



Board of Optometry Regular Meeting Minutes

June 14, 2024

Location: Labor & Industries, 7273 Linderson Way S.W., Room S119, Tumwater, WA 98501, and
Microsoft Teams

Board members present: Melissa Dacumos, Optometrist, Chair
Theodore Kadet, Optometrist
Keren Yang, Optometrist
Riya Paranthan, Optometrist, Vice-chair
Palwinder Kaur, Optometrist
Barbara Rollinger, General Public

Board members absent: None

Staff members present: Amber Freeberg, Executive Director
Kristina Bell, Program Manager
Lilia Lopez, Assistant Attorney General
Shelbee Scrimo, Administrative Assistant
Megan Maxey, Policy Analyst
Margaret Pagel
Cori Tarzwell
Erika Brown
Angie Shulz

Others present Stephanie Cramer, WAEPS
William Prothero
Hillary Norris
Mark Maraman
Dana Coke
Susie Tracy
Billie Dickenson
Krista K.
DJ Kyle
Nick Jankowski

Notice of this meeting was published on the Board of Optometry profession [website](#) and was sent out through the GovDelivery listserv.

Open Session:

Call to Order and Introductions – Melissa Dacumos, OD, Chair

Dr. Dacumos called meeting to order at 9:02am

1. Approval of agenda

June 14, 2024, meeting agenda was moved, seconded, and approved.

2. Approval of minutes

March 1, 2023, meeting minutes were moved, seconded, and approved.

3. Open forum

Stephanie Cramer, President, WAEPS: we continue to be adamant about the fact that we think that the agreement that was stipulated in the bill should be only with a board-certified ophthalmologist, and we feel that board certified ophthalmologists are the only ones that have the capacity to rapidly respond to complications that occur at the time of that procedure. We feel very strongly that for patient safety it should be included in your rules. The Washington Medical Commission, the Washington Hospital Association and the organized emergency Medicine physicians also agree with that. We're really concerned about the fact that there's the possibility of voting to approve the rules at this board meeting. There's so much more work to be done, particularly with regards to the agreement that was stipulated in the bill. This is an agreement that needs to be in place, and we're concerned that there's not any way within the current rules that the agreement could be tracked, recorded or even just monitored. That was a safety guard that the legislator put within this bill and we're feeling like it's being ignored or not addressed yet. I urge the board to continue to do that in your rulemaking for the safety of patients in Washington state. If the rules are adopted and you're thinking about the education requirements, hands-on training with regards to each procedure or with regards to the procedures is very important. Providers really need to have hands-on training on all the new advanced procedures within the bill. We're willing to continue to try to participate and work with the board but just realize that all this pushback and feedback is really for patient safety. We really hope that the board reads the letter that we sent this week and takes it to heart and just know that there's more work to be done.

Billie Dickinson, Washington State Medical Association: We've really appreciated being a part of the process, we also sent the board a letter with our official comments yesterday, but I wanted to take this opportunity to share our support for WAEPS position. As Dr. Cramer noted, we spoke with the leadership at the Washington Academy of Emergency Physicians, ER docs, and they share our position that only an ophthalmologist should be entering into these agreements and responding to adverse events in and around the eyes. This position is also held by the Washington

State Hospital Association and the Medical Commission. We are all focused on patient safety.

Mark Maraman, Optometric Physicians of Washington: I appreciate Washington

Academy of Eye Physicians, Washington State Medical Association, and Washington State Hospital Association comments. They're concerned about safety in these discussions. I've looked over the board's proposed draft language and it looks like the board's position is to trust but verify. Their draft language is set up to trust, but verify, like continuing education. That's consistent with every health profession. There is a process in place when you read the draft language, every year the optometrist must sign an attestation that they have an agreement with that rapid response doctor. If they don't, it's in my opinion this gives an avenue for the board to investigate, should there be any question that there's no agreement, just like they could if they had a question that the practitioner didn't finish all their continuing education. They can randomly audit for education, they could do the same thing in this case, auditing for proof of that agreement, whether that be verbal or written. It's the only language like this in any profession anywhere in the country. The legislators are concerned about safety, but the reality is if I have an agreement with the general Ophthalmologist and I have a patient that had a contact lens Pseudomonas ulcer, I'm probably going to culture, I'm going to start treatment, and I'm going to send that to a cornea specialist. We don't happen to have a cornea specialist where I'm in practice right now I'm going to send that to the cornea specialist rather than the person I have an agreement with because that's where the patient needs to go. The board has put language in to trust but verify, it seems like others are saying don't trust anybody, including their fellow medical doctors or Doctor of Osteopathic Medicine. We're of the opinion that the draft language is appropriate, it adds an appropriate pathway for ensuring safety and ensuring that the patient's taken care of, and so we're in support of the draft language as it stands.

4. Matrix Approvals - Credentialing Exception Supervisor – Angie Schulz and Erika Brown

Ms. Brown and Ms. Schulz reviewed the exception application review procedure and how the matrix streamlines the process. The board discussed the threshold that they would like to put in place for cases to come to them.

- It was motioned to set the criteria for flagging civil suits or civil judgments in malpractice at 50,000. The motion was moved, seconded and passed.

5. Legislative Update – SSB 5389 Scope of Optometry – Melissa Dacumos, OD - Chair

The sub-committee provided an update and discussed SSB 5389. The bill amends RCW 18.53.010 expanding the optometrist scope of practice to include advanced procedures an optometrist may perform with a license endorsement. The bill also adds drug prescribing and administering rights.

- The board reviewed the comments that came in via email from the Washington Medical Commission, the Washington State Hospital Association, the Washington



Academy of Eye Physicians and Surgeons, the Washington State Medical Association and the Washington chapter of American College of ER Physicians.

The board reviewed, discussed and took public comments on the following proposed language.

5.1 WAC 246-851-515, License endorsement to perform advanced procedures (New Section)

Stephanie Cramer: The agreement which as I'm understanding under 3B will be maintained, completed and signed and have it available for the board. So presumably the optometrist, when they get this endorsement, is going to have to be a physician that must be equipped to respond to all five of those categories of procedures. There's no other physician and medicine that can respond to all of them other than an ophthalmologist. I respectfully push back and say I do think that the intent of the legislature was to have the physician that has always done these procedures be the one to respond. When you're talking about access to care, that's a whole different issue, which we talked about during the bill where we have Medicare data that shows that access to care even in those rural areas is not quite true. We provided those maps, but safety should always be paramount.

Mark Maraman: I just wanted to ask the board to consider under the section for education, for advanced procedures on live patients, to consider methods where optometrists holding state licenses and other states where they've been doing these procedures probably in higher numbers than what the minimum requirement of this bill would require or what the rules would require. A path forward that allows them to be able to show competency with hands on experience from having licensed in other states that have advanced procedures. I have a license in the state and regularly do these procedures in other States and probably have done more than what the minimum that would be required by this. I would just like the board to consider endorsement methods that allows for that.

5.2 WAC 246-851-400, Certification required for use of pharmaceutical agents.

- No comments at this time.

WAC 246-851-410, Drug formulary.

- No comments at this time.

WAC 246-851-570, Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.

- No comments at this time.

WAC 246-851-580, Drug list.

- No comments at this time.

WAC 246-851-590, Guidelines for the use of oral Schedule II hydrocodone combination products and Schedule III through V controlled substances and legend drugs.

- No comments at this time.

WAC 246-851-600, Certification required for administration of epinephrine by injection for treatment of anaphylactic shock.

- No comments at this time.

5.3 Proposed Endorsement Application

- No comments at this time.

5.4 Proposed Adverse Reporting Requirements

Stephanie Cramer: It's hard to define all the possible complications from all the procedures that are in subsection 2. We would suggest that you take out the word significantly because any infection is technically a complication from one of these procedures. Ideally, you'd have different forms for the kind of procedures because there are so many of them and they're different complications depending on where you're working and what you're doing. We would be happy to work with the board on these forms. We would recommend more specific forms and then we also recommend that you put in the WAC that this is on your website, just so it is an official thing for reporting requirements.

Mark Maraman: Make sure that we're careful that we're not making these forms such that they are essentially an informed consent. Informed consent is what we do when we do procedures and don't think it needs to be an exhaustive list. Not opposed to expanding this list for things that make sense.

- A motion was made to approve the proposed amendments with regards to the implementation of SB5389. Motion was moved, seconded and passed.

6. **Legislation Update HB1724 – Increasing the trained behavioral health workforce update, Keren Yang, OD,**

A disciplining authority must waive education, training, experience, and exam requirements for applicants who have been credentialed in another state or states with substantially equivalent standards for at least two years immediately preceding their application with no interruption in licensure lasting longer than 90 days.

- The board was provided with an update on the status of this legislative change. The board reviewed and discussed the proposed changes.

- A motion was made to make amendments to section 090 and 490, motion was moved, seconded and passed.

7. National board of Examiners in Optometry - Melissa Dacumos, OD - Chair

The National Board of Examiners in Optometry (NBEO) has extended an invitation to visit the National Center of Clinical Testing site in Charlotte, North Carolina in August as they launch the new NBEO part III Patient Encounters and Performance Skills Examination.

- Motioned was made to send Dr. Dacumos to visit the National Center of Clinical Testing site in North Carolina. Motion was moved, seconded and passed.

8. Agenda-building, Kristina Bell, Program Manager

The board reviewed board business and discussed priority items for the September 13, 2024, agenda.

Adjournment of Open Session

Motion to adjourn the meeting at 10:30 a.m., moved, seconded, passed unanimously.

Submitted by:
 Kristina Bell, Program Manager
 Board of Optometry

Approved by:
 Melissa Dacumos, Chair
 Board of Optometry

On file _____
 SIGNATURE

On file _____
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