

The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry.

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MEMBERS OF THE COMMITTEE

Lillian Wang, O.D., Chair
 Stacy Bragg, O.D.
 Jeffrey Garcia, O.D.

**PRACTICE AND EDUCATION COMMITTEE
 April 5, 2024
 TELECONFERENCE MEETING FINAL MINUTES**

Members attended this meeting remotely. A staff member was present at the in-person location.

Members Present	Staff Present
Lillian Wang, O.D., Chair	Gregory Pruden, Executive Officer (in-person)
Stacy Bragg, O.D.	Randy Love, Administration and Licensing Manager
Jeffrey Garcia, O.D.	Joely Walker, Enforcement Manager
	Brennan Meier, Legal Counsel
Members Absent	Guests
	On File

Link for the audio of discussions: <https://youtu.be/CiRSVi-8DHE?t=5465>

1. Call to Order/Roll Call/Establishment of a Quorum

Audio of Discussion: [1:31:32](#)

Meeting Chair, Dr. Lillian Wang called the meeting to order at 1:00 p.m. Member Wang took roll call and a quorum was established.

2. Public Comment for Items Not on the Agenda

Audio of Discussion: [1:33:06](#)

Dr. Stacy Bragg requested two items for future discussion: 1) Explore updating the language for the continuing education (CE) classifications to mirror the COPE (Council on Optometric Practitioner Education) definitions. 2) As of January 1st of last year, the

Dental Board allowed dentists, who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health care clinic, to earn up to 3 hours of CE at the rate of one credit per hour. She would like to explore the possibility of offering the same for optometrists. Executive Officer, Gregory Prudent noted that this is an item that the Committee has discussed previously and he would be happy for follow up, after the meeting, with this information. He noted that the Committee has discussed aligning the Board’s standards with COPE standards and has specifically talked about what New Jersey is doing. This item was discussed prior to Member Bragg being a Board Member. Mr. Pruden noted that the second item would be brand new, and the Committee can explore discussion around it during a future agenda item.

3. Discussion and Possible Approval of the February 12, 2024 Practice and Education Committee Draft Meeting Minutes

Audio of Discussion: [1:37:37](#)

There were no requests for public comment.

Stacy Bragg moved to approve the February 12, 2024 Practice and Education Committee Draft meeting minutes. Jeffrey Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Dr. Wang	X				
Dr. Bragg	X				
Dr. Garcia	X				

4. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1535 (LIVE AND INTERACTIVE APPLICATIONS)

Audio of Discussion: [1:39:50](#)

a. EYECARE SYMPOSIUM – Dr. Cindy Chiang, O.D.

- i. Back to Basics Glaucoma Treatment

b. KAISER PERMANENTE – Dr. Jeong Ah Jennifer Kim, O.D.

- i. Retina: Brainteaser Cases
- ii. Neuro, Orbit, Optic Nerve Brainteaser Cases
- iii. Actionable Takeaways in Glaucoma Management
- iv. Topics on Myopia: Risk Factors, Prediction, and Low Dose Atropine Treatment

c. ASIAN AMERICAN OPTOMETRIC SOCIETY – Dr. John Lee, O.D.

- i. Diabetic Retinopathy
- ii. Dry Age-Related Macular Degeneration (AMD)
- iii. Keratoconus: Tricks and Tips: Refraction & Management

- iv. Streamlined Scleral Lens Fitting
- v. The Quest for Vision Quality in Refractive Surgery

d. KAISER PERMANENTE – Dr. Alisha Truong, O.D.

- i. TPMG Oculofacial and Reconstructive Surgery Cosmetic Services
- ii. The Neurology of the Pupil

Member Bragg asked about item 4.d.i. which was submitted as ocular disease but there was a question about whether it should be general optometry? Member Garcia had the same question. Member Bragg noted that there was sufficient slide material about ocular disease to apply that category and noted that this is an example of how the COPE classifications would be helpful. Members Wang and Garcia agreed and all Members agreed that the category for item 4.d.i. is ocular disease.

There were no requests for public comment.

Stacy Bragg moved to categorize item 4.d.i., ‘TPMG Oculofacial and Reconstructive Surgery Cosmetic Services’ as ocular disease. Jeffrey Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Dr. Wang	X				
Dr. Bragg	X				
Dr. Garcia	X				

Members discussed item 4.b.iv. ‘Topics on Myopia: Risk Factors, Prediction, and Low Dose Atropine Treatment’. This item was submitted under the category of ocular disease. Member Wang has had conversations with other folks who consider Myopia to be ocular disease. The current belief is that Myopia or Myopia control comes under the category of general optometry. However, Member Wang noted that if someone has high Myopia, it can lead to significant ocular problems such as retinal detachments. Management involves the use of therapeutics and contact lenses that are prescription only. Member Wang felt that it would be wise to have a discussion about whether to continue Myopia treatment as general optometry or consider placing it under the category of ocular disease. Member Bragg noted that there is an ICD-10 diagnosis for Myopia and under that category it is ocular disease. It also has higher risks associated with it. Member Garcia commented that it can be argued either way but just because it has a code does not necessarily make it a disease. He believes that it still falls under the general optometry category. He noted that when the Board aligns more with COPE this may change but historically this would be classified under general optometry which would be his motion. Member Wang commented that she can be swayed one way or the other. Member Garcia asked, if there was a presentation talking about the use of contact lenses to mitigate the progression of Myopia, would that be considered general optometry or ocular disease? Member Wang’s replied that this is her dilemma. Mr. Pruden interjected that this is why the Committee has previously talked about moving toward an alignment with COPE. He noted that under COPE staff has tended to see Myopia courses fall more often under

general optometry (OP) and/or the contact lens (CL) category depending on the specifics. Member Wang noted that the only a few slides focus on therapeutics and any kind of disease. Therefore, she suggested that if the Committee bases this decision on the percentage of material (one way or the other) then it should categorize this item as general optometry and then have a discussion about Myopia as a disease once the Committee has more aligned itself with the COPE categorizations. Members agreed. Member Garcia removed his original motion.

There were no requests for public comment.

Stacy Bragg moved to change the categorization of item 4.b.iv ‘Topics on Myopia: Risk Factors, Prediction, and Low Dose Atropine Treatment’ from ocular disease to general optometry. Jeffrey Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Dr. Wang	X				
Dr. Bragg	X				
Dr. Garcia	X				

There were no requests for public comment.

Stacy Bragg moved to approve all items under Agenda Item 4 – Items under 4.a., 4.b., 4.c., and 4.d., including the items that were reclassified as discussed. Jeffrey Garcia seconded. The Committee voted unanimously (3-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Dr. Wang	X				
Dr. Bragg	X				
Dr. Garcia	X				

5. Adjournment

The meeting was adjourned at 1:30 p.m.