

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF OPTOMETRY

TIME: 10:37 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

Thursday, May 8, 2025

1 ***

2 State Board of Optometry

3 May 8, 2025

4 ***

5 [Pursuant to Section 708(a)(5) of the Sunshine Act,
6 at 10:00 a.m. the Board entered into Executive
7 Session with Shawn J. Jayman, Esquire, Board Counsel,
8 for the purpose of conducting quasi-judicial
9 deliberations and to receive the advice of counsel.
10 The Board returned to open session at 10:37 a.m.]

11 ***

12 The regularly scheduled meeting of the State
13 Board of Optometry was held on Thursday, May 8, 2025.
14 John A. Godfrey, O.D., Chairperson, called the
15 meeting to order at 10:37 a.m.

16 ***

17 [Shawn J. Jayman, Esquire, Board Counsel, noted the
18 meeting was being recorded, and those who continued
19 to participate were giving their consent to be
20 recorded.

21 Mr. Jayman also noted the Board entered into
22 Executive Session for the purpose of conducting
23 quasi-judicial deliberations on a number of matters
24 currently pending before the Board and to receive the
25 advice of counsel.]

1 ***

2 Roll Call of Board Members/Introduction of Attendees
3 [Shakeena L. Chappelle, Board Administrator, provided
4 a roll call of Board members and an introduction of
5 attendees. A quorum of Board members was present.]

6 ***

7 Approval of February 13, 2025 Meeting Minutes

8 CHAIR GODFREY:

9 Have the Board members had an
10 opportunity to review the minutes? Is
11 there any discussion?

12 [The Board discussed corrections to the minutes.]

13 CHAIR. GODFREY:

14 Okay. I would entertain a motion to
15 accept the minutes.

16 DR. UMLAUF:

17 I move to accept the minutes of the
18 previous meeting.

19 DR. BERSON:

20 Second.

21 CHAIR GODFREY:

22 Roll call?

23 DR. CHAPPELLE:

24 Dr. Godfrey, aye; Dr. Wilcox, aye;
25 Commissioner Claggett, aye; Dr. Becker,

1 aye; Kathryn Knepp, abstain; Dr.
2 Umlauf, aye; Dr. Berson, abstain; Dr.
3 Verma, aye; Dr. Chubb, aye.

4 [The motion carried. Ms. Knepp and Dr. Berson
5 abstained from voting on the motion.]

6 ***

7 Report of Board Prosecutor - No Report

8 ***

9 Report of Acting Commissioner - No Report

10 ***

11 Report of Board Counsel - New Business

12 MR JAYMAN:

13 Now, I'm going to move to Agenda Item
14 No. 7. Based upon discussions in
15 Executive Session, it is my
16 understanding that the Board would
17 entertain a motion to table this matter
18 regarding the Addition of Approved
19 Drugs to get more information.

20 Is there a motion?

21 DR. CHUBB:

22 So moved.

23 CHAIR GODFREY:

24 Thank you, Dr. Chubb. Second?

25 DR. UMLAUF:

1 Second.

2 CHAIR GODFREY:

3 Thank you, Dr. Umlauf. Roll call
4 please?

5

6 Dr. Godfrey, aye; Dr. Wilcox, aye;
7 Commissioner Claggett, aye; Dr. Becker,
8 aye; Kathryn Knepp, aye; Dr. Umlauf,
9 aye; Dr. Berson, aye; Dr. Verma, aye;
10 Dr. Chubb, aye.

11 [The motion carried unanimously.]

12

13 [Shawn Jayman, Esquire, Board Counsel, noted that
14 Item 8, Vote to approve Board members to attend ARBO
15 Meeting - June, 2025 was rendered moot, as the item
16 was voted on last meeting.]

17

18 Appointments - DOH Accreditation Review

19 [Heather Myers, Program Manager, Drug Surveillance
20 and Misuse Prevention, stated the Department of
21 Health had launched a new education curriculum titled
22 Comprehensive Approaches to Pain Management, Opioid
23 Prescribing, and Substance Use Care, aimed at
24 healthcare providers and care teams. The curriculum
25 included seven modules on topics such as pain

1 management, harm reduction, and evidence-based care
2 for individuals who use substances. She noted that
3 licensees under the Board might participate and
4 requested Board approval for the curriculum to count
5 toward continuing education requirements, including
6 those tied to patient safety, risk management, and
7 Act 124 of 2016. She mentioned a document had been
8 shared outlining which modules aligned with these
9 requirements.

10 Dr. Umlauf asked how this curriculum related to
11 licensees' obligations under Act 124 and whether
12 participation was mandatory.

13 MS. Meyers clarified that, to her understanding,
14 optometrists were required to meet patient safety,
15 risk management, and Act 124 education requirements,
16 particularly around opioid prescribing. She
17 explained that licensees could submit certificates of
18 completion for these modules to satisfy continuing
19 education obligations.

20 Dr. Umlauf noted that only optometrists members
21 with a DEA number were required to complete opioid
22 training and confirmed that two hours of opioid
23 education were required every two years, but not as a
24 condition for licensure in Pennsylvania.

25 Dr. Chubb inquired as to the number of hours

1 covered by the curriculum.

2 Ms. Meyers responded that there were seven
3 modules in total, and completing just two could help
4 fulfill opioid training requirements. She emphasized
5 that participants could choose any number of modules
6 and were not required to complete all seven. She
7 acknowledged the complexity of varying Board
8 requirements and reiterated that the curriculum would
9 be particularly useful for licensees with an active
10 DEA registration.

11 Dr. Umlauf asked whether doctors without a DEA
12 license could still complete the modules and receive
13 CE credit.

14 Ms. Meyers confirmed they could and added that
15 the Department of Health's education vendor, Quality
16 Insights, offered the sessions both live and
17 virtually. The trainings were also available for
18 self-study on the Department's TrainPA platform. She
19 concluded by noting that each module was worth one
20 contact hour of continuing education for
21 optometrists.

22 Chair Godfrey asked whether participation in the
23 new state-offered opioid education program was
24 mandatory if he had already completed the required
25 two hours elsewhere, and whether the state now

1 required for those credits to come from its own
2 program.

3 Ms. Meyers confirmed that the program was indeed
4 optional and presented as an additional opportunity
5 for licensees to fulfill their continuing education
6 requirements.

7 Ms. Wolfgang added that official Board approval
8 of the curriculum could incentivize more
9 participation by validating the program as a credible
10 option.

11 Chair Godfrey concluded that there seemed to be
12 no downside to approving the program, noting that it
13 was available online and could be used to satisfy new
14 DEA continuing education requirements, which include
15 seven hours of training.

16 Ms. Meyers affirmed that the sessions aligned
17 with the DEA's requirements and emphasized that the
18 flexibility of the format—live, virtual, and self-
19 study—was a key benefit.

20 Dr. Wilcox asked whether the program was
21 officially recognized by the DEA, to which MS. Meyers
22 responded that while DEA guidance was vague, the
23 sessions met their continuing education standards.

24 Dr. Umlauf inquired about linking the training to
25 their Board website, and Ms. Meyers confirmed this

1 was possible and that the webpage was already active.

2 She offered to provide the URL and promotional
3 materials, including a flyer, and mentioned that the
4 modules were accessible via TrainPA.

5 Dr. Wilcox confirmed the plan to place the
6 information on the state Board's website and noted
7 that leadership roles on the website still needed to
8 be updated.

9 Dr. Wilcox asked how completion certificates for
10 the training would appear, specifically regarding
11 whether the provider was going through the Board's
12 approval process to obtain a Pennsylvania Board
13 approval number, given the Board's regulatory list of
14 approved providers.

15 Ms. Meyers responded that their education vendor,
16 Quality Insights, had accreditation through the CAMC
17 Health Education and Research Institute. She
18 acknowledged uncertainty about whether this aligned
19 with the Board's requirements and asked for guidance
20 on necessary steps to ensure proper approval.

21 Dr. Chubb noted that the Board had recently
22 written new approval guidelines.

23 Ms. Wolfgang stated Quality Insights was not
24 currently on the pre-approved provider list but noted
25 that in past instances, the Board had approved

1 specific modules through a Board vote rather than
2 through the formal regulatory process. She cited
3 precedent for approving opioid education content in
4 this manner.

5 Ms. Wolfgang recommended the Board vote to
6 approve the curriculum and consider adding the
7 provider to the pre-approved list through a
8 forthcoming opioid regulation already on the Board's
9 Agenda. She explained that adding Quality Insights as
10 a pre-approved provider outside the Department of
11 Health might require more effort but could be more
12 appropriately handled during the broader regulatory
13 update.

14 Ms. Meyers asked if one of the approved providers
15 for the education program was the Accreditation
16 Council for Continuing Medical Education (ACCME),
17 noting that their education vendor believed the Board
18 of Optometry accepted ACCME credits. She acknowledged
19 the Board members as the experts on the matter and
20 admitted he could be mistaken.

21 Ms. Wolfgang confirmed that ACCME was indeed an
22 approved provider.

23 Dr. Chubb asked whether a licensee could count
24 all seven credits from the opioid education modules
25 toward the required 30 continuing education hours,

1 expressing concern about exceeding a limit for one
2 topic or provider.

3 Ms. Wolfgang responded that there was no limit,
4 explaining that while only two hours were required
5 specifically for opioid education, licensees could
6 use any of the seven modules to meet that requirement
7 and still count additional hours toward the total.

8 There was a question as to the timeline for
9 voting on the ACCME amendment.

10 Ms. Wolfgang replied that the amendment was being
11 brought back to the Board that day due to a public
12 comment and explained the regulatory process ahead,
13 including two 30-day comment periods and final
14 rulemaking. She expressed hope that, if the process
15 moved forward within the next week, final approval
16 could be achieved by the end of the year.

17 Chair Godfrey stated while he supported allowing
18 two CE credits from the opioid education program, he
19 opposed allowing all seven, arguing the remaining
20 five should be focused on optometric or eye care-
21 related content. He emphasized that seven opioid-
22 related credits were excessive and not relevant
23 enough to the profession.

24 Dr. Chubb and the Board expressed their
25 agreement, noting that seven credits, is overdoing

1 it.

2 Dr. Umlauf questioned the relevance, noting that
3 most optometrists rarely prescribe opioids and few
4 have DEA licenses, asserting that two credits should
5 be the maximum. He warned that allowing more would
6 reduce time spent on essential optometric education.

7 Ms. Wolfgang responded that any content limit
8 would need to be addressed in the upcoming opioid
9 regulation.

10 Ms. Chappelle returned to the topic of ACCME
11 accreditation, stating her team would explore interim
12 steps to allow the program to move forward while the
13 amendment was pending.

14 Ms. Wolfgang clarified that the sessions were
15 already available and open to licensees regardless of
16 CE credit eligibility, as the content could benefit
17 any clinician interacting with patients who use
18 substances.

19 Dr. Umlauf asked whether the Board's Continuing
20 Education (CE) Committee needed to review and approve
21 the program before it advanced.

22 Dr. Chubb noted, if regulatory changes for ACCME
23 would take time, applying through the standard
24 provider application process could be an alternative,
25 pending internal discussion.

1 Ms. Wolfgang elaborated that applying as a Board-
2 approved provider would allow the program to be
3 recognized for the rest of the current biennium,
4 which the Board confirmed ends in December 2026. She
5 noted that the process would be quick and the fee
6 nominal.

7 Acting Commissioner Claggett asked if a provider
8 committee existed, and the Board confirmed the CE
9 committee handled such matters and could review items
10 between meetings. Acting Commissioner Claggett
11 questioned why this program faced delays when other
12 Boards, like nursing and medicine, had already
13 approved it.

14 Ms. Wolfgang explained that prior approvals often
15 occurred outside the formal regulatory process as a
16 bureau-level decision, which the Board could also
17 adopt.

18 Acting Commissioner Claggett expressed support
19 for approving the program immediately, citing
20 collaboration with the Department of Health and the
21 need to avoid unnecessary procedural hurdles.

22 Chair Godfrey reiterated that approval should be
23 limited to a maximum of two CE hours for opioid
24 education, not all seven, to preserve the integrity
25 of optometric continuing education.

1 Dr. Berson agreed that the two-hour limit should
2 apply regardless of the source.

3 Ms. Wolfgang cautioned that current regulations
4 did not limit content type, and a restriction
5 applying only to this provider would be inconsistent.
6 She advised including such limits in the upcoming
7 opioid regulation instead.

8 Chair Godfrey clarified he was not opposing
9 participation in more modules, but believed only two
10 hours should count toward the 30 required CE hours.

11 Ms. Wolfgang reiterated that any enforceable
12 limit must be established through regulation. She
13 read from the current rule, which broadly allowed
14 content related to diagnosis and treatment of the
15 human visual system, suggesting the modules could fit
16 under that scope. She again recommended addressing
17 any desired content limits through formal regulatory
18 changes.

19 Dr. Verma clarified that the Board was not
20 targeting a specific provider but was instead seeking
21 to limit the subject matter, noting that similar
22 content-specific limitations already existed, such as
23 for glaucoma education. He emphasized that this was
24 a matter of subject relevance, not provider bias.

25 MS. Wolfgang responded that any vote taken that

1 day would only apply to the current provider, and
2 regulatory changes could not be enacted through a
3 Board vote. She explained that such a vote would not
4 be legally enforceable as a binding change to the
5 regulatory framework.

6 Dr. Chubb asked for clarification, noting that
7 since ACCME would not be officially approved until
8 the end of the year, it seemed they could not yet
9 approve the provider offering the opioid modules.

10 Ms. Wolfgang explained that, despite the pending
11 ACCME approval, the Board could still proceed with a
12 vote to approve the program because it came from a
13 sister agency, similar to how other Boards had
14 previously approved training on topics like child
15 abuse outside the formal regulatory process.

16 Dr. Verma then asked whether approving the
17 program would obligate the Board to accept all seven
18 hours of opioid education.

19 Ms. Wolfgang clarified that under current
20 regulations, there were no restrictions on how many
21 hours could be counted from a specific topic like
22 opioids. Therefore, any licensee who submitted seven
23 hours of opioid training could reasonably argue for
24 acceptance under existing CE rules.]

25 MR. JAYMAN:

1 It's my understanding based on
2 everything here today that the Chair
3 would entertain a motion to approve the
4 Curriculum as presented by the
5 Department of Health today.

6 Do I have a motion?

7 ACTING COMMISSIONER CLAGGETT:

8 So moved.

9 DR. CHUBB:

10 Second

11 CHAIR GODFREY:

12 Roll call vote?

13

14 Dr. Godfrey, aye; Dr. Wilcox, aye;
15 Commissioner Claggett, aye; Dr. Becker,
16 aye; Kathryn Knepp, aye; Dr. Umlauf,
17 aye; Dr. Berson, aye; Dr. Verma, aye;
18 Dr. Chubb, aye.

19 [The motion carried unanimously.]

20

21 Report of Board Chair

22 [John A. Godfrey, O.D., Chairperson, informed the
23 Board that they had received a letter from Dr. Marla
24 Moon, a current licensee and former Board Chair, who
25 reported technical difficulties in attempting to

1 attend the February Board meeting. He offered an
2 apology on behalf of the Board for the inconvenience.

3 Dr. Moon's letter also included questions about
4 the upcoming budget and the projected deficit. Chair
5 Godfrey stated the Board would issue a written
6 response to address her concerns and expressed hope
7 that Dr. Moon would be able to attend the August
8 meeting, where another budget report from the Bureau
9 of Finance and Procurement was expected.]

10 ***

11 Report of Regulatory Counsel - 16A-5217 - Continuing
12 Education Update

13 [Jacqueline A. Wolfgang, Esquire, Regulatory Counsel,
14 directed the Board's attention to the Regulatory
15 Status Report, which she had included on the Agenda
16 for informational purposes. She noted that the
17 continuing education regulation, identified as 16A-
18 5217, would be discussed during the meeting. She
19 also informed the Board that the opioid education
20 regulation was next on her Agenda for this Board.
21 Drawing from her work with the Osteopathic and
22 Medical Boards, she explained that she had combined
23 the volunteer license regulation with the opioid
24 regulation for those Boards and planned to take a
25 similar approach here. She clarified that no vote

1 was needed at this time but indicated she would
2 likely revise the report to reflect this combined
3 approach in the future.

4 Ms. Wolfgang addressed the Continuing Education
5 Regulation 16A-5217, and reminded Board that it had
6 already been voted on for submission to OGC Budget
7 and Policy. However, an administrative error had
8 prevented the original exposure draft from reaching
9 all stakeholders, prompting a resend on January 30.
10 She discussed the two resulting public comments—one
11 from a UPMC professor and one from the Pennsylvania
12 Optometric Association—both expressing concerns about
13 the regulation allowing 100 percent of CE through
14 synchronous education. Concerns included engagement,
15 retention, lack of hands-on experience, and exam
16 integrity. She emphasized that the proposal
17 reflected the Board's existing policy from 2023 and
18 sought input on whether the Board wished to
19 reconsider its position.

20 Chair Godfrey acknowledged that the concerns were
21 not new and had been discussed previously, asking the
22 Board if anyone had further comments.

23 Dr. Umlauf voiced strong opposition to 100
24 percent online education, citing reduced educational
25 quality and the need for hands-on training,

1 particularly with potential future scope expansions.
2 He referenced past TMOD coursework as an example of
3 in-person education's value.

4 Ms. Wolfgang clarified that the Board had already
5 adopted the standard allowing 100 percent synchronous
6 CE and the current regulation merely codified that
7 existing policy.

8 Dr. Wilcox confirmed that the current policy
9 permitted fully virtual CE and reiterated her
10 opposition, stating she had consistently voted
11 against the policy and supported the concerns raised
12 in the public comments.

13 Dr. Becker responded by defending virtual
14 learning in his personal situation, where flexibility
15 was essential due to caregiving responsibilities. He
16 suggested that in-person requirements could be added
17 later for procedures like lasers or injections.

18 Dr. Berson supported Dr. Becker's view, adding
19 that distractions and lack of engagement could happen
20 in both virtual and in-person settings, making
21 enforcement difficult either way.

22 Dr. Verma acknowledged that while some training-
23 especially hands-on-must be in-person, virtual
24 learning should remain an option. He noted that
25 students educated during COVID fared well despite

1 virtual delivery.

2 Ms. Wolfgang pointed out that other health
3 Boards, including medical and osteopathic, also
4 allowed 100 percent online CE, and the policy
5 supported professionals in rural areas.

6 Dr. Verma countered that in-person CE remained
7 accessible even in rural areas and could often be
8 completed efficiently in a few days at conferences.

9 The Board proceeded without a vote.]

10

11 Report of Regulatory Counsel - 16A-5221 Proposed
12 Annex (General Revisions)

13 [Jacqueline A. Wolfgang, Esquire, Regulatory Counsel,
14 provided background, noting that under Executive
15 Order 1996-1, Boards are expected to periodically
16 review their regulations in full to ensure they are
17 current and align with legal and procedural
18 standards. This update would be a comprehensive,
19 long-term project, and she introduced Mr. Jayman to
20 guide the Board through the areas identified for
21 review.

22 Mr. Jayman emphasized that the general update
23 would be an ongoing effort requiring the Board's
24 input. He referenced past comments submitted by the
25 Pennsylvania Optometric Association (POA) and stated

1 he had conducted additional research. He began by
2 addressing the definition of the clinical assessment
3 test in the regulations, noting that the National
4 Board of Examiners in Optometry (NBEO) had updated
5 Part 3 of its exam to what is now called the Patient
6 Encounters and Performance Skills (PEPS) examination.

7 He sought the Board's input on whether this new
8 terminology accurately reflects the clinical
9 assessment.

10 Dr. Wilcox confirmed that the current NBEO Part 3
11 now includes both clinical skills and patient
12 encounter assessment, and that Patient Encounters and
13 Performance Skills was the correct updated
14 terminology.

15 Mr. Jayman proposed revising the regulation to
16 refer to NBEO Part 3 Patient Encounters and
17 Performance Skills (PEPS), and the Board agreed that
18 this would be appropriate.

19 Dr. Chubb expressed disagreement in the word
20 defect, labeling it as archaic. She proposed that the
21 word defect be changed to impairment, to better
22 reflect treatment of visual deficits and TBIs.

23 Dr. Becker explained that the appropriate
24 diagnosis in these cases is post-traumatic vision
25 disorder or post-traumatic vision syndrome, which

1 encompasses the range of visual issues resulting from
2 neurological injuries such as traumatic brain injury,
3 stroke, concussion, or brain tumor. He emphasized
4 that this terminology is widely used by NORA and
5 associated professionals.

6 Dr. Verma suggested simplifying the language by
7 avoiding specific terms like central or peripheral
8 vision loss, and instead recommending a general
9 reference to the design of treatment plans that
10 compensate for any type of visual field loss.

11 Ms. Wolfgang agreed with keeping the language
12 general and supported changing the word defects to
13 impairments, aligning with a prior recommendation
14 from Dr. Chubb.

15 Dr. Umlauf added that the language should clarify
16 that optometrists are not treating the brain injury
17 itself, but rather compensating for visual
18 impairments that are secondary to traumatic brain
19 injury or other neurological conditions.

20 Dr. Becker emphasized the importance of
21 consistent terminology, suggesting that impairment
22 works as long as it's used uniformly. He noted that
23 while technical language matters, staying within the
24 bounds of licensure is more critical. He shared a
25 legal experience in which he clarified that he treats

1 the visual effects of traumatic brain injury, not the
2 injury itself, supporting Dr. Umlauf's earlier point.

3 Chair Godfrey asked if there were any additional
4 comments before moving on.

5 Dr. Verma shifted attention to the definition of
6 vision screening in the regulations, arguing that
7 intraocular pressure (IOP) measurement is often part
8 of adult vision screenings and should be included in
9 the definition, even if not universally performed.

10 Dr. Chubb countered that not all screenings
11 include IOP measurements, and Dr. Berson added that
12 school screenings, for example, do not involve IOP
13 checks. He warned that broadly defining vision
14 screening could create confusion or legal liability.

15 Dr. Verma maintained that adult screenings
16 frequently include IOP testing and that including it
17 in the definition does not require it for every
18 scenario. He proposed either generalizing the
19 definition or removing it altogether.

20 Dr. Berson suggested an alternative—adding
21 external health evaluation to broaden the definition
22 without overcommitting to specific tests like IOP.

23 Dr. Chubb questioned the necessity of defining
24 vision screening at all, suggesting it could be too
25 vague or open-ended.

1 Dr. Verma reiterated that the definition should
2 not imply every test must be done in every case, and
3 noted that screenings vary widely in content and
4 setting.

5 Ms. Wolfgang explained that the definition exists
6 because the regulations state that optometrists may
7 conduct vision screenings anywhere in the
8 Commonwealth, so a clear understanding of what
9 constitutes a screening is important.

10 Dr. Chubb responded that including pressure
11 checks could impose unnecessary expectations on
12 practitioners.

13 Dr. Verma argued that refractive error, like IOP,
14 is not essential to all screenings either, so IOP's
15 inclusion would not uniquely burden providers.

16 Dr. Chubb pointed out that automated devices can
17 perform many screening functions, minimizing the
18 burden.

19 Dr. Berson warned that explicitly listing IOP
20 could lead to legal risks. If a patient is not
21 tested for glaucoma at a screening but the regulation
22 implies they should be, it could create liability.

23 Dr. Chubb supported this concern, noting that
24 glaucoma can exist even with normal IOP, so including
25 it in a screening definition could be misleading and

1 risky.

2 Mr. Jayman stated he would research how other
3 states define vision screening to help inform the
4 Board with its decision.

5 Dr. Berson noted that the existing language
6 describing vision screening was intentionally broad,
7 listing potential areas to consider rather than
8 mandating specific procedures.

9 Dr. Verma agreed, emphasizing the language
10 allowed discretion, not obligation.

11 Dr. Chubb warned that vague language could still
12 expose providers to legal risk if a lawyer argued
13 that a procedure like intraocular pressure testing
14 should have been done.

15 Dr. Berson countered that maintaining vagueness
16 might actually protect practitioners by allowing
17 flexibility, rather than prescribing standards that
18 could lead to liability.

19 Mr. Jayman clarified that the purpose of the
20 discussion was to explore and flag such issues for
21 future review. He planned to examine how other
22 states define vision screening and revisit the matter
23 at the next meeting.

24 Ms. Wolfgang asked the Board to review § 23.3
25 regarding examination methods to ensure it aligns

1 with current standards and report any needed updates.

2 Dr. Chubb noted that non-invasive angiography,
3 such as OCTA, is now commonly used and no longer
4 requires an ophthalmologist's request, suggesting
5 that this should be updated in the regulation.

6 Dr. Berson asked if OCT was currently addressed
7 in the regulations, and Dr. Chubb said it was grouped
8 under diagnostic lasers.

9 Mr. Jayman brought up outdated references to
10 stages A and B in the Board exam language.

11 Dr. Chubb explained that those referred to Part 2
12 and TMOD, which could be passed separately, but that
13 terminology was outdated. Dr. Wilcox suggested the
14 language be updated to reference NBEO Parts 1, 2, and
15 3.

16 Mr. Jayman agreed and mentioned plans to revise
17 the language accordingly. He also raised a question
18 about why certain sections only referenced Part 3 of
19 the exam.

20 Dr. Chubb speculated that the section may have
21 been written when Part 3 was administered at
22 individual schools, which changed around 2011.

23 Ms. Wolfgang asked whether current language still
24 reflects the modern exam process.

25 Dr. Wilcox and Dr. Chubb agreed the language

1 appeared outdated and needed further review.

2 Dr. Berson confirmed that the exams had been
3 centralized for about 15 years.

4 Dr. Verma noted that while the location changed,
5 the exam process itself remained largely the same.

6 Dr. Wilcox pointed out that past language may
7 have had purpose when application procedures were
8 different.

9 Dr. Chubb clarified that applicants now direct
10 NBEO to send scores to the Board, and no longer
11 handle application submissions as they did in the
12 past.

13 Dr. Berson added that older processes involving
14 mailed applications were no longer relevant.

15 Mr. Jayman then asked about § 23.15 regarding
16 retaking exams.

17 Dr. Chubb stated that applicants are allowed up
18 to six attempts to pass.

19 Dr. Chubb explained that after six failures,
20 additional attempts require sponsorship by a Board or
21 school. She recalled that the Board had previously
22 decided not to sponsor such candidates.

23 Dr. Berson suggested keeping the regulation
24 language vague so the Board can simply decline
25 requests on a case-by-case basis.

1 Dr. Wilcox agreed, supporting general language
2 that allows Board discretion without binding
3 commitments.

4 Dr. Chubb questioned the necessity of specifying
5 Part B of the National Board Examination for
6 reexamination eligibility, suggesting that general
7 reference to NBEO rules might be sufficient. She also
8 asked whether any requirement to include Part B was
9 tied to endorsement or reciprocity regulations.

10 Chair Godfrey agreed that the reference to Part B
11 seemed unnecessary.

12 Ms. Wolfgang said she was unsure but would look
13 into whether the specific reference to Part B was
14 required, especially in the context of endorsement.

15 Mr. Jayman stated he would review the license
16 application process and endorsement requirements to
17 determine if referencing Part B was needed.

18 Dr. Verma raised a concern about requiring proof
19 of pre-professional education for reciprocity
20 applicants who had already earned an optometry degree
21 and license in another state.

22 Mr. Jayman acknowledged that this requirement was
23 highlighted for review and agreed its necessity was
24 questionable.

25 Dr. Berson remarked that prior education

1 unrelated to optometry, such as selling shoes, should
2 not matter once someone had completed optometry
3 school.

4 Dr. Wilcox asked if the requirement might apply
5 to international applicants.

6 Dr. Verma argued that if an applicant held an
7 optometry degree from an approved institution, then
8 verifying pre-professional education was irrelevant.
9 She emphasized the importance of evaluating the
10 optometric degree itself rather than the
11 undergraduate background.

12 Dr. Chubb maintained that it was still valuable
13 to know whether an applicant had an undergraduate
14 degree, particularly for international candidates
15 from countries with different educational systems.

16 Dr. Berson shared that he had been licensed by
17 endorsement in two states without needing to submit
18 pre-professional education records.

19 Dr. Verma reiterated that the focus should be on
20 optometric education rather than undergraduate
21 coursework.

22 Dr. Chubb insisted it was important to assess an
23 applicant's educational foundation, especially
24 regarding core sciences like chemistry and physics,
25 and said this could vary by country.

1 Mr. Jayman agreed to note the issue for further
2 discussion and clarification.

3 Dr. Berson countered that such applicants would
4 not have been admitted to optometry school without
5 adequate preparation.

6 Dr. Chubb responded that entry requirements
7 depend on the specific optometry school, particularly
8 in other countries.

9 Dr. Berson explained that when applying for
10 licensure in another state, such as Utah, he was
11 required to provide proof of graduating from
12 optometry school, passing Board exams, maintaining a
13 clean practice record, and having no legal issue. He
14 questioned whether states like Utah actually cared
15 about his undergraduate education, such as attending
16 Muhlenberg College, or if they only focused on his
17 professional qualifications.

18 Dr. Chubb responded that states likely inferred
19 an applicant's undergraduate education based on their
20 acceptance into optometry school and did not need to
21 explicitly verify where they completed their pre-
22 professional studies.

23

24 [Jeffrey B. Becker, O.D., Secretary, exited the
25 meeting at 11:58 a.m.]

1 ***

2 [The Board discussed § 23.23 regarding financial
3 responsibility for applicants seeking licensure by
4 reciprocity and found it outdated and irrelevant.
5 They questioned its purpose, speculated it might have
6 been added long ago under different circumstances,
7 and agreed it should likely be removed, as it has no
8 current practical relevance and imposes unnecessary
9 burdens.

10 Dr. Verma questioned the use of legal jargon
11 written in the document, noting that the word used is
12 unfamiliar and confusing to non-native English
13 speakers. The Board discussed a potential edit to the
14 word, for ease of access for non-native English
15 speakers.

16 Mr. Jayman asked Board members to review § 23.31
17 on business practices to ensure it was up to date.
18 He also noted outdated language referencing telephone
19 directories and said he would look at how other
20 states handle advertising.

21 Dr. Verma questioned the rule prohibiting
22 advertising free professional services, pointing out
23 that such ads are common. Dr. Chubb and Dr. Berson
24 agreed, noting the Board had discussed this issue for
25 years without enforcement, and enforcement mechanisms

1 were unclear.

2 Ms. Wolfgang clarified that enforcement falls to
3 the prosecution unit, which acts primarily on
4 complaints, though not all outcomes are public. She
5 explained that violations could be addressed through
6 warnings or formal actions, depending on the
7 complaint process.

8 Dr. Berson suggested highlighting the issue in
9 the Board's newsletter to encourage licensees to
10 report violations. Dr. Verma added that licensees
11 need to be directed to file complaints with the
12 Board, which then forwards them to prosecution.
13 Chair Godfrey supported including it in the
14 newsletter, noting its widespread occurrence.

15 Dr. Berson and Dr. Verma proposed notifying
16 corporate optometric groups directly about potential
17 legal violations. Chair Godfrey inquired about the
18 newsletter's status, and Acting Commissioner Claggett
19 responded that it was being prepared by MS. Chappelle
20 and should be ready by the next meeting.

21 Dr. Umlauf raised concerns about the language in
22 subsection (d) related to how optometrists identify
23 themselves, emphasizing consistency in titles like
24 Doctor of Optometry or OD. Dr. Berson referenced
25 terms like optometric physician, noting these are

1 used in other states but not Pennsylvania, suggesting
2 simplification.

3 The Board discussed outdated language and
4 requirements in regulatory sections. Board members
5 questioned the necessity of subsection (f) regarding
6 telephone directories and practice succession, noting
7 that such directories are obsolete and succession
8 details are typically managed through private
9 contracts, not regulations. In addition, the Board
10 stated keeping a previous doctor's name on a practice
11 was often done as a courtesy or contractual
12 obligation, not because of a legal requirement. The
13 Board agreed that the language in (f) was unnecessary
14 and outdated, suggesting it be removed or revised to
15 reflect modern advertising practices.

16 Regarding subsection (e), several Board members
17 expressed confusion over its current relevance and
18 purpose. They noted that references to classified
19 sections of phone directories were outdated and
20 recommended replacing this language with broader
21 terms like advertising or removing the section
22 altogether.

23 The discussion shifted to § 23.42 on equipment,
24 which was acknowledged as needing an update.
25 Participants suggested removing outdated tools like

1 the keratometer unless still deemed useful and adding
2 modern instruments such as an indirect
3 ophthalmoscope.

4 Mr. Jayman agreed to review relevant case law and
5 revisit § 23.42 and § 23.33 in a future meeting.

6 Mr. Jayman noted the need to update the name of
7 the optometry accrediting body to the Accreditation
8 Council on Optometric Education (ACOE). He confirmed
9 that Ms. Wolfgang had inserted new language into
10 § 23.65 regarding self-reporting of misconduct and
11 asked the group to review § 23.71 of patient records.
12 He also highlighted concerns with outdated regulatory
13 language and suggested clarifying certification
14 requirements for treating glaucoma.

15 Dr. Verma inquired about fee sharing, prompting
16 Chair Godfrey and MS. Wolfgang to explain that the
17 issue stemmed from a historical Pennsylvania Supreme
18 Court case. Ms. Wolfgang elaborated that fee sharing
19 between non-optometrists and optometrists,
20 particularly in corporate settings, had prompted
21 regulatory concern. Chair Godfrey explained that the
22 regulation aimed to protect independent optometrists—
23 such as those practicing in corporate settings like
24 Walmart—from being forced to give a portion of their
25 income to corporate entities. Dr. Verma agreed with

1 the rationale but questioned the extent of its
2 practical application.

3 Mr. Jayman acknowledged the unusual drafting of
4 certain regulatory language and expressed support for
5 changes. He asked the Board to review items related
6 to equipment practices and glaucoma certification
7 clarity. Ms. Wolfgang suggested that Board members
8 individually use track changes to note edits and send
9 them only to the Board administrator and legal
10 counsel—not to each other—to comply with legal
11 requirements.

12 Dr. Berson asked about the possibility of sharing
13 a single tracked-changes document via email. Ms.
14 Wolfgang clarified that members could not collaborate
15 privately and had to submit their suggestions
16 individually, which would then be discussed in public
17 session.

18 Mr. Jayman reiterated that the goal was to cover
19 key highlights and asked if anyone had additional
20 input. Chair Godfrey emphasized that the most
21 critical sections to review were § 23.3, § 23.42, and
22 § 23.71. MS. Wolfgang encouraged the Board to bring
23 up any additional issues.]

24 ***

25 Report of Board Administrator - Committee Assignments

1 [John A. Godfrey, O.D., Chairperson, noted that
2 members have been assigned to committees. The
3 Probable Cause Committee will consist of MS. Kathryn
4 Knepp and Dr. Denise Wilcox.

5 Chair Godfrey noted that the Continuing Educating
6 (CE) Committee will consist of members Dr. Perry
7 Umlauf and Dr. Jeffrey Becker.

8 Chair Godfrey noted that the Act 41 Application
9 Committee will consist of himself (Dr. John Godfrey)
10 and Dr. Satya Verma.

11 Finally, the Pharmaceutical Committee will
12 consist of members Chair John Godfrey and Dr. Marc
13 Berson.]

14 ***

15 Public Session

16 [Luanne K. Chubb, O.D., F.A.A.O., stated, as a member
17 of the ARBO Board of directors, she wanted to inform
18 the Board that the Optometry Examiners Board of
19 Canada (OBEC) had been reaching out to U.S. states to
20 consider accepting the Canadian Board exam in place
21 of the NBEO Parts 1, 2, and 3. She noted that
22 Kentucky was actively pursuing legislation to replace
23 NBEO Part 1—which tests applied basic sciences—with
24 the Canadian Part 1, which focuses on 62 case
25 management scenarios.

1 Dr. Chubb explained that while the Canadian and
2 U.S. exams are not equivalent, some states, including
3 Tennessee, Texas, and Montana, were discussing the
4 possibility of adopting the Canadian exam. She
5 emphasized that this shift would replace basic
6 science testing with case-based assessments, which
7 could impact considerations related to scope of
8 practice expansions.

9 Dr. Verma questioned the advantage of accepting
10 the Canadian Board Exam, to which, Dr. Chubb stated a
11 better response would come from the members of
12 Kentucky, as they have already started the process of
13 entertaining legislation to replace the first part of
14 the exam.]

15 ***

16 Adjournment

17 CHAIR GODFREY:

18 Okay. I would entertain a motion to
19 adjourn the meeting.

20 DR. CHUBB:

21 So moved.

22 DR. VERMA:

23 Second.

24 ***

25 [There being no further business, the State Board of

1 Optometry Meeting adjourned at 12:28 p.m.]

2 ***

3

4 CERTIFICATE

5

6 I hereby certify that the foregoing summary
7 minutes of the State Board of Optometry meeting, was
8 reduced to writing by me or under my supervision, and
9 that the minutes accurately summarize the substance
10 of the State Board of Optometry meeting.

11

12

13



14

Rachel Wilbur-Adams,

15

Minute Clerk

16

Sargent's Court Reporting

17

Service, Inc.

18

19

20

21

22

23

24

25

26

STATE BOARD OF OPTOMETRY
REFERENCE INDEX

May 8, 2025

TIME

AGENDA

1		
2		
3		
4		
5		
6	TIME	AGENDA
7		
8		
9	10:00	Executive Session
10	10:30	Return to Open Session
11		
12	10:37	Official Call to Order
13		
14	10:38	Roll Call/Introduction of Attendees
15		
16	10:38	Approval of Minutes
17		
18	10:41	Report of Board Counsel
19		
20	10:43	Appointment - DOH Accreditation Review
21		
22	11:09	Report of Board Chair
23		
24	11:10	Report of Regulatory Counsel
25		
26	12:24	Report of Board Administrator - Committee
27		Assignments
28		
29	12:27	Public Session
30		
31	12:28	Adjournment
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		