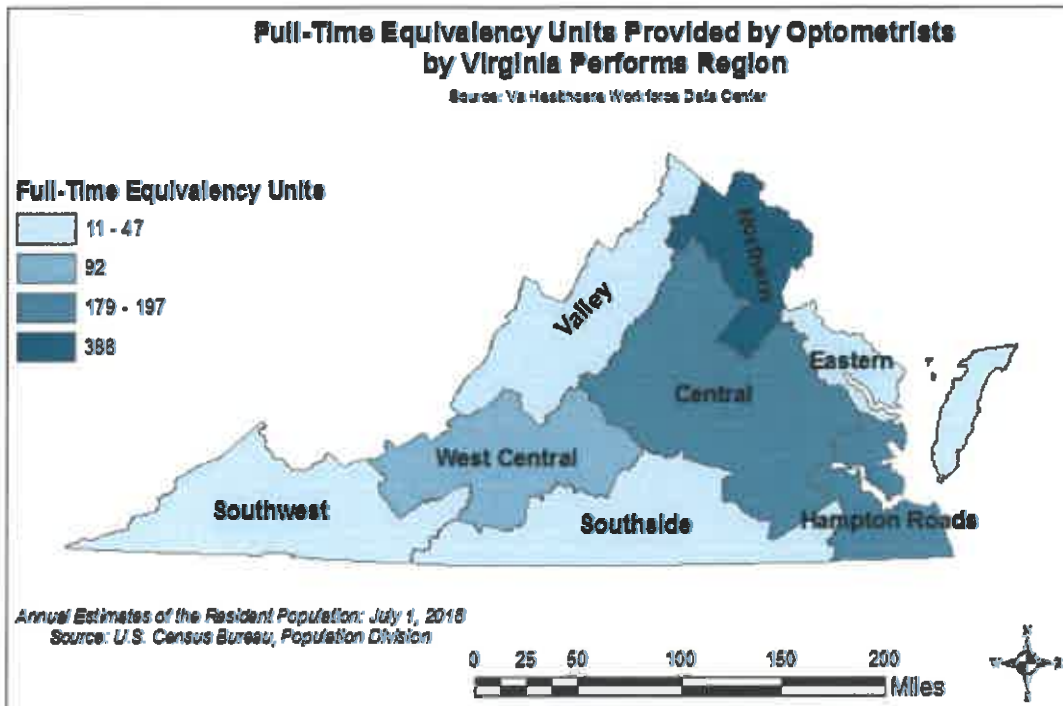
Source: Va. Healthcare Workforce Data Center

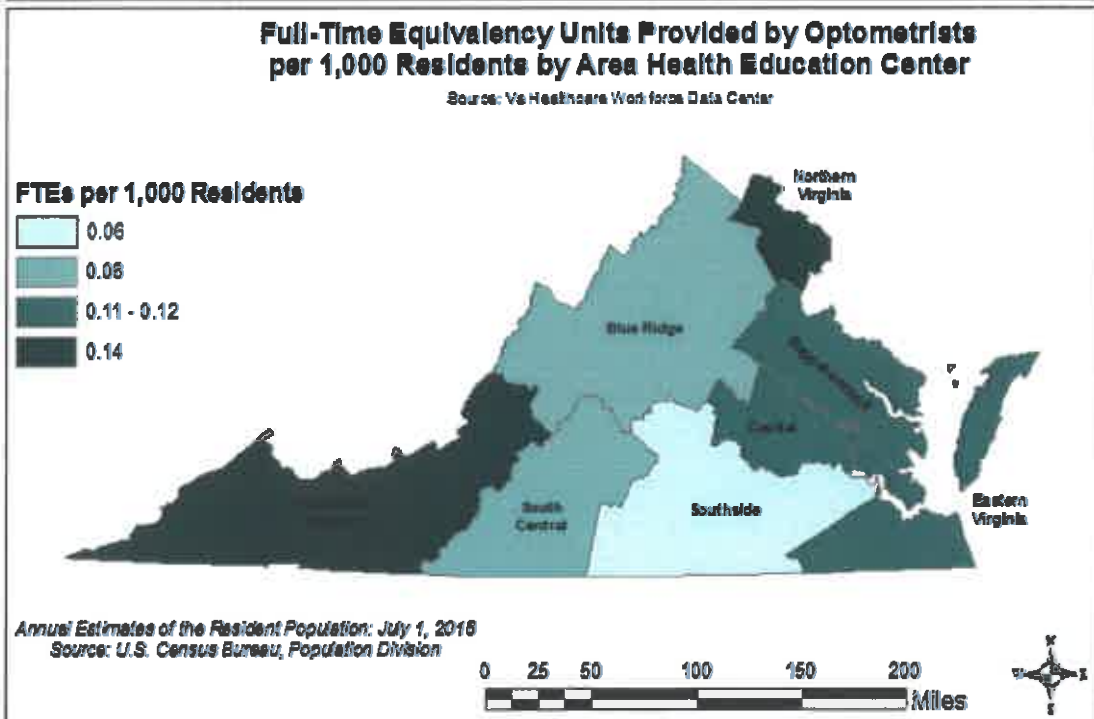
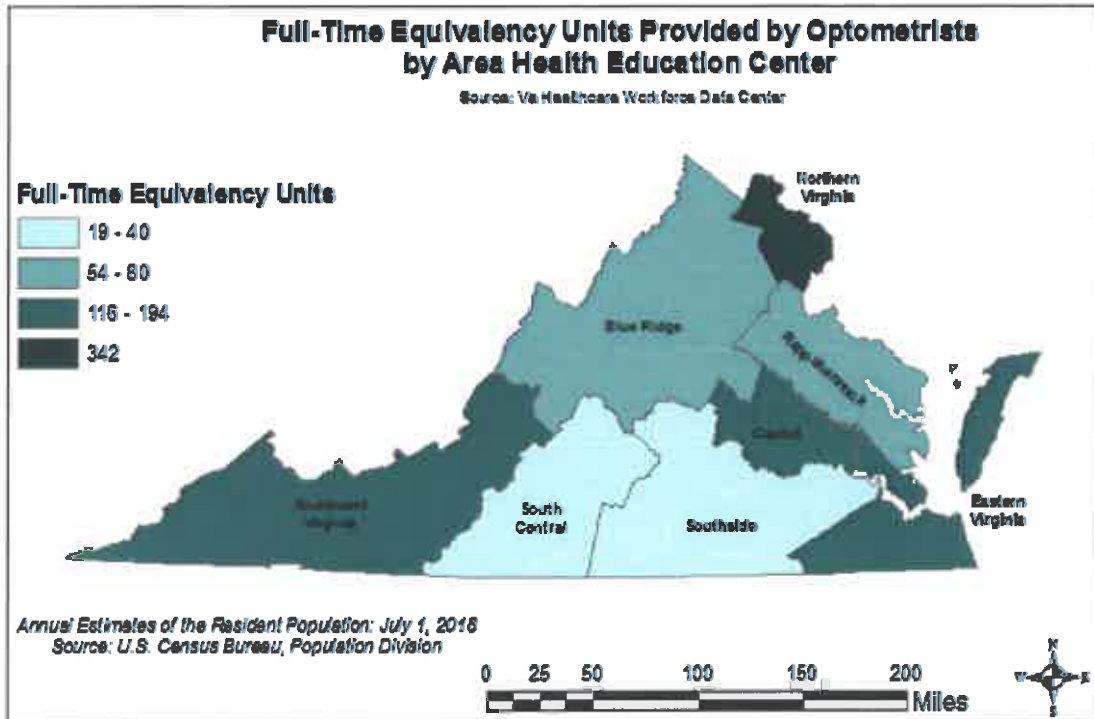


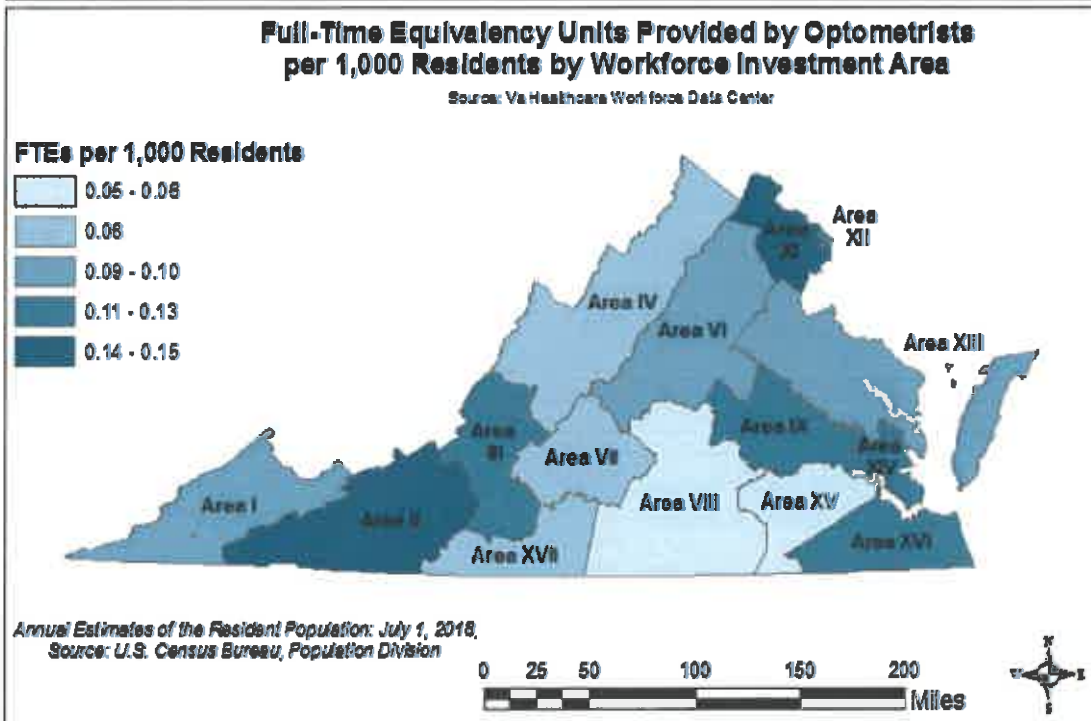
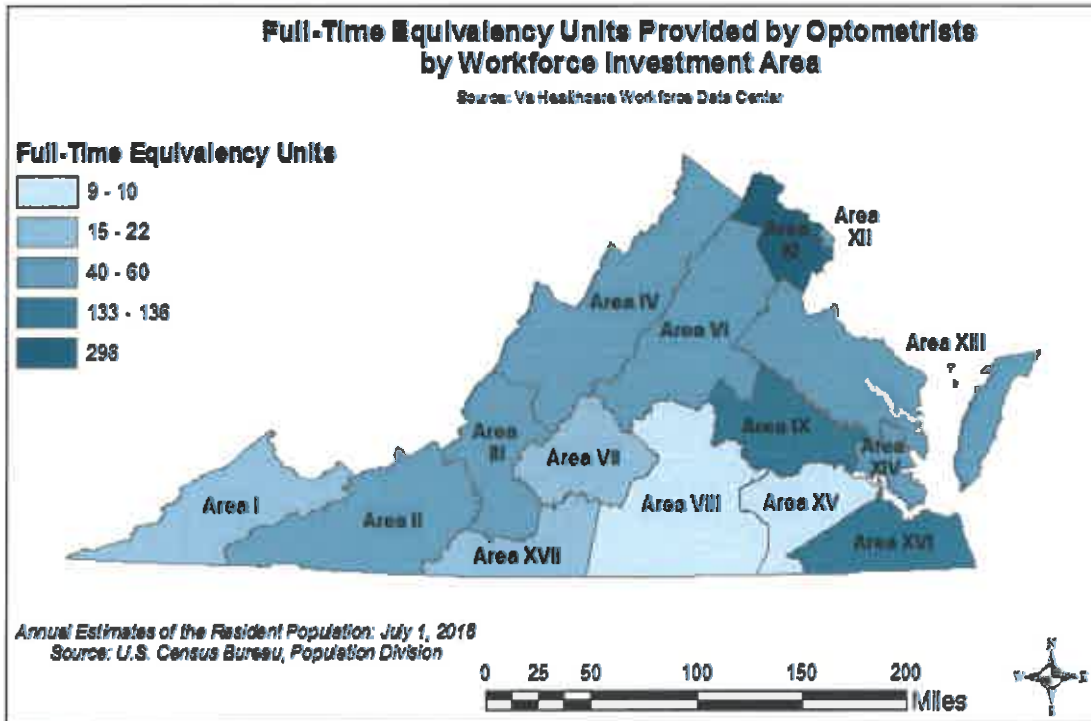
Source: Va. Healthcare Workforce Data Center

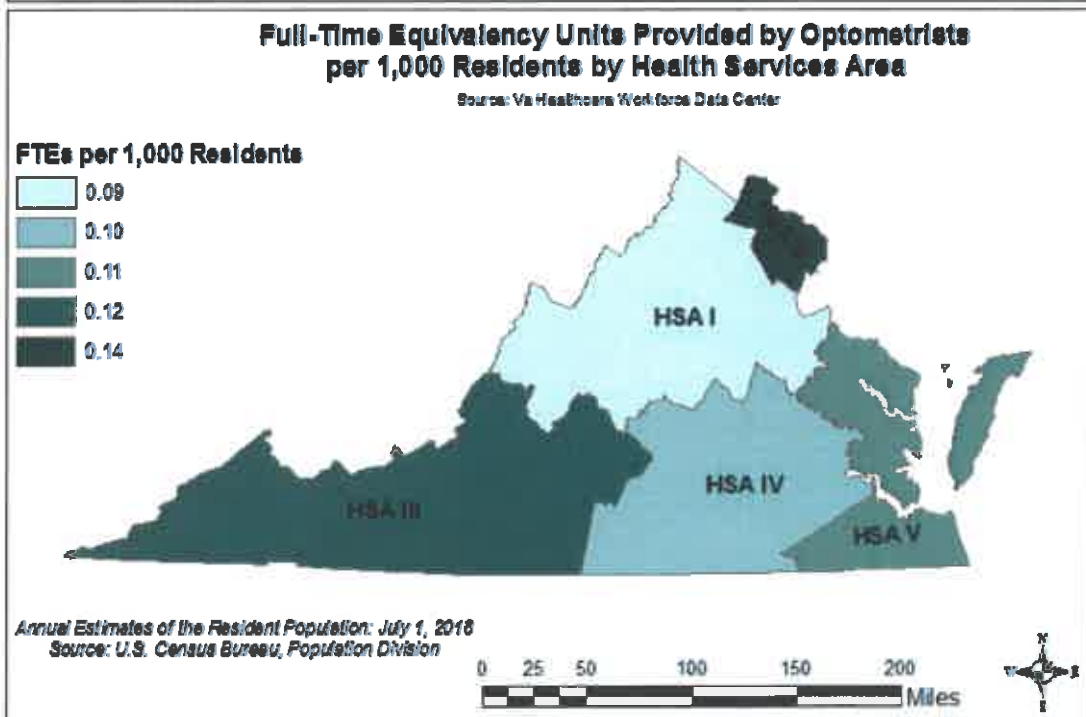
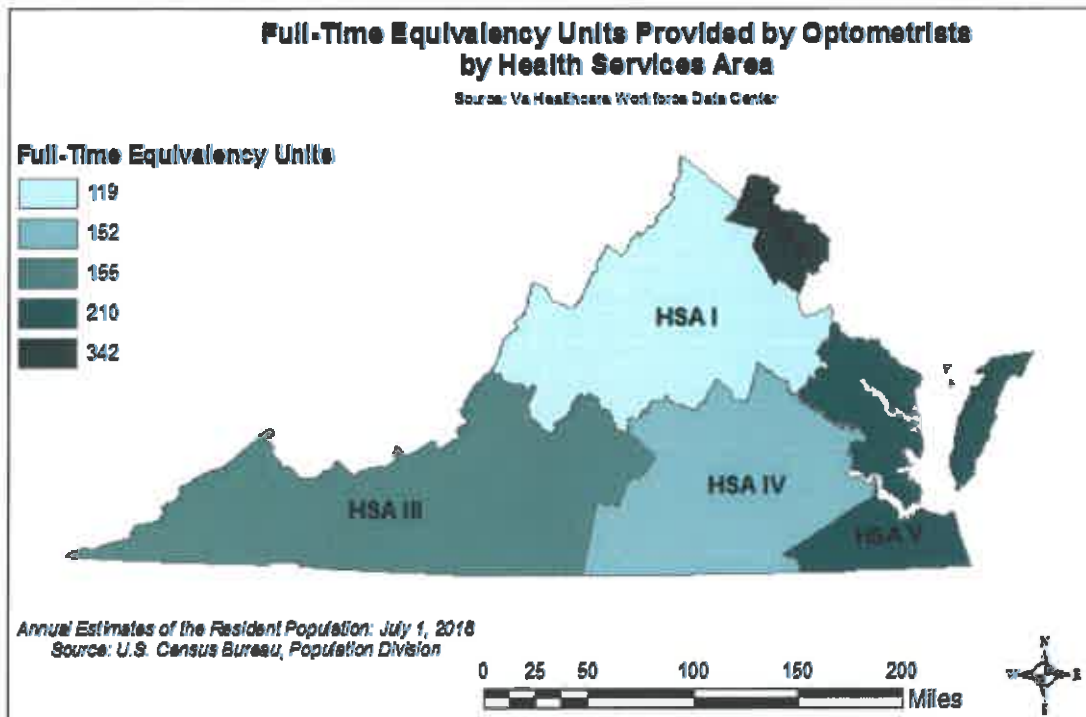
<sup>2</sup> Number of residents in 2018 was used as the denominator.

<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).













## Appendices

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	879	85.89%	1.164	1.087	1.496
<b>Metro, 250,000 to 1 Million</b>	89	85.39%	1.171	1.094	1.504
<b>Metro, 250,000 or Less</b>	112	84.82%	1.179	1.101	1.514
<b>Urban Pop., 20,000+, Metro Adj.</b>	13	100.00%	1.000	0.934	1.049
<b>Urban Pop., 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban Pop., 2,500-19,999, Metro Adj.</b>	35	82.86%	1.207	1.127	1.550
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	30	80.00%	1.250	1.168	1.606
<b>Rural, Metro Adj.</b>	21	80.95%	1.235	1.154	1.296
<b>Rural, Non-Adj.</b>	7	85.71%	1.167	1.090	1.186
<b>Virginia Border State/D.C.</b>	229	82.53%	1.212	1.132	1.556
<b>Other U.S. State</b>	259	71.04%	1.408	1.315	1.808

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	110	64.55%	1.549	1.496	1.808
<b>30 to 34</b>	229	79.04%	1.265	1.049	1.477
<b>35 to 39</b>	210	81.90%	1.221	1.012	1.425
<b>40 to 44</b>	206	81.55%	1.226	1.017	1.431
<b>45 to 49</b>	211	85.78%	1.166	0.967	1.361
<b>50 to 54</b>	187	88.77%	1.127	0.934	1.315
<b>55 to 59</b>	169	88.17%	1.134	0.940	1.324
<b>60 and Over</b>	352	85.23%	1.173	0.973	1.369

Source: Va. Healthcare Workforce Data Center

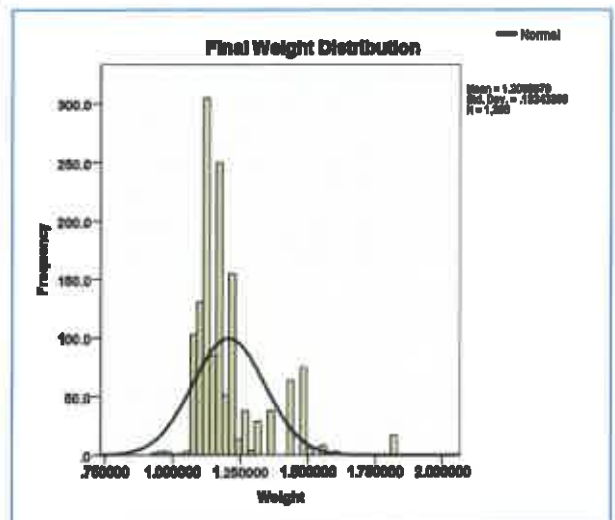
See the Methods section on the HWDC website for details on HWDC Methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.829152**



Source: Va. Healthcare Workforce Data Center

## **Excerpt from the Regulations of the Virginia Board of Optometry**

### **18VAC105-20-70. Requirements for continuing education.**

**A. Each license renewal of an active license shall be conditioned upon submission of evidence to the board of 20 hours of continuing education taken by the applicant during the previous license period. A licensee who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle.**

**1. The 20 hours may include up to two hours of recordkeeping for patient care, including coding for diagnostic and treatment devices and procedures or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products.**

**2. For optometrists who are certified in the use of therapeutic pharmaceutical agents, at least 10 of the required continuing education hours shall be in the areas of ocular and general pharmacology; diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents; new or advanced clinical devices, techniques, modalities, or procedures; or pain management.**

**3. At least 10 hours shall be obtained through seminars, conferences, or lectures, including in person or electronic presentations, provided that during the course of the presentation, the licensee and the lecturer may communicate with one another.**

**4. A licensee may also include up to two hours of training in cardiopulmonary resuscitation (CPR).**

**5. Two hours of the 20 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.**

**B. Each licensee shall attest to fulfillment of continuing education hours on the required annual renewal form. All continuing education shall be completed prior to the renewal deadline unless an extension has been granted by the Continuing Education Committee. A request for an extension shall be received prior to the renewal deadline of each year.**

**C. All continuing education courses shall be offered by an approved sponsor or accrediting body listed in subsection H of this section. Courses that are not approved by a board-recognized sponsor in advance shall not be accepted for continuing education credit. For those courses that have a post-test requirement, credit will only be given if the optometrist receives a passing grade as indicated on the certificate.**



**D. Licensees shall maintain continuing education documentation for a period of not less than three years. A random audit of licensees may be conducted by the board, which will require that the licensee provide evidence substantiating participation in required continuing education courses within 30 days of the audit notification.**

**E. Documentation of hours shall clearly indicate the name of the continuing education provider and its affiliation with an approved sponsor or accrediting body as listed in subsection H of this section. Documents that do not have the required information shall not be accepted by the board for determining compliance. Correspondence courses shall be credited according to the date indicated on the continuing education certificate.**

**F. A licensee shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.**



**H. An approved continuing education course or program, whether offered by correspondence, electronically, or in person, shall be sponsored, accredited, or approved by one of the following:**

- 1. The American Optometric Association and its constituent organizations.**
- 2. Regional optometric organizations.**
- 3. State optometric associations and their affiliate local societies.**
- 4. Accredited colleges and universities providing optometric or medical courses.**
- 5. The American Academy of Optometry and its affiliate organizations.**
- 6. The American Academy of Ophthalmology and its affiliate organizations.**
- 7. The Virginia Academy of Optometry.**
- 8. Council on Optometric Practitioner Education (COPE).**
- 9. State or federal governmental agencies.**
- 10. College of Optometrists in Vision Development.**
- 11. The Accreditation Council for Continuing Medical Education of the American Medical Association for Category 1 credit.**
- 12. Providers of training in cardiopulmonary resuscitation (CPR).**

### **13. Optometric Extension Program.**

**I. In order to receive credit for continuing education courses, a licensee shall submit a certificate that shows:**

**1. The date, location, presenter or lecturer, content hours of the course, and contact information of the provider or sponsor for verification. The certificate of attendance shall be based on verification by the sponsor of the attendee's presence throughout the course, either provided by a post-test or by a designated monitor.**

**2. Whether the course was in real-time and interactive, including in-person or electronic presentations.**

**J. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3215 of the Code of Virginia.**

**Virginia Board of Optometry**  
**Guidance for Telepractice**

1. What is telepractice?

Telepractice may be defined as the use of telecommunications and information technologies for delivery of optometry professional services by linking a patient and an optometrist for assessment, intervention or consultation.

2. May a practitioner licensed in another state provide services to a patient located in Virginia?

In order to provide optometric services to a patient in the Commonwealth of Virginia via telepractice, a practitioner must hold a Virginia license and comply with relevant laws and regulations governing practice.

3. Are there any regulations specific to providing optometric services via telepractice?

Telepractice is considered a method of service delivery. The current, applicable regulations apply to all methods of service delivery, including telepractice. The licensee is responsible for using professional judgment to determine if the type of service can be delivered via telepractice at the same standard of care as in-person service.

4. How does a TPA-Certified Optometrist establish a practitioner-patient relationship?

***§ 54.1-3303. (Effective July 1, 2020) Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.***

***A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1 or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.***

***...In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of***

*the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. A practitioner who performs or has performed an appropriate examination of the patient required pursuant to clause (iii), either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.*

*For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1.03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.*

5. In order to provide the same standard of care, what are some of the responsibilities of a practitioner when providing optometric services via telepractice?
  - To determine the appropriateness of providing assessment and intervention services via telepractice for each patient and each situation;
  - To ensure confidentiality and privacy of patients and their transmissions;

- To maintain appropriate documentation including informed consent for use of telepractice;
  - To be responsible for the performance and activities of any unlicensed assistant or facilitator who may be used at the patient site, in accordance with Virginia Code § 54.1-3200;
  - To ensure that equipment used for telepractice is in good working order and is properly maintained at both site locations;
  - To comply with Virginia and federal (such as HIPAA) requirements regarding maintenance of patient records and confidentiality of patient information; and
  - To ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized individuals when the licensee disposes of electronic equipment and data.
6. What factors should be considered when determining if telepractice is appropriate to use? Factors to consider include, but are not limited to:
- The quality of electronic transmissions should be equally appropriate for the provision of telepractice as if those services were provided in person;
  - The practitioner should only utilize technology for which he/she has been trained and is competent;
  - The practitioner should consider the patient's behavioral, physical and cognitive abilities in determining appropriateness;
  - The practitioner should assess the ability of the patient to safely and competently use electronic transmission equipment; and
  - The scope, nature and quality of services provided via telepractice should be comparable to those provided during in-person appointments.
7. May a practitioner licensed in Virginia provide services to a patient located in another state?

The Virginia Board does not have jurisdiction over practice in another state. An optometrist seeking to practice via telepractice with a patient in another jurisdiction should contact the board for the other state to determine its licensure requirements.

8. Can a practitioner seek reimbursement for services provided by telepractice?

The Board has no jurisdiction over billing and reimbursement for services.

Virginia Department of Health Professions  
Cash Balance  
As of May 31, 2020

	<u>105- Optometry</u>
<b>Board Cash Balance as June 30, 2019</b>	<b>\$ 352,434</b>
<b>YTD FY20 Revenue</b>	<b>362,750</b>
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<b><u>351,970</u></b>
<b>Board Cash Balance as May 31, 2020</b>	<b><u><u>\$ 363,214</u></u></b>

## Optometry Monthly Snapshot for May 2020

Optometry has received more cases in May than closed. Optometry has closed 0 patient care cases and 1 non-patient care case for a total of 1 case.

Cases Closed	
Patient Care	0
Non-Patient Care	1
<b>Total</b>	<b>1</b>

The department has received 1 patient care case and 2 non-patient care cases for a total of 3 cases.

Cases Received	
Patient Care	1
Non-Patient Care	2
<b>Total</b>	<b>3</b>

As of May 31, 2020 there are 21 patient care cases open and 17 non-patient care cases open for a total of 38 cases.

Case Open	
Patient Care	21
Non-Patient Care	17
<b>Total</b>	<b>38</b>

There are 1936 Optometry licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Optometrist</i>	<i>96</i>
<i>Optometrist - Volunteer Registration</i>	<i>9</i>
<i>Professional Designation</i>	<i>262</i>
<i>TPA Certified Optometrist</i>	<i>1569</i>
<b>Total for Optometry</b>	<b>1936</b>

There were 14 licenses issued for Optometry for the month of May. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Professional Designation</i>	<i>1</i>
<i>TPA Certified Optometrist</i>	<i>13</i>
<b>Total for Optometry</b>	<b>14</b>

From: Virginia Board of Optometry  
Date: Wed, Feb 12, 2020  
Subject: Regulatory Update



## Virginia Department of Health Professions

Board of  
Optometry

Board of Optometry

### REGULATORY UPDATE

The Board of Optometry has completed the regulatory process to add **gabapentin** to the TPA-Formulary. Effective January 22, 2020, **gabapentin** may be prescribed by a TPA-Certified Optometrist per the Regulations of the Virginia Board of Optometry which states the following:

**18VAC105-20-47. Therapeutic pharmaceutical agents. B. Schedule I, II, and V drugs are excluded from the list of therapeutic pharmaceutical agents with the exception of controlled substances in Schedule II consisting of hydrocodone in combination with acetaminophen and gabapentin in Schedule V.**

Questions may be directed to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)

Board of Optometry



From: Virginia Board of Optometry  
Date: March 19, 2020  
Subject: Extension of continuing education requirements



## Virginia Department of Health Professions

Board of Optometry

### Virginia Board of Optometry

The Board of Optometry has granted an extension of continuing education requirements for a period of six months after the deadline for the current renewal cycle that ends on March 31, 2020. In addition, an exemption is granted to alleviate the "real-time, interactive activities" requirement found in 18VAC105-20-70(A)(3). The number or hours and topic requirements are still required, only the method of obtaining the CE is exempted.

Licensees are encouraged to complete continuing education hours on-line in place of real-time activities, before the renewal deadline. Please note that hours completed after the renewal deadline of March 31, 2020, will not be able to double count as CE hours for the renewal period of April 1, 2020 to March 31, 2021.

If the required number of continuing education hours have not been completed prior to renewal, please check "no" to the question on the renewal form about completion of continuing competency requirements. Do not falsify information on the form by checking "yes" if using the six-month extension. Checking "no" will not affect the ability to renew. There will be a notation in the system that a licensee has a six-month extension.

Questions may be directed to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)

Board of Optometry

From: Virginia Board of Optometry <[optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)>

Date: Tue, Apr 21, 2020

Subject: Electronic Transmission of Opioid Prescriptions



**Virginia Board of Optometry**

**Change to the Code of Virginia**

**Applies ONLY to TPA-Certified Optometrists  
Prescribing Hydrocodone In Combination with Acetaminophen**

The General Assembly sessions in 2017 ([SB1230](#) and [HB2165](#)) and 2019 ([HB2559](#)) passed legislation to amend [§54.1-3408.02](#) related to electronic prescriptions for opioids. As of July 1, 2020, prescriptions for controlled substances that contain an opioid must be electronically transmitted to the patient's pharmacy. Transmission of electronic prescriptions for a drug in Schedules II-V must comply with federal requirements.

For more information on compliance with federal requirements for electronically transmitted prescriptions [CLICK HERE](#);

For specific questions regarding whether a software platform complies with federal requirements or how to properly execute an electronic prescription, contact the software vendor.

For practitioners unable to comply with federal requirements for electronically transmitting prescriptions for hydrocodone with acetaminophen, legislation authorizes the Board of Optometry to grant a one-time waiver of the electronic prescription requirement, not to exceed one year. The Board of Optometry may only grant a waiver if the requesting TPA-Certified Optometrist demonstrates economic hardship, technological limitations that are not reasonably within his control, or other exceptional circumstances. Please review the law and determine if a waiver is needed. To apply for a waiver [CLICK HERE](#) and provide all required information, including a detailed narrative of the circumstances that support a waiver request and ensure that the submit button has been clicked. Notification of the Board's decision will be emailed within 30 days.

Questions may be directed to [optbd@dhp.virginia.gov](mailto:optbd@dhp.virginia.gov)  
Please put "Waiver" in the subject line of email  
[Board of Optometry](#)

# **BOARD OF OPTOMETRY**

## **2021 CALENDAR**

<b>FEBRUARY 12, 2021 (Friday)</b>	<b>BR 3 9:00 a.m.</b>	<b>BOARD MEETING</b>
<b>FEBRUARY 12, 2021 (Friday)</b>	<b>BR 4</b>	<b>INFORMAL CONFERENCE(S)</b>
<b>JULY 16, 2021 (Friday)</b>	<b>BR 3 9:00 a.m.</b>	<b>BOARD MEETING</b>
<b>JULY 16, 2021 (Friday)</b>	<b>BR 4</b>	<b>INFORMAL CONFERENCE(S)</b>
<b>OCTOBER 8, 2021 (Friday)</b>	<b>BR 3 9:00 a.m.</b>	<b>BOARD MEETING</b>
<b>OCTOBER 8, 2021 (Friday)</b>	<b>BR 4</b>	<b>INFORMAL CONFERENCE(S)</b>

**VIRGINIA BOARD OF OPTOMETRY  
BY-LAWS**

**Article I. Officers of the Board**

**A. Election of officers.**

1. The officers of the Board of Optometry (Board) shall be a President and a Vice-President.
2. At the first meeting of the organizational year, the Board shall elect its officers. Nominations for office shall be selected by open ballot. Voting will be by roll-call ballot and require a majority.
3. The organizational year for the Board shall be from July 1<sup>st</sup> through June 30<sup>th</sup>. At the first regularly scheduled meeting of the organizational year, the Board shall elect its officers with an effective date of January 1st. The term of office shall be one year.
4. A vacancy occurring in any office shall be filled during the next meeting of the Board.

**B. Duties of the Officers**

1. **President.**

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the Board members. The President shall appoint all committees unless otherwise ordered by the Board.

2. **Vice-President.**

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. In the absence of the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.