TENNESSEE BOARD OF OPTOMETRY TASKFORCE MEETING MINUTES

DATE:

February 3, 2021

TIME:

9:00 A.M., CST

LOCATION:

Health Related Boards WebEx-Teleconference 665 Mainstream Drive Nashville, TN 37243

TASKFORCE MEMBERS

PRESENT:

Torrey Carlson, O.D.

Christopher Cooper, O.D.
Janette Pepper, O.D.
Taylor Keys, O.D.
Do Nguyen, O.D.
Mike Sandy, O.D.
James Venable, O.D.

STAFF

PRESENT:

Kimberly Wallace, Unit Director Lyndsey Boone, Board Manager Maria Johnston, Board Administrator Kaitlin Parham, Assistant General Counsel Eric Winters, Assistant General Counsel

Call to Order

This meeting was convened electronically, via WebEx, due to the gathering restrictions resulting from the COVID-19 pandemic. The meeting was called to order at 9:00 A.M. CST. A roll call of the Taskforce Members and Board staff present was initiated by Kimberly Wallace, Unit 3 Director.

Dr. Torrey Carlson

Dr. Chris Cooper

Dr. Janette Pepper

Dr. Taylor Keys

Dr. Do Nguyen

Dr. Mike Sandy

Dr. James Venable

Board Manager, Ms. Lyndsey Boone

Board Administrator, Ms. Maria Johnston

Board Attorney, Ms. Kaitlin Parham

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Board Attorney, Mr. Eric Winters

Necessity and Purpose of Meeting

Ms. Wallace informed all present that prior to proceeding with the electronic meeting, certain criteria for continuing with an electronic meeting must be met. To ensure the meeting proceeded according to guidelines, Ms. Wallace requested that each Taskforce Member and Staff Member confirm they were able to hear one another. They all confirmed.

Next, Ms. Wallace wanted to inform all Taskforce Members that the mission of the TN Board of Optometry is to safeguard the health, safety, and welfare of Tennesseans by requiring all who practice optometry within this state to be qualified. Those qualifications are described by statute found in Title 63, Chapter 8, on Optometry Law as well as the TN Rules Governing the Practice of Optometry, in addition to various Policy Statements providing procedural clarification for certain matters.

At the Optometry Board's meeting held on January 6, 2021, the Board voted to establish a Taskforce for the specific purpose of reviewing the existing Rules Governing the Practice of Optometry and making recommendations for potential changes to those rules.

Potential rule changes are made in conjunction with the Board's advising attorney, who will take detailed notes of language recommendations made by this Taskforce, provide consultation on that language, and then prepare redlined draft versions of the rules for further review and presentation to the full Board. The Board bears the responsibility and the authority for voting on the acceptance of those rule changes. Once approved by the Board, the proposed changes continue through a series of internal reviews, eventually making their way to the Government Operations Committee. Ms. Parham and Mr. Winters will provide additional information on this process as we go along.

Ms. Wallace continued to state that as the Taskforce convenes for this purpose, they are asked to remember that the Board is limited in its authority by statute to the licensing and discipline of licensees in the optometric profession and the promulgation of rules that further clarify the board's practice act. Thus, all recommendations made by this Taskforce must be in accordance with the Board's scope of authority.

The Board determined that this taskforce would meet two times each year, today being the first meeting, and the next being scheduled for September 15, 2021, at 9:00am CST. Today, this Taskforce will determine which rule or rules will be reviewed and discussed at the next meeting, in September and that agenda will be prepared accordingly.

Because this Taskforce was unable to convene in a physical location today to consider these matters - in light of the COVID-19 pandemic, for which it has been recommend to limit the number of attendees at meetings at this time - this Web Ex remote meeting is necessary.

A motion was made by Dr. Venable to proceed with the electronic meeting, with a second made by Dr. Keys.						
Discussion: None OR □ As Follows						
A roll call vote was conducted:						
As I state your name, please voice your vote on the motion.						
Dr. Carlson Dr. Cooper Dr. Cooper Dr. Pepper Dr. Recused Dr. Nguyen Dr. Nguyen Dr. Sandy Dr. Venable Dr. Venable Dr. Venable Dr. Venable Dr. Recused Dr. Recused Dr. Recused Dr. Recused Dr. Recused Dr. Abstrain Dr. Recused Dr. Abstrain Dr. Recused Dr. Abstrain Dr. Recused Dr. Abstrain Dr. Absent Dr. Recused Dr. Abstrain Dr. Recused Dr. Abstrain Dr. Absent Dr. Absent Dr. Recused Dr. Abstrain Dr. Absent Dr. Absent Dr. Absent Dr. Absent Dr. Recused Dr. Abstrain Dr. Absent Dr. Absent Dr. Absent Dr. Absent Dr. Recused Dr. Abstrain Dr. Absent Dr. Absent Dr. Absent Dr. Venable						
The motion passed. ▼YES □NO						
In addition, all Taskforce Members were asked to acknowledge whether they had received, prior to this meeting, copies of all the materials and documents that were to be discussed at this meeting.						
 ✓ Dr. Carlson ✓ Dr. Cooper ✓ Dr. Pepper ✓ Dr. Keys ✓ Dr. Nguyen ✓ Dr. Sandy ✓ Dr. Venable 						
All Taskforce Members confirmed that they did receive the materials prior to the meeting.						
Finally, only certain matters are proper for a teleconference; accordingly, Dr. Cooper made a motion and a second followed by Dr. Venable that the matters to be discussed met the following requirements:						
The subject matter requires timely action;						
The physical presence of all members is not possible considering the period of time required for action; and						
The participation by some or all of the members of the Committee by electronic means is necessary.						
Discussion: None OR □ As Follows						
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A roll call vote was conducted	ed:						
Dr. Carlson Dr. Cooper Dr. Pepper Dr. Keys Dr. Nguyen Dr. Sandy Dr. Venable	▼YES ▼YES ▼YES ▼YES ▼YES ▼YES ▼YES	NO NO NO	R R R R R R	ECUSED ECUSED ECUSED ECUSED ECUSED ECUSED	ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN	ABSENT ABSENT ABSENT ABSENT ABSENT ABSENT ABSENT ABSENT	
The motion	n passed. YE	S	N	O			
That covers the requirements for a teleconference.							
Public Comments							
It was noted that Public Comments would be heard during this meeting. Instructions were provided for all attendees via the WebEx system and phone call-in options. It was reminded that the Taskforce may only take action on items that are listed on the agenda.							
Ms. Parham addressed the Board and stated that this is a rules review task force that will review the rules twice a year, and make recommendations to the full board if any rule amendments or additions are needed.							
TV . C. C Chair	_						
Vote for Committee Chair							
A call was made for nominations for the role of Taskforce Chair. Dr. Sandy nominated Dr. Chris Cooper. Dr. Cooper accepted the nomination. There were no other nominations for Taskforce Chair.							
A motion made by Dr. Vene Chairperson, with a second			inatio	n of Dr. C	Cooper to serve	as Taskforce	
Discussion: None OR	As Follows	S					
A roll call vote was conduct	ted:						

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NO RECUSED ABSTAIN ABSENT

NO PRECUSED ABSTAIN ABSENT

NO FRECUSED BABSTAIN BABSENT

NO FRECUSED BABSTAIN BABSENT

NO PRECUSED PABSTAIN ABSENT

As I state your name, please voice your vote on the motion.

Dr. Carlson

Dr. Cooper

Dr. Pepper

Dr. Nguyen

Dr. Keys

YES

YES

YES

VES YES

YES

Dr. Sandy Dr. Venable		RECUSED RECUSED	
	on passed. VES	INO	

Review and Discuss Rules Review Items for the Board of Optometry

Reminders were given that all rule revisions must remain within the Board's authority and the existing statues.

Dr. Cooper noted the work of the taskforce should give consideration to looking ahead, as the rule change process can be lengthy. The role of the Board is to be regulators and overseeing the interest of public protection. Look at emerging technologies, rules that may be outdated, and ways to maintain appropriate oversight. Keep the focus on promoting safety as we all work together.

Dr. Cooper asked each taskforce member to give a brief introduction of themselves and reminded everyone about making public comments, and that it is encouraged and welcomed.

Dr. Cooper led the committee to Page 8 of the Rules, CE Rules, 1045-02-.05 – Noted the 2020 COPE and Executive Order provisions for online continuing education. The current Rules only allows 14 of the 40 hours by online methods. It was discussed how licensees maintain their competencies and should the Board require all education be approved by COPE and remove other types of continuing education providers, what revisions might be needed, how can they work through this rule online today.

At 9:45 A.M. Dr. Sandy left the meeting but will plan to stay longer next meeting

Dr. Venable noted that authority that the board may or may not have regarding the revision of halting requirements during a pandemic, the authority is not granted the board, but must come through the Governor's office. What he sees, given the last update to increase the number of hours required, that affirm the fact of continuing education that it cannot be overlooked, especially as technology and modes of practice are evolving. The sections he sees are where licensees self-maintain a record of their CE.

Ms. Wallace noted information on both the Commissioner's Audit and OE Tracker accounts. That the language could be customized more to Optometry, since the original rule language was written for use across multiple boards in the Health-Related Boards, not all of which handles continuing education through an outside vendor as Optometry does.

Dr. Keys notes in the OE Tracker, she can pull the certificates electronically. It is downloadable and printable. Ms. Wallace described the CE audit process and how ARBO works with us to conduct the audit.

Rule 1045-02-.05(1)(c) "Each licensee must retain proof of attendance and completion of all continuing education requirements. This documentation must be retained for a period of four (4) years from the end of the calendar year in which the continuing education was required. This documentation must be produced for inspection and verification, if requested in writing by the board during its verification process. The board will not maintain continuing education files."

Dr. Keys suggests leaving the last sentence as is, adding language of electronic certificates are also acceptable, being that there could be occasion of an applicant for reinstatement/audit that needs to submit documents manually.

In section 2(e) on page 9, Dr. Venable discusses how courses are classified, notes this is an outdated approach given amplifications of the practice act, suggests revision that would include ocular disease under clinical optometry and revise language of perioperative to include ophthalmic surgery and perioperative care.

Dr. Cooper stated that ARBO recently is reclassifying education and asked to send it to all taskforce members.

To continue in Rule 1045-02-.05 (2)(e) systemic disease needs to be included and either practical or business-related categories. Dr. Pepper would rather use Functional as a category as it encompasses a lot. Asked if clinical optometry would be included in public health; Dr. Venable would like to see public health grouped into a separate category; Clinical Care, Public Health and Business.

Dr. Carlson asked where Public Chapter 350, volunteer work fits in. Ms. Wallace explained the administrative process for volunteer work in how certificates are generated.

Dr. Venable participated in the COPE proposed changes to CE categories. Dr. Venable would like to see volunteerism as a very big term, can be broad in scope, and whatever area the volunteer work was done in, it doesn't magnify his competency, but just uses his current competency and should look closely at where/if volunteer work should be accepted/used as CE.

Dr. Keys noted the number of hours required in the categories and wants to make sure that any category revisions must be in alignment with the number of hours required in each category.

Dr. Pepper notes that the COPE categories are more detailed than our general categories and wants to make sure courses are getting credit in the main categories. Ms. Wallace confirmed that courses are applied by ARBO in the OE Tracker based upon the sub-categories that roll up into the larger categories.

Dr. Venable agrees with eliminating outdated language but being broad enough to not tie the board's hands in review and future review as times change. Focus on the law and what represents the contemporary practice of optometry today such as Clinical Care; Public Health; Business as categories for TN CE

Ms. Parham spoke on the volunteer work provision, it is in the BME 63-6-701, it does apply as 63-6-703-2 does make it apply to optometry. Public Chapter 350 in 2017 added a provision for volunteer work of 1 hour of CE but there are requirements for what that volunteer work looks like, must be approved prior to receipt of credit. The taskforce inquired if volunteer work should be included in 1045-02-05(f).

Dr. Venable recommended changes to 1045-02-.05(2)(f)(2)(10) as live in person workshops and to remove the various technologies listing and describe synchronous or asynchronous courses for workshops.

Dr. Cooper inquired if is it reasonable that only 15 hours can be obtained electronically, and how might the taskforce consider revisions to that requirement. Is there significance to sitting in a classroom?

Ms. Parham referenced 63-8-119(a)(b)(d) there is nothing listed that would prohibit the board from determining the method of CE. In-person or virtually, however, she will conduct additional research. A quick read makes it appear that it is in the authority of the board to determine the number of hours allowable electronically.

Dr. Venable would support a greater number of hours being acceptable by synchronous or asynchronous methods; a workshop or "wet lab" must fall under the live, in-person method of CE required.

Dr. Keys asked how members feel about including courses where you read an article and answer questions. Is there a reason to separate that out? In Dr. Venable's read 1045-02-.05(2)(f)(4) would fall under the category of correspondence course. That terminology could be kept in the rules, as that method should be different. The terminology ARBO uses is "enduring distance learning".

Dr. Nguyen asked how would grand rounds be categorized? At present, is that granted?

Dr. Venable states grand rounds is described earlier in the rules under 1045-02-05(2)(b) page 9. He has not seen a request for this in the last decade with two exceptions, where the Board reached out to SCO for applicants coming in from states where the Scope Of Practice was not as broad and SCO was asked to provide grand rounds in pursuit of licensure, not for CE credit.

Dr. Pepper notes that if she were looking for additional "last minute" hours for herself, she would automatically go online to look for available courses.

Dr. Cooper asks the taskforce to make a recommendation for the number of hours allocated for online CE.

Dr. Pepper asks if a clause for pandemics could be created, perhaps 30 hours allowable online, but at least half online with a clause for if there is a pandemic or environmental issue where in person courses can't be done, then all 40 can be done online.

Ms. Parham stated that COVID-19 changed a lot of things, but we could run into issues defining what a pandemic or environmental issue is. If it occurs again, the Governor can step in and make additional provisions.

Dr. Keys states to look at the quality of the education received. She feels that sometimes an online class can be more beneficial for her. She prefers to be able to do CE in smaller amounts with better focus. She would say that all CE could be online allowable. This could take away from other things, such as networking at conferences, if all were allowable online.

Dr. Venable would refer to a paper he authored regarding the movement of recertification of CPR and basic life support moving from live to online recertification. Evidence supporting improved retention of material in a virtual format rather than live format. He will provide copy of the paper for the taskforce members. Sees the value of a wet lab workshop format. Would favor at least 8 hours in live format to include the wet lab workshop courses.

Dr. Cooper asks if the rule need to be further descriptive. Do all online courses need to be COPE approved? Are non-COPE courses allowed if it is approved by the Board?

Ms. Parham said there is a way for course providers to supply documentation (page 9 of the rules) to the Board for course approval.

Dr. Venable stated the Board was offered multiple vendors for the CPR recertification process, and the language of "or approved by the Board" is important to maintain regarding vendors.

Would wet labs fall under the same guidance? Dr. Venable's experience with the COPE process is that it is deliberate and exhaustive and prevents "fly by night" or less rigorous courses from sliding by. If a change is made to increase the number of hours for online courses, it increases the importance of the vetting processes for courses.

Dr. Pepper, used to be the CE Director for National Optometric and was in that role when COPE shifted to a more rigorous approval process, ARBO received award for this. COPE approval is a process that promotes confidence in the quality of the courses.

The taskforce then asked what section does volunteer courses fall under?

If in 1045-02.-05(2)(f)(2)2 we condense the various types to synchronous or asynchronous virtual, enduring distance learning, we also need to add the volunteer category there

Section (f) may become 1) live in person lectures or workshops, 2) X-hours of the 40 which would include virtual telecommunications synchronous or asynchronous, and 3) volunteer. But then the "correspondence course" method was brought up and it was questioned. Dr. Keys suggests a maximum of 2 of the 40 hours but still including it.

Dr. Venable states that if we are going to require live in-person number of hours, think about how those hours are offered in live conferences and not require them to be there for more than one day to get their hours; think practically.

The taskforce discussed the CPR recertification in the CE process.

Dr. Keys asked about the course on prescribing being pre-approved by the Board and asked if that section be revised as well?

Dr. Venable states the Board must ensure the prescribing courses meet the state requirements for course content in this category. Believes the language ould be modified so that it meets the state requirements without the Board approved terminology.

Ms. Parham noted the rules packet that was approved in 2019 where the language of this rule was changed at that time. No specific hour limit was noted. Ms. Parham will research further on the 2019 change.

Dr. Cooper changed direction to direct patient care considerations for CE.

Dr. Pepper recommended exploring having some sort of bias training or patient/cultural communications training as a requirement for licensure. Michigan has made a requirement by the Governor and the Board may want to consider it. Dr. Venable thinks that could fit under the category of Public Health with Dr. Cooper concurring.

Dr. Cooper spoke about looking down the road at contact lens equipment considerations. In regards to Public Health, licensees must meet eye exam requirements as described in 1045-2-08 to clarify that exams are not only for the purpose of a contact lens or eyeglasses prescription. Could the board consider with advancing technologies regarding remote exams? Is it acceptable for optometric assistants to conduct exams? Can artificial intelligence be used in diagnosis and management?

Dr. Cooper proposed focusing the efforts on reviewing 1045-02-08; members to make their recommendations for re-writes and submitted minimum of 30 days prior to the next meeting.

Ask for the Chair to meet with the Board and identify specific areas of the rules to review prior to the next meeting.

Call for Public Comment

Ms. Wallace stated that the meeting would be opened one final time for Public Comments and reminded all participants of the instructions for making a comment via the WebEx virtual meeting platform. She reminded all participants that the Taskforce may only take action on items that were listed on today's agenda.

There were no Public Comments offered.

<u>Adjourn</u>							
A motion was made by Dr. Keys to adjourn, with a second made by Dr. Pepper.							
Discussion: None OR	As Follows						
A roll call vote was conducted:							
Dr. Carlson Dr. Cooper Dr. Pepper Dr. Keys Dr. Nguyen Dr. Sandy Dr. Venable	▼YES ▼YES ▼YES ▼YES ▼YES ▼YES ▼YES	NO NO NO NO	RECUSED RECUSED RECUSED RECUSED RECUSED RECUSED RECUSED RECUSED	ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN ABSTAIN	□ ABSENT □ ABSENT □ ABSENT □ ABSENT □ ABSENT		
The motion passed. ▼YES			NO				

This meeting of the Optometry Taskforce Rules Review Committee was adjourned at 11:52 A.M. CST.

These Minutes were Ratified by the Board of Optometry on April 14, 2021.

Board Chair

S/19/2021