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**LEGISLATION AND REGULATION COMMITTEE
TELECONFERENCE DRAFT MEETING MINUTES**

This public meeting was held via WebEx and attended remotely.

**Friday, April 21, 2023
Time: 9:00 a.m. to close of business**

| Members Present | Staff Present |
|-----------------------------|--|
| Mark Morodomi, J.D. - Chair | Gregory Pruden, Executive Officer |
| Jeffrey Garcia, OD | Randy Love, Administration and Licensing Manager |
| Donald Yoo, J.D. | Joely Walker, Enforcement Manager |
| | Jonathan Gasca, Policy Analyst |
| Members Absent | Guests |
| Eunie Linden, J.D. | Brittany Ng, Board Counsel |

Link for the audio of discussions: <https://youtu.be/clh8slsr8hY>

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

Audio of Discussion: [0:07](#)

Committee Chair, Mark Morodomi called the meeting to order at 9:06 a.m. and took roll call. A quorum was established (3-1 quorum). Eunie Linden was absent.

2. Public Comment for Items Not on the Agenda

Note: The committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code § [11125](#), § [11125.7\(a\)](#).)

Audio of Discussion: [0:50](#)

Public comment was heard from Dr. James Deardorff, O.D. He reported that they currently have six non-profit clinics serving about 1500 people per year that do not charge for the exam. His group is anxiously awaiting the regulations for the mobile optometric office so that they may expand the care they give out to the public. Many people experience difficulty getting to their clinics. A mobile optometric office will help get their care out to the public. Dr. Deardorff hopes the regulations can get moving along and be on the agenda for the May Board meeting.

3. Discussion and Possible Approval of the February 18, 2022 Meeting Minutes

Audio of Discussion: [3:50](#)

Member Morodomi noted that none of the current Members in attendance were at the February 18, 2022 meeting. He does not believe this poses a legal problem because the Committee has the power to approve them as long as it is satisfied that they are sufficiently accurate.

Mark Morodomi moved to approve the February 18, 2022 meeting minutes. Donald Yoo seconded. The Committee voted unanimously (3-0) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

4. Discussion and Possible Action on Adopting Diversity, Equity, Inclusion, and Belonging (DEIB) Continuing Education Requirement

Audio of Discussion: [6:50](#)

Executive Officer, Gregory Pruden reported on this agenda item. The full Board heard a robust presentation and discussion of this item at the August 26, 2022 meeting. No action was taken at that meeting although interest was expressed in mandating this topic. At the January 27, 2023 Practice and Education Committee meeting earlier this year, Members asked for this topic be referred to this Committee, with the possible statutory or regulatory requirement being pursued to mandate this topic.

The Board is presently pursuing a regulatory proposal to amend the existing continuing education (CE) requirements, and that regulatory proposal has been noticed by the Office of Administrative Law (OAL) on April 14, 2023. Three programs under the Department of Consumer Affairs (DCA) have received mandated cultural competency or implicit bias training pursuant to statute. The three programs are the Bureau of Real Estate Appraisers, the Pharmacy Board, and the Professional Fiduciaries Bureau. Most of CSBO's CE requirements are directly related to the practice of optometry; although, Mr. Pruden noted that there are a few areas or topics where the Board has the ability to take further regulatory action to mandate that CE be taken in certain areas which are

child abuse or elder abuse. It does not appear that any CE providers have applied for DEIB related courses via the Practice and Education Committee (PEC). Staff also looked at ARBO (Association of Regulatory Boards of Optometry) since CSBO accepts all COPE (Council on Optometric Practitioner Education) approved courses and found around 30-40 courses that are currently ARBO-COPE approved, that would be acceptable. Staff is recommending that this Committee consider pursuing this as a policy change; staff believe it is a worthwhile effort. In staff's perspective it would be advisable to have some statutory authority here so that when we pursue regulatory changes, we have that authority behind us. Staff recommendation is to consider a legislative proposal for 2024 to encourage optometrists to take CE courses in DEIB.

Member Yoo asked what the practical impact would be from doing this by regulation versus statute? Mr. Pruden explained that statute can be nimbler in terms of speed; If there was a bill right now, for example, it would take effect on the first of the following year. Regulations generally take around a year and a half.

Member Morodomi commented that although the Board may not have a statutory authority to require these courses, optometrists have the full power and option of taking the COPE approved ARBO courses in DEIB and they would count towards their 50-hour requirement. There is nothing in our regulations that prevent them from taking these courses. He asked if optometrists are taking courses in child and elder abuse. Mr. Pruden responded that most of the CE that he has personally seen are all in the topics related to ocular disease with a lot of those being courses on glaucoma and dry eye. This is probably because 35 of the 50 hours have to be in these specific topics. Dr. Garcia added that in preparation for his license renewal, he had to search out a lot of CE courses to take, and in general you do not see much (if any) of CE in child and/or elder abuse and DEIB. These are few and far between, especially in child and elder abuse. Dr. Garcia is starting to see more of the DEIB types of training and he believes that in time we will see more and more DEIB courses being offered. However, since there are still not many of these courses offered, mandating this now may make it challenging for licensees to find the CE and fulfill the requirement; however he noted that the Board should definitely move in that direction. Member Morodomi agreed.

There were no requests for public comment.

Jeffrey Garcia moved to propose a legislative proposal for 2024 to encourage optometrists to take continuing education in DEIB. Mark Morodomi seconded. The Committee voted unanimously (3-0) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

- 5. Discussion and Possible Action on Legislation**
- A. AB 1028 (McKinnor) Reporting of crimes: mandated reporters.**
 - B. AB 1369 (Bauer-Kahan) Healing arts licensees**
 - C. AB 1570 (Low) Optometry: certification to perform advanced procedures**
 - D. AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on another state's law**
 - E. SB 340 (Eggman) Medi-Cal: eyeglasses: Prison Industry Authority**
 - F. SB 457 (Menjivar) Vision care: consent by a minor**
 - G. SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing**
 - H. SB 819 (Eggman) Medi-Cal: certification**

Audio of Discussion: [20:46](#)

[Item E. SB 340](#)

Mr. Pruden provided a brief background on item 5.E. SB 340 (Eggman) Medi-Cal: eyeglasses: Prison Industry Authority (PIA). The California Optometric Association (COA) sponsored this bill which is substantially similar to SB 1089 (Wilk) from last year (also sponsored by the COA). The Board considered that bill last year and took a support position. Ultimately SB 1089 was gutted and amended into a different topic, and the policy that the Board had considered did not move forward. Senator Eggman has brought this bill back this year as SB 340. The relationship between Medi-Cal and PIA wherein glasses for Medi-Cal beneficiaries are made by incarcerated persons within our state prisons, has existed for more than 30 years. There have been challenges that existed, coming out of COVID, and the reason for the bill as stated by the author point to those issues and challenges involving wait times and the quality of glasses being ordered. Representatives from PIA are here to provide information regarding their data that speaks to these wait times. Staff recommendation is neutral on this bill. SB 340 would authorize going to a private provider for Medi-Cal beneficiaries and not require the relationship that has existed for 30+ years.

Member Morodomi recalls voting in support of this bill when it came before the Board previously, which was based on testimony or statements by optometrists as to the low quality of glasses coming out of the PIA, the long wait times, and the effect on consumer moral. As this bill is coming up again, he things it would be fair to have a lengthier discussion than what we had the last time, including another perspective from the PIA. Therefore, Member Morodomi asked the Executive Officer to reach out and see if the PIA wished to speak on this issue.

There were no requests for public comment.

Bill Davidson, General Manager of the CAL-PIA, introduced Michelle Kane, PIA's Assistant General Manager for External Affairs and Nicole Collins and Brad Smith, General Managers of Field Operations. He expressed their gratitude for this opportunity to share with the Board the great work done in PIA's optical labs to provide high quality glasses for Medi-Cal patients and to provide invaluable job training program in support of the rehabilitative efforts of hundreds of incarcerated individuals in PIA's optical program.

Mr. Davidson stated that the mission of CAL-PIA is to change incarcerated individuals lives through innovative job training programs. Optical is one of those job training programs that truly changes incarcerated individuals' lives and the programs work. He explained that CAL-PIA engaged Dr. Susan Turner from UC Irvine's Center for Evidence-Based Corrections to conduct a study on the effectiveness of CAL-PIA's programs on recidivism. The results of that study included over 8,600 incarcerated individuals who were released from prison over a four-year period and then looked at the three-year period after they were released. It looked at the percentage of individuals who were rearrested to be reconvicted, or to return to custody. Only 15% of those who were in a CAL-PIA program were returned to custody which means that 85% did not. Mr. Davidson extended an invitation to the Board to visit CAL-PIA and see firsthand what its programs do (particularly one of the optical programs, either at California State Prison Solano in Vacaville, the Valley State Prison, or the Central California Women's Facility in Chao Chilla).

Ms. Kane reported that CAL-PIA has been fabricating prescription eyewear for Medi-Cal beneficiaries through a long-standing partnership with the Department of Health Care Services (DHCS) since December of 1988. The CAL-PIA labs are licensed Medi-Cal providers reimbursed by DHCS for producing optical lenses. During the fiscal year 2009-2010 California state budget cycle optional benefits from the Medi-Cal program were eliminated. This included optometric and optician services for adults. With the elimination of these benefits, CAL-PIA downsized the optical program and only operated a lab at the California State Prison Solano, and one at the Valley State Prison to provide eyewear to children on Medi-Cal up to age 21 and all persons on Medi-Cal in a skilled nursing facility, or immediate care facility. CAL-PIA has a targeted turnaround time of five, business days for production. During a nine-year period, from January 2011 to February 2020, the monthly average was consistently at or below the five-day target. There were two months during this period where the average turnaround time exceeded five-days, but it was only exceeded by a day over the average target during those two months.

Mr. Davidson interjected that during the COVID pandemic, CAL-PIA acknowledges that its turnaround times were impacted as turnaround times across industry around the world. However, since June of last year the turnaround times have been at or very near five-days. In March, this past month, the turnaround times were averaging 4.4-days. The program tracks its turnaround times on a weekly basis. This past week, it was below 4.4-days for average turnaround time. Regarding the quality of the products, the program tracks its redo rates, the number of orders that are returned and have to be redone. Redo rates are below 1% which is right at or below the industry standard. There will be instances in which orders have to be redone, but those are the outliers, not the rule but rather the exception. CAL-PIA has month-by-month actual data/statistics that it can provide to the Committee and Board. If this bill were to pass it would absolutely impact CAL-PIA programs and affect hundreds of incarcerated workers' ability to be involved in a PIA program and to ultimately become a part of that 85% that does not return to prison. Ms. Kane concurred and stated that if Members and staff come inside PIA's optical labs you will see the hard work and dedication of these individuals who are

just so happy to be there. They work hard for these industry accredited certifications. PIA partners with the American Board of Opticianry where incarcerated individuals have the opportunity to become opticians. They can also achieve apprenticeships within the program through a partnership PIA has with the Department of Industrial Relations Division of Apprenticeship Standards. They can also become an apprentice as an ophthalmic laboratory technician which requires 2,000 to 8,000 hours of on-the-job training and 144 hours of curriculum. PIA has formerly incarcerated individuals working currently as opticians, lab techs, managers and in other positions in the optical industry. Individuals are working at LensCrafters, National Vision Site for Sore Eyes, VSP and other businesses.

Dr. Garcia commented that he has been an optometrist in private practice for 30-years. He accepts (and will always accept) Medi-Cal because he believes it is the industry responsibility to take care of this population. He practices in Central California in Kings County surrounded by 8 prisons within 80 miles of his practice. For full disclosure he noted that he has worked for 20 years in prisons as a contract optometrist. He has worked in health contracts in all prisons in his region, so he is familiar with PIA and believes the program and training is important. However, Dr. Garcia also noted that there are other issues that need to be considered in terms of turnaround time. At Dr. Garcia's practice they are still waiting an average of 3 to 4-weeks for a pair of PIA glasses to come back to them. In the private sector the average is about 10-days which is about a third or more longer for a PIA pair of glasses. Therefore, turnaround time is still a concern. He realizes that it was worse during COVID as it was with all labs. Dr. Garcia asked (in terms of lockdowns) how many days are lost throughout a typical year through lockdowns from flu, racial tensions, and a whole lot of other factors? When he worked in prisons there were prison lockdowns quite often where he would show up to work and no prisoners were allowed to leave their cells and this impacts PIA programs as well. Ms. Kane responded that yes, there are lockdowns; however, they are able to make up for those lockdowns through working overtime on weekends to make up for those lost production days. The institutions work well with the program to accommodate that request to get the custody staff required to work, work those additional hours. Additionally, the institutions allow the program to bring out a group of critical workers to maintain production level goals and not impact the customer base.

Member Yoo asked if PIA has data on the turnaround times, and of redos, that is readily available that they can share? This information would be helpful to his understanding when trying to compare private versus PIA glasses. Mr. Davidson acknowledged that it is readily available and tracked monthly. The data PIA has available today goes back to January of 2020 month-by-month with the turnaround times and redo rates. If it makes the most sense the data can be shared with Mr. Pruden who can then share it with the full Committee if that works best. Mr. Pruden noted for Member Yoo that some of the data Member Yoo is requesting might be found in his inbox. PIA shared some data with Mr. Pruden which Mr. Pruden supplied in the Member materials.

Member Morodomi stated that staff briefing indicates that there have been Public Records Act requests to PIA that provided data or information contrary to the statistics,

and asked if Mr. Davidson is aware of this and what his response is? Mr. Davidson stated that he is not familiar with this information.

Dr. Garcia commented that in the Board's staff report, a value of \$19.60 (on average) as the cost for a pair of glasses for PIA, is noted. He asked if this is the cost if PIA has to outsource it to a private lab or is this PIA's cost when done in-house in the prison. Ms. Kane clarified that this is the program's cost to Medi-Cal if a backup lab has to be utilized. If the cost is greater than the \$19.60, PIA incurs that cost; Medi-Cal does not. Dr. Garcia asked if the \$19.60 is the cost-per-job, in-house, or does it include the actual cost of the program? Or is it just the cost of materials and time? Ms. Kane clarified that the \$19.60 incorporates all costs associated with the manufacturing of that lens. Dr. Garcia commented that going back to his own experience in their private lab, their average is \$15 for a job but in the private sector, it is even less. He noted that he does not have any issues with PIA. He believes the program is important and he is not proposing that we stop using PIA's program at all. He thinks we should continue using it; It serves a great purpose; However, he believes that by opening it up the private sector it will decrease the turnaround time. Dr. Garcia reiterated that in his own private practice it is taking 3 to 4-weeks on average from Medi-Cal and has been much longer in the past during lockdowns. He also noted that cost may decrease if outsourcing to other labs and to optometrists providing this service in their offices. There are many possibilities available if this is allowed to be outsourced. Mr. Davidson responded that he would encourage the Committee to reach out and have a conversation with the DHCS, who administers the Medi-Cal program and obtain their insight and perspective on these issues as well.

Member Morodomi questioned and Mr. Davidson confirmed that PIA has a hotline available for customers to call, and the calls are returned typically the same day. Customers may also send email; PIA has an escalation process that does all the way up to the Department of Health Services, which as of today nothing has reached that level.

Public comment was heard from Christine Shultz, Executive Director of the COA. Ms. Shultz stated that she started with the association back in 1996 and she recalls receiving calls about the PIA all the time; this has been a problem for years. She argued that this is not a new issue but rather something that has been a huge problem for a long time. Quality has been an issue as well as losing frames. When redos need to happen, the glasses have to be sent back and then it is another month to get your eyeglasses back. Ms. Shultz argued that the 5-day turnaround time can not include shipping processing. She believes it would be important for PIA to track how long the entire process takes because if it looked at that data it would probably more closely match that of the COA's survey. COA performed a few surveys; in the most recent survey 41% of optometrists had an average eyeglass turnaround time of 1 to 2-months. An additional 18% of those surveyed say it took over two-months, and that is just in January of 2023; therefore, not during the pandemic. Additionally, complaints have not gone to the DHCS because folks do not know how to make a complaint. She noted that the COA is not trying to kill the program. If the PIA can turnaround glasses in 5-days

everyone will go through the PIA. But this is simply not occurring and this bill is very much necessary. Regarding the recidivism rate, Ms. Schultz noted that she is sure PIA's other programs are great but the COA performed a public information request and looked at how many people actually get their ABO (American Board of Opticianry certification). In 2021 it was one person; in 2020 it was one person (albeit that was during the pandemic); in 2019 it was seven people; in 2018 it was four people; in 2017 it was eight people. This is not a program where a ton of people are getting ABO certifications. Ms. Schultz added that there was absolutely no data on how many people got jobs as a result of this program. She concluded with making sure that folks on Medi-Cal get their glasses at the same rate as everyone else is an important issue and this bill deserves to pass.

Member Morodomi asked the guests from the PIA – what is wrong with a little competition? It is the American way to get people to become more efficient. Mr. Davidson responded that it is not an issue of competition, rather it is an issue about the PIA's ability to provide rehabilitative services to incarcerated individual which is why the PIA exists as an organization. This bill eliminates the opportunity for the PIA to be able to do that. Section 2800 of the penal code is set up and established so that the PIA can provide these rehabilitative training purposes, and this bill eliminates that. It goes contrary to the purpose and mission of the PIA.

Member Morodomi stated that he is inclined to take a neutral position but he is open to becoming convinced.

Dr. Garcia commented that the PIA optical program is very important and if this bill passes, he does not see it as the end of the PIA optical program at all. He believes it would simply be augmented with the private sector which would serve to decrease the average turnaround time (which is definitely not 5-days), and perhaps create a more efficient PIA program if there is a little competition. Dr. Garcia noted again that in his personal experience with working in the prison system, he guarantees that the delays were significant and the errors were high. Every week he would be on the phone with the PIA. His practice (on average) had 5 eyeglasses being sent back to the PIA every week. Dr. Garcia thinks that training for hundreds of opticians in the PIA is important and providing eye care to 13 million Medi-Cal recipients in California is also important. Dr. Garcia noted that he would definitely urge this Board to take a support position on the bill because he believes it only has positive implications for patients.

Member Yoo stated that he understands the policy objectives of giving training to folks who are incarcerated. It is a strong policy issue that we want to encourage. On the other had the PIA has essentially created a monopoly and whenever you have a monopoly you are disincentivized to provide great customer service. The products may not be up to standards and there is no incentive to improve quality and customer service, etc.

There were no requests for public comment.

Donald Yoo moved to take a neutral position on this bill pending deliberation and

discussion by the full Board. Mark Morodomi seconded. The Committee voted (2-Aye; 1-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|---------------------|------------|-----------|----------------|---------------|----------------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | | X | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

Member Morodomi requested that when this item comes before the Board that the staff memo include the arguments for and against this bill that were discussed today.

[Item C. AB 1570](#)

Mr. Pruden reported that AB 1570 (Low) Optometry: certification to perform advanced procedures was sponsored by the COA. It is a reintroduction of the authors of AB 2236 from last year, which was very similar to this current bill. AB 2236 was vetoed last year by Governor Newsom. AB 1570 would expand the scope of practice of optometry services in California consistent with the full extent of optometrist’s education and training. The bill would authorize a glaucoma certified optometrist to obtain additional certification to perform specified advanced procedures pursuant to education and training requirements that would have to be developed by the Board.

From an implementation standpoint, the bill requires the Board to develop in regulation the fees for the issuance of the certificate and the renewal. Staff perspective on the policy is favorable, as the bill would expand optometrists’ ability perform, to a greater degree, their education and training. The memo in the Member materials is mostly addressing what the implementation items would look like from a Board and staff perspective. There is no specific dollar amount from a fiscal perspective or a resource perspective to share; however, it would likely be significant. The fiscal perspective from AB 2236 last year approached around a million dollars and five positions, so it would likely be something similar.

Member Yoo asked if there are any differences in this revisited similar bill from AB 2236? Mr. Pruden’s understanding is that AB 1570 is the same version that was vetoed last year; he does not believe there are substantive major differences. He suggested that the COA (in public comment) could correct him if he is wrong about that. Member Yoo asked what the Board’s position was last year? Mr. Pruden explained that the Board took a support position during the August 26, 2022 meeting after a robust discussion. The prior Executive Officer expressed some similar implementation items to what Mr. Pruden has mentioned today. Ultimately the Board’s position was to support at that time. There was no opportunity by that date in late August to consider any further amendments, or changes to the bill. Member Yoo recalls that there was one concern about there not being any additional funding and this would essentially be unfunded and the Board would not take on additional responsibilities. Mr. Pruden explained that the bill does not have an appropriation in it but it does give the Board the authority to pursue a regulation to set the fee. There would be a fee associated with the application and

issuance of this advanced certification that would bring in revenue. Theoretically, that fee is supposed to set at a level high enough to pay for all the work. It is not yet known what that fee would be. The Board would have to engage in some study, research, and analysis to determine what that fee would be.

Member Morodomi asked if there is a way that the statute can jump start that fee making process? As noted earlier that regulation process typically takes 1.5 to 2 years. This is one amendment that might be helpful. He also asked if the additional forms with additional regulatory steps on the Board's part really necessary. Member Morodomi noted that he does not wish to over-regulate this and make more work for the Board. The less additional forms have to be issued, the better. Lastly, he asked if the Governor's concern about the disparity in education of an ophthalmologist and an optometrist has been addressed?

Mr. Pruden clarified that he could address the first two questions, but he is not the most appropriate person to answer the final question. Regarding the fee making process, there are ways to write statute such that a fee can be set; and therefore, upon the bill being enacted, the fee is established while also preserving room via the regulatory process to pursue additional changes down the road. With regards to forms, similarly there is an example within this Board (the immunization certificate) that was written into statute in this manner.

Member Garcia stated that a support on this bill would appropriate. In the area where Member Garcia practices it would benefit to patients to expand the scope for optometrists to perform minor procedures as there is only one ophthalmologist in his geographic area of practice.

Public comment was received by Kristine Shultz, from COA, the sponsor of the bill, AB 1570. COA is working with the administration to incorporate changes and amendments to get the bill in a better place.

Member Morodomi moved to take a Support if amended position on this bill pending deliberation and discussion by the full Board. Member Garcia seconded. The Committee voted (3-Aye; 0-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

[Item A. AB1028](#)

Mr. Pruden reported that AB1028 (McKinnor) would, as of January 1, 2025, eliminate the requirement that health practitioners report to law enforcement when they suspect the patient has suffered physical injury caused by assault or abuse and replace that with

the requirement that practitioners who suspect that their patient experienced domestic or sexual violence to provide brief counseling education or other support and a warm handoff or referral to a local or national domestic or sexual violence advocacy services provider. This bill is a reintroduction of AB2790 by Wix. Last year the bill was held in the Senate Appropriations Committee. Mr. Pruden stated that there is a robust group of supporters and opponents as listed on the memo. Mr. Pruden explained that, while the bill would eliminate the mandate, but nothing would change the ability of the practitioner to still make that report to law enforcement.

Member Morodomi opened the discussion by stating that the bill seems to be hotly debated and, although staff recommends a support position, he is more inclined to be neutral on this bill.

Member Garcia commented that the current mandate has been in place for as long as he's been in practice and thinks its still important. Member Garcia suggested an oppose position, but would support a neutral position.

Member Morodomi motioned for a neutral position on AB1028. Member Yoo seconded. The Committee voted (2-Aye; 1-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | | X | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

[Item B AB1369](#)

Mr. Pruden reported that, subsequent to being placed on the agenda, amendments occurred that made the bill not need discussion.

[Item D AB1707](#)

Mr. Pruden reported that AB1707 (Pacheco) would prevent the Board and all healing arts boards under the Department of Consumer Affairs from denying an application for license or imposing discipline on a licensee solely on the basis of a civil judgement, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with the person's right to receive care that would lawful in California. Mr. Pruden stated there is an exemption for civil judgments, criminal convictions, or disciplinary actions that would also be illegal under our state laws. Mr. Pruden further shared that he didn't believe it would be a huge impact to the practice of Optometry as it related to this bill. The bill is in response to the national conversation occurring recently regarding health care access for abortion and reproductive rights as well as gender affirming care. We're seeing actions taken in other

states that place in jeopardy providers licenses and other potential impacts, so there are a few bills in California trying to address these issues.

Member Morodomi requested that any similar bills be brought to the committee.

There was no public comment.

Member Garcia moved to support AB1707. Member Morodomi seconded. The Committee voted (3-Aye; 0-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

[Item F SB457](#)

Mr. Pruden reported that SB457 (Menjivar) would expand the rights of certain minors to include the right to consent to vision care. Under current law, these rights already exist for medical and dental care.

Public comment was received by Kristine Shultz, from COA, and Kim Lewis, California Coalition for Youth. Both thanked the committee for their support of the bill.

Member Garcia moved to support SB457. Member Morodomi seconded. The Committee voted (3-Aye; 0-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

[Item G SB544](#)

Mr. Pruden reported that SB544 (Laird) would allow the Board to continue its public meetings in their current hybrid format indefinitely. The expiration date of current law is July 1, 2023.

There was no public comment.

Member Morodomi moved to support SB544. Member Yoo seconded. The Committee voted (3-Aye; 0-No) and the motion passed.

| Member | Aye | No | Abstain | Absent | Recusal |
|--------------|-----|----|---------|--------|---------|
| Mr. Morodomi | X | | | | |
| Dr. Garcia | X | | | | |
| Mr. Yoo | X | | | | |
| Ms. Linden | | | | X | |

[Item H SB819](#)

Mr. Pruden reported that recent updates make this bill no longer applicable to the Board.

6. Discussion on Federal Military Spouse Licensing Relief Act

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

Mr. Pruden provided information on the federal military spouse licensing relief act, stating that President Biden signed the act into law earlier in the year. Until that time, there was no federal law that provided reciprocity for occupational or professional licenses from other jurisdictions for military spouses and veterans. The act applies to both service members and their spouses. Mr. Pruden stated that the intent of the act is to make it easier to transfer a professional license across state lines when making a military mov. The act lays out some basic requirements for a service member or military spouse to receive this reciprocity. Mr. Pruden stated that, while staff isn't sure what the impact might be to the Board, there are currently only a few licensees who currently have a military or military spouse designation. Mr. Pruden also shared that we have had one constituent contact us already with questions about the act and what it means, and that DCA might be putting out some information and guidance to help boards and programs navigate the changes.

Member Garcia stated that he supports all the work staff has been doing to help veterans and veteran spouses and that he looks forward to learning more about the issue and how the board can best assist veterans and their spouses and families.

7. Future Agenda Items

Audio of Discussion: [1:59](#)

There were no requests for future agenda items.

8. Adjournment

The meeting was adjourned at 11:00 a.m.