

# **Materials for Item No. 4**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF OPTOMETRY

MINUTES  
OF PUBLIC MEETING  
October 30, 2025

1. **Call to Order.** Dr. Smith opened the live meeting at 12:05p.m.
2. **Roll Call and statement of purpose to protect public health and safety and the general welfare of the people of this State.** Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., Dan Lyons, O.D., and Julie Alamo-Leon, O.D. were present via Zoom. Quorum established. Executive Director Schneider present at Nevada Business Center Tahoe Room 3300 W. Sahara Ave., 4<sup>th</sup> Floor Las Vegas, Nevada 89102.<sup>1</sup>
3. **Public Comment.** Dr. Smith invited public comment with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes. No public comment received.
4. **Action Item. Consideration and approval of September 25, 2025 Board Meeting Minutes for: 1) Regular Meeting; 2) Notice of Intent to Take Action re R007-25; 3) Notice of Intent of Take Action re R008-25; and 4) Notice of Workshop.** Dr. Smith confirmed all present Board members had an opportunity to review the drafts. Dr. Smith moved to accept all proposed Minutes as written. Public Member Balecha seconded. Motion passed unanimously.
5. **Action Item. Complaint 26-01.**

Director Schneider prefaced that all Complaints on this Agenda are being presented in a double blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities.

As to Complaint 26-01:

Dr. Smith classified this as an issue of miscommunication issue of what the doctor versus what the patient thought was done which led to a poor interaction but nothing rising to the level of professional misconduct. Dr. Austin agreed, and noted the patient presented for a contact lens

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<sup>1</sup> This occurred immediately after the conclusion of the Board's Notice of Intent to Take Action on Regulation R049-25 on the same day, whose Zoom information and physical location are identical.

fitting but corneal issues were noted and accordingly referred to an ophthalmologist who could take medical insurance, and the licensee never charged the patient and is a non-issue. Dr. Alamo agreed. Dr. Lyons agreed. Public Member Balecha agreed.

Dr. Smith moved to close the investigation with no further action. Dr. Alamo seconded. Motion passed unanimously.

**6. Action Item. Complaint 26-02.** Director Schneider classified this as an employee supervision issue when interacting with the patient in the waiting area. There are no medical records to obtain or review due to the patient never being seen, which is what the patient filed a complaint about in the first place. The patient presented with possible red eye wanting to be seen STAT. Even though Licensee 1 was fully booked, Licensee 1 offered to see the patient at the end of schedule. Director Schneider noted that Licensee 1's response mentions the patient videoing or threatening to video, but the patient did not provide that with the submission.

The question for the Board is if any the following rise to the level of unprofessional conduct: 1) Licensee 1's decision not to see the patient's red eye until the end of schedule, despite the patient being offered other options to be seen sooner elsewhere?; or 2) the employee's interaction with the patient on the phone or in the waiting area all the while under the supervision of Licensee 1?

Dr. Smith stated the licensee acted in good faith, was willing to see the patient, offered the patient to wait, and did not act unprofessionally. All Board members agreed.

Dr. Smith moved to close the investigation with no further action. Dr. Austin seconded. Motion passed unanimously.

**7. Action Item. Complaint 26-03.**

Dr. Lyons recused, stating he recognizes the charting for one of the doctors, and in the abundance of caution believed this could materially affect his independence of judgment, and will abstain from discussion and voting on this item.

Director Schneider directed the Board to the inquiry letter summarizes the care and lists several questions for Licensee 1 to answer. Licensee 1 sees the patient with a chief complaint of floaters OU, once in January 2024 and once in February 2024. Licensee 1 does not sign his records. Optomaps were done on each visit, but no OCTs and no VAs. Patient was dilated during the February 2024 visit. No suspicion for RD by Licensee 1, or a precautionary referral to Retina. Licensee 1 refers patient to an Anterior Seg OMD on a non-STAT basis with standard RD precaution to contact office with new symptoms, etc. Licensee 1 says no abnormalities were seen on dilation or on the Optomap imaging, and that any RD had to have occurred after the February 2024 exam. Patient presents to Anterior Seg OMD, appx 30 days later after seeing Licensee 1 in February 2024 with at that time only hand motion at 2 feet. Patient referred to Retina OMD same day. Retina OMD documents chronic RD 2 months old based upon symptoms, at that point surgery will not improve vision, and surgery is scheduled for 2 weeks later. Two weeks later patient gets another opinion from another Retina OMD who performs surgery the next day.

The question that the patient is asking, is the OMD is telling him the tear is two months old, so why didn't Licensee 1 suspect it during one of those visits in those two months to give him a chance to save some of his vision? This presumes the OMD is correct that the tear was two months old based upon symptomology.

The question for the Board is do we have conduct rising to the level of unprofessional conduct on our hands? Is a non-public Letter of Concern appropriate here?

Dr. Smith would like to give benefit of the doubt and be able to diagnose a tear and the OS photos are little ambiguous, but the bigger issue is the charting and there is no examination data of a slit lamp, posterior exam, VAs or IOPS as Director Schneider noted. Nowhere in the January 2024 is there a mention of dilation or declination of dilation. It certainly would be standard of care for a patient presenting with a new floater to do a dilation albeit if 3 months old maybe that was the decision not to do so but nowhere in the chart is that documented of a dilation was offered, and the patient declined, or why no dilation was performed. If the January 2024 exam is never signed off and is still a preliminary chart then that could be seen as poor record keeping and poor standard of care. As to the February 2024 presentation, there is still no documentation of the actual dilation that drops were put in or a dilated exam was performed even though in the licensee's narrative response the claim is that it was performed. There are still no VAs or IOPs when obtaining IOPs before dilation would be pretty standard of care. Dr. Smith acknowledged the OMD opining the tear occurred two months prior based on when symptoms started but patients can get floaters from a posterior vitreal detachment. Dr. Smith recommended further investigation, and a lack of professional conduct if there were no VAs taken or any IOPs taken or any documentation of eyedrops when a dilation is performed at the second presentation, and no documentation of the patient declining dilation or being offered it at the first presentation.

Dr. Austin states additional concerns. The licensee says the patient never complained about vision loss yet nowhere in the HPI does it say that or asked about it at either the January or February presentations, nor any VAs nor any pressures taken at either one especially before dilation on the second presentation. Dr. Austin does not ever see a patient without taking VAs, irrespective of what the patient is there for. This is akin to a patient presenting to a primary care physician and not getting blood pressure taken.

The first retina specialist says 2 months based on symptoms but it is based on more than just that. The patient had PVR, proliferative vitreoretinopathy, which does not occur in a week or two. That takes at least a minimum of 4 weeks, typically 6 to 10 weeks for PVR to occur. One does not go from just a tear to a total retinal detachment with PVR in a couple weeks. The Optos photos do not see enough of the retina to make any kind of decision at all. If the licensee thought he or she had a good view of the retina, then he or she is wrong. Diagnosis of a flat retina without tears cannot be made on those images. Further investigation is warranted.

Dr. Alamo agreed. An elderly patient that has had cataracts surgery and all of a sudden develops floaters seems shy of what should be provided by the caregiver. Further investigation is needed.

Public Member Balecha agrees that more information and investigation is needed.

Director Schneider inquired into what additional information the Board needs. Colloquy on what information has already been obtained and what questions needed to be asked or re-asked of the licensee including why no HPI of any vision loss, no VAs yet with floaters, no pressures done upon dilation. The image quality is not the issue when the images themselves are missing areas. The eye lids blocking the peripheral retina is common in Optos imaging and one cannot see out to the ora serrata. This is especially important for pseudophakic patients, where almost what needed to be done was a scleral depression with binocular indirect ophthalmoscope to see the peripheral retina. Dr. Austin would like to see if the performing retina surgeon could advise on why he thinks the tear was 2 months old, which he anticipates the response would be based upon

the level of proliferative vitreoretinopathy which in Dr. Austin's experience does not occur in two to six weeks.

Colloquy as to using an investigative committee as is now allowed in the statutes, but declined.

Colloquy on the chronology of seeing Anterior Seg OMD 1 who opines as to a two month old tear, then presenting to Anterior Seg OMD 2 based upon Anterior Seg OMD 1 not able to operate soon enough to the patient's liking.

Dr. Smith moved for Director Schneider to obtain additional information as discussed. Dr. Austin seconded. Motion passed 4-0.

**8. Action Item. Complaint 26-05.** Director Schneider stated this complaint concerned a disgruntled patient being told she is blind. The patient's uncorrected vision Rx (OD -10.50, OS -8.75) Licensee 1's employer called the patient to apologize. Licensee 1 admits to the comment. The question for the Board is do those comments rise to the level of unprofessional conduct?

Dr. Smith feels like the licensee was very genuinely apologetic in their letter and communication that they gave to the Board, and that they tried to make it right in the moment when they realized they had offended the patient, but no further action is needed. All Board members agreed.

Dr. Smith moved to close the investigation with no further action. Public Member Balecha seconded. Motion passed unanimously.

**9. Action Item. Complaint 26-07.** Director Schneider summarized the complaint, that the complainant is former employee of the licensee has a litany of allegations, and no corroborative documents or evidence. The complainant states she is a licensed optician, but she never has been but instead optician apprentice. Typically Director Schneider would exercise his discretion to dismiss the complaint unilaterally but felt it best to bring to the Board for their own collective discussions in light of the allegations. The question for the Board is do we have evidence which rises to the level of unprofessional conduct?

Dr. Smith noted the licensee did his best to address and deny the allegations. Dr. Smith moved to close the investigation with no further action, and if there was any criminal case or civil judgment the case could be re-opened. Dr. Austin seconded and recommended a suggestion for mental health therapy. Motion passed unanimously.

**10. Action Item. Boards and Commissions proposed regulations.** Boards and Commissions aka B&C is the Board that oversees other Boards. The proposed regulations seek additional police power and new reporting requirements of the Boards to B&C. This is primarily an Executive Director/administrative issue given the regulations affect Executive Director job duties and what kinds of access the oversight Board has to this Board's files but not your roles on the Board itself.

B&C scheduled a Workshop for 10/17 but due to multiple boards' backlash it was continued to 11/24 a couple days before Thanksgiving.

The meeting materials include what the oversight Board has proposed in blue, and proposed edits in green.

Director Schneider asked for a motion to authorize his discussions with the oversight Board and suggested edits to the regulations on the Board's behalf. Dr. Smith stated her trust in Director Schneider's experience with these issues. Dr. Smith moved for authorize Director Schneider to discuss proposed edits to B&C on the Board's behalf. Dr. Alamo seconded. Motion passed unanimously.

**11. Action Item. Continuing Education hours verification process for 2026-2028 license renewals** Director Schneider reminded the Board this item stems from Dr. Smith's discussion at the 9/2025 meeting. Meeting material include:

- 1) what the Board of Nursing tells its licensees about random audits; and
- 2) the Board of Osteopathic Medicine's 2023 policy as to 10% of licensees' CEs being reviewed reduced from 33% since 2005.

If 10% for Osteopathic Medicine passes muster, then it should suffice for us. Other options could be randomly generated- letters of the alphabet be it first names or last names, or certain digits in a licensees' license number, licensees' birth months, or days of the week that applications are submitted, or simply every 10th application a CE review occurs.

Colloquy on the Board's current process which the Board employees vets every certificate and every hour of every licensee submission. Director Schneider provided examples of such a process, e.g., the licensee under-counts the requisite amount while attesting to completing the requisite amount or a licensee submitting the same CE certificate four times. Dr. Smith confirmed that all licensees will still continue to submit the CE Summary Form and CE certificates, but that only every 10<sup>th</sup> submission would be audited.

Dr. Smith moved that Board staff need only perform audits of 10% of the licensees' renewal of every 10<sup>th</sup> submission. Dr. Alamo seconded. Motion passed unanimously.

**12. Executive Director update re ARBO Update October 2025.** ARBO wanted to ensure that the State Boards are advising its membership of what ARBO is doing, and for the executive directors to report back to their membership on the monthly meetings that the executive directors attend. ARBO wanted to encourage the membership or Board members to join for any number of ARBO committees, for example, Dr. Smith is presently on one; hence the meeting materials including the ARBO Newsletter.

**13. Action Item. Proposed items for future Board meetings.** Director Schneider got a request from a licensee that recently FDA-approved Epioxa be agendized for the Board's discussion as to scope of practice. This will occur at the 12/10/2025 meeting. In the interim, research can be compiled and to see what other Boards across the country are doing about it so we can have a more learned discussion. Dr. Smith brought up a past complaint involving OD-OMD co-management and it being referred to the Board of Medical Examiners (BME). Director Schneider confirmed that the BME received it but he is not aware of any disposition but that he would inquire. No other future items suggested. Dr. Smith discussed her experiences with ARBO and its importance to this Board and its processes, including Director Schneider

**14. Public Comment.** Director Schneider invited public comment. No public comments received.

**15. Action Item. Adjournment.** President Smith moved to adjourn. Dr. Austin seconded. Adjournment occurred at 12:56p.m.

6 persons attended virtually, inclusive of five Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

\* \* \* \* \*

**FY 2025-2026 Regular meeting schedule**

Thursday 10/30/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone, Zoom, in-person  
Wednesday 12/10/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone, Zoom, in-person

Thursday 1/22/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 3/12/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 4/23/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 5/28/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

Thursday 6/25/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

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These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on December 10, 2025.

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Adam Schneider, Executive Director

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF OPTOMETRY

MINUTES OF  
NOTICE OF INTENT TO TAKE ACTION ON REGULATION  
**R049-25**  
October 30, 2025

1. **Action Item 1. Roll Call, Call to Order.** Dr. Smith opened the live meeting at 12:00p.m. Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., Dan Lyons, O.D., and Julie Alamo-Leon, O.D. were present via Zoom. Quorum established. Executive Director Schneider present at Nevada Business Center Tahoe Room 3300 W. Sahara Ave., 4<sup>th</sup> Floor Las Vegas, Nevada 89102.

2. **Public Comment.** Director Schneider invited public comment, with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes. Director Schneider stated this regulation was approved by the Legislative Commission on October 28, 2025 and there are no other hurdles for adoption today by the Board. No other public comment received.

3. **Action Item. Notice of Intent to Take Action Upon Regulation R049-25.** Director Schneider reminded the Board this is the regulation to establish license renewal fees, license by endorsement fees, prorated veterans fees for initial license applications, and non-refundable fees. The Board had no other debate about the language as-is, then a motion needs to occur. Dr. Austin moved to accept as-is. Dr. Smith seconded. Motion passed unanimously.

4. **Public Comment.** Director Schneider invited public comment. No public comment received.

5. **Action Item.** Dr. Smith moved to adjourn the meeting. Dr. Alamo seconded. Motion passed unanimously. Meeting adjourned at 12:02p.m.

7 persons attended remotely, inclusive of five Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on December 10, 2025.

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Adam Schneider, Executive Director

# **Materials for Item No. 5**

**NEVADA STATE BOARD OF OPTOMETRY  
FINANCIAL STATEMENTS  
JUNE 30, 2025**

**NEVADA STATE BOARD OF OPTOMETRY  
FINANCIAL STATEMENTS  
YEAR ENDED JUNE 30, 2025**

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*Casey Neilon, Inc.*  
Accountants and Advisors

**INDEPENDENT AUDITOR'S REPORT**

To the Board Members of  
Nevada State Board of Optometry  
Carson City, Nevada

**Report on the Financial Statements**

***Opinions***

We have audited the accompanying financial statements of the governmental activities and the major fund of the Nevada State Board of Optometry (the "Board"), as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Board, as of June 30, 2025, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinions***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Board and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Board's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Board's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparison information, pension and other post-employment benefit information on pages 3 - 6, 25, 26 - 27 and 28 - 30, respectively, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 21, 2025, on our consideration of the Board's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Board's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Board's internal control over financial reporting and compliance.

*Casey Neilon*

Reno, Nevada  
November 21, 2025

## **NEVADA STATE BOARD OF OPTOMETRY MANAGEMENT'S DISCUSSION AND ANALYSIS**

This section of the Nevada State Board of Optometry annual financial report presents our discussion and analysis of the Board's financial performance during the fiscal year that ended June 30, 2025. Please read it in conjunction with the Board's financial statements, which immediately follow this section.

### **Financial Highlights**

- Revenue for the fiscal year ended June 30, 2025 was \$273,891 representing an increase of 8.84% over fiscal year ended June 30, 2024.
- There was a decrease in long-term liabilities of \$30,760, which mainly resulted from a decrease in net pension liability of \$5,668 and a decrease in other post-employment benefit liability of \$20,158, based on required adjustments under GASB Statement No. 68 and GASB Statement No.75, respectively.

### **Overview of Financial Statements**

This discussion and analysis is intended to serve as an introduction to the Board's basic financial statements. The Board's basic financial statements comprise three components: 1) government-wide financial statements; 2) fund financial statements, and 3) notes to the financial statements. This report also contains required supplementary information in addition to the basic financial statements themselves.

#### **Government-wide Financial Statements**

The government-wide financial statements are designed to provide readers with a broad overview of the Board's finances, in a manner similar to a private-sector business.

The statement of net position presents information on all of the Board's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Board is improving or deteriorating.

The statement of activities presents information showing how the Board's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., earned but unused compensated absences).

The government-wide financial statements outline functions of the Board that are principally supported by license fees. The governmental activities of the Board include licensing and regulation of Optometrists and to accredited schools of optometry in the State of Nevada. The government-wide financial statements can be found on pages 7 and 8 of this report.

#### **Fund Financial Statements**

A fund is a group of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Board uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Board uses only one governmental fund.

## **NEVADA STATE BOARD OF OPTOMETRY MANAGEMENT'S DISCUSSION AND ANALYSIS**

### **Governmental Funds**

Governmental funds are used to account for essentially the same functions reported as government activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating the Board's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for government activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Board's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenue, expenditures and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities. These reconciliations are on pages 7 and 8, respectively.

In accordance with Nevada Revised Statutes, the Board maintains its financial information in a special revenue fund. The basic governmental fund financial statements can be found on pages 7 and 8 of this report.

### **Notes to the Financial Statements**

The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 9 through 24 of this report.

### **Other Information**

In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning the Board's budget process. The Board adopts an annual budget and a budgetary comparison has been provided in the governmental fund Statement of Revenue and Expenditures – Budget and Actual on page 25 of this report.

**NEVADA STATE BOARD OF OPTOMETRY  
MANAGEMENT'S DISCUSSION AND ANALYSIS**

**Condensed Financial Statements**

*The Condensed Statements of Net Position are as follows:*

	<u>06/30/2025</u>	<u>06/30/2024</u>
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
Current and other assets	\$ 242,776	\$ 512,084
Deferred outflows of resources	132,679	126,009
Total Assets and Deferred Outflows	<u>375,455</u>	<u>638,093</u>
<b>LIABILITIES AND DEFERRED INFLOWS</b>		
Current liabilities	182,864	401,596
Deferred inflows of resources	66,451	33,445
Long-term liabilities	428,192	458,952
Total Liabilities and Deferred Inflows	<u>677,507</u>	<u>893,993</u>
<b>NET ASSETS</b>		
Unrestricted	(302,052)	(255,900)
Total Net Postion	<u>\$ (302,052)</u>	<u>\$ (255,900)</u>

*The Condensed Statements of Activities are as follows :*

	<u>06/30/2025</u>	<u>06/30/2024</u>
<b>REVENUE</b>		
Program revenue-services	\$ 262,142	\$ 247,352
General revenue-investments	11,749	2,835
General revenue-gain on capital assets and right of use assets	-	1,470
Total Revenue	<u>273,891</u>	<u>251,657</u>
<b>EXPENSES</b>		
Optometry Board operations	<u>320,043</u>	<u>365,440</u>
Change in Net Position	<u>\$ (46,152)</u>	<u>\$ (113,783)</u>

**Government-wide Financial Analysis**

Net position may serve over time as a useful indicator of a government's financial position. In the case of the Board, liabilities exceeded assets by \$302,052 and \$255,900 as of June 30, 2025 and 2024, respectively.

## **NEVADA STATE BOARD OF OPTOMETRY MANAGEMENT'S DISCUSSION AND ANALYSIS**

### **Changes in Net Position**

The Board's total revenues for the fiscal year ended June 30, 2025 were \$273,891. The total costs of all programs and services were \$320,043. The decrease in net position is attributable to total costs exceeding total revenue, due to the increased employee benefits such as the pension and other post-employment benefits.

### **Financial Analysis of the Board's Fund**

As noted earlier, the Board uses fund accounting to ensure and demonstrate compliance with finance related legal requirements.

### **Governmental Funds**

The focus of the Board's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Board's financing requirements. In particular, unreserved fund balance may serve as a useful measure of the Board's net resources available for spending at the end of the fiscal year.

The financial performance of the Board as a whole is reflected in its governmental funds. As the Board completed the year, its governmental funds reported a fund balance of \$64,452.

### **Budgetary Highlights**

The Board prepares its budget prior to the start of each year. A comparison of this budget with actual results is provided in the Statement of Revenue and Expenditures - Budget and Actual.

### **Capital Assets and Debt Administration**

In government-wide financial statements, these assets are reflected at their historical costs less accumulated depreciation. Additional information can be found in the footnotes to these financial statements.

### **Economic Factors and Next Years' Budget and Rates**

The Board used no specific economic factors in preparing its budget for fiscal year 2024/2025. The Board's revenue is limited by maximum license fees specified in the Nevada Revised Statutes and the Nevada - Administrative Code.

### **Contacting the Board's Financial Management**

This financial report is designed to provide a general overview of the Board's finances and to demonstrate the Board's accountability for the money it receives. If you have questions about this report or need additional financial information, please contact the Board at (775) 883-8367.

## BASIC FINANCIAL STATEMENTS

**NEVADA STATE BOARD OF OPTOMETRY**  
 Statement of Net Position and Governmental Fund Balance Sheet  
 June 30, 2025

	General Fund	Adjustments (Note 8)	Statement of Net Position
<b>ASSETS</b>			
Cash and cash equivalents	\$ 238,877	\$ -	\$ 238,877
Prepaid expenses	3,899	-	3,899
<b>Total assets</b>	<b>242,776</b>	<b>-</b>	<b>242,776</b>
<b>DEFERRED OUTFLOWS OF RESOURCES</b>			
Other post-employment benefits	-	6,289	6,289
Pension	-	126,390	126,390
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 242,776</b>	<b>132,679</b>	<b>375,455</b>
<b>LIABILITIES</b>			
Accounts payable	\$ 13,586	-	13,586
Non current liabilities:			
Due within one year			
Licensing fees received in advance	160,198	-	160,198
Accrued compensated absences	4,540	-	4,540
Due in more than one year			
Accrued compensated absences	-	8,654	8,654
Net other post-employment benefits liability	-	89,641	89,641
Net pension liability	-	334,437	334,437
<b>Total liabilities</b>	<b>178,324</b>	<b>432,732</b>	<b>611,056</b>
<b>DEFERRED INFLOWS OF RESOURCES</b>			
Other post-employment benefits	-	23,140	23,140
Pension	-	43,311	43,311
<b>Total Liabilities and Deferred Inflows of Resources</b>	<b>178,324</b>	<b>499,183</b>	<b>677,507</b>
<b>FUND BALANCE/NET POSITION</b>			
<b>FUND BALANCE</b>			
Nonspendable	3,899	(3,899)	-
Assigned for:			
Board Activities	60,553	(60,553)	-
Total Fund Balance	<b>64,452</b>	<b>(64,452)</b>	<b>-</b>
<b>Total Liabilities and Fund Balance</b>	<b>\$ 242,776</b>		
<b>NET POSITION</b>			
Unrestricted		(302,052)	(302,052)
<b>Total Net Position</b>		<b>\$ (302,052)</b>	<b>\$ (302,052)</b>

See Accompanying Notes to Financial Statements

## NEVADA STATE BOARD OF OPTOMETRY

### Statement of Activities and Governmental Fund Revenue, Expenditures and Changes in Fund Balance For the Year Ended June 30, 2025

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	General Fund	Adjustments (Note 8)	Statement of Activities
Expenditures/Expenses			
Optometry Board operations	\$ 319,927	\$ 116	\$ 320,043
Program Revenues			
Charges for services	<u>262,142</u>	-	<u>262,142</u>
Net program revenues	<u>(57,785)</u>	<u>(116)</u>	<u>(57,901)</u>
General Revenue			
Interest income	<u>11,749</u>	-	<u>11,749</u>
Excess (Deficiency) of Revenue over Expenditures	(46,036)	46,036	-
Change in net position	-	(46,152)	(46,152)
Fund Balance/Net Position			
Fund Balance/Net Position, June 30, 2024	<u>110,488</u>	<u>(366,388)</u>	<u>(255,900)</u>
Fund Balance/Net Position, June 30, 2025	<u>\$ 64,452</u>	<u>\$ (366,504)</u>	<u>\$ (302,052)</u>

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 1 - NATURE OF OPERATIONS

The Nevada State Board of Optometry (the Board) was created in 1913 by the Nevada State Legislature. The Board is regulated by the Nevada Revised Statutes, which also specify the authorized activities of the Board. The Board is the licensing and regulatory agency for optometrists and has the power to accredit schools of optometry in the State of Nevada.

The financial statements of the Board have been prepared in accordance with generally accepted accounting principles as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### Reporting Entity

Effective July 1, 2001, Chapter 353 of the Nevada Revised Statutes (NRS) was amended to exempt certain professional and occupational boards from the state budget act and the provisions governing the administration of state funding. The provisions of Chapter 353 do not apply to boards created by the provisions of NRS 590.485 and chapters 623 to 625A, inclusive, 628, 630 to 644A, inclusive, 648, 654 and 656 of NRS and the officers and employees thereof. Accordingly, the Board's budgeting and accounting practices and procedures have been removed from the oversight of the Department of Administration.

The Board's financial statements are not included in the financial statements of the State of Nevada since the State does not exercise financial or administrative control over the Board. This conforms with GASB codification Section 2100, *Defining the Government Reporting Entity*.

##### Basis of Presentation

The Board is defined as a single-program special-purpose entity under GASB Statement No. 14, paragraph 131 as amended by GASB Statement No. 39. This classification allows for the preparation of GASB Statement No. 34 financial statements under an optional reporting method which combines the fund and government-wide statements into a single presentation. Under standard GASB Statement No. 34 methodology, the government-wide statement of net position and statement of activities are presented independently from the respective fund balance sheet and statement of revenues, expenditures, and fund balance. A reconciliation of adjustments provided on the modified financial statements demonstrates the changes from fund financial statements to the government-wide financial statements in order to assist the reader in evaluating these statements. The Board has utilized this optional method of presentation.

GASB Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, requires the Board to apply all applicable GASB pronouncements and, unless they conflict with or contradict GASB pronouncements all Financial Accounting Standards Board (FASB) Statements and Interpretations, Accounting Principles Board Opinions, and Accounting Research Bulletins issued on or before November 30, 1989. Accordingly, the Board has not applied FASB pronouncements issued after that date.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Basis of Accounting

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenue is recognized as soon as they are both measurable and available. "Measurable" means the amount of the transaction can be determined and "available" means collectable within the current period or soon enough thereafter to pay liabilities of the current period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting except for compensated absences which are recognized as expenditures only when payment is due. By provision of statute, the Board administers its licensing registration biennially. Revenue derived from renewals is recognized ratably over the license term.

The Board has only governmental fund type.

#### Fund Accounting

Under chapter 636.110 of the Nevada Revised Statutes, the general fund of the Board is used to account for the proceeds of specific revenue sources that are legally restricted to expenditures to be used solely for the Board's benefit. According to statute, any money deposited to Nevada State Board of Optometry does not revert to the State of Nevada's general fund. The net position of the general fund are restricted solely to be used by the Board to meet its obligation of licensing and regulating the practice of optometry in the State of Nevada.

In the fund financial statements, fund balances for the governmental fund are reported in classifications that comprise a hierarchy based primarily on how amounts can be spent. These include "non-spendable" which are not expected to be converted to cash, such as inventory or prepaid items, "restricted" by conditions of law, regulation grants or contract with external parties, "committed" which arise from acts of the Board, "assigned" which reflect an intent by management of the Board or "unassigned" which is the residual amount.

The Board first utilizes restricted resources to finance qualifying activities then unrestricted resources, as they are needed. In the governmental environment, resources are often assigned or committed to specific purposes, indicating that those amounts are not considered available for general operations. In contrast to restricted amounts, these types of constraints are internal and can be removed or modified. Therefore, assignments and commitments are not presented in the statements of net position.

The Board has adopted GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*. Equity is classified as net position and displayed in three different components. These include "net investment in capital assets" which consists of capital assets, net of accumulated depreciation and any related debt and right-of-use lease assets, net of accumulated amortization and any related debt; "Restricted net position" which consists of net position with constraints placed on their use either by (1) external groups such as creditors, granters, contributors, or laws and regulations of other governments; or (2) law through constitutional provisions or enabling legislation; or "unrestricted net position" which is a net position that is neither classified as "net investment in capital assets" nor as "restricted."

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### Deferred Outflows and Inflows of Resources

In addition to assets, a separate section is reported for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period and will not be recognized as an outflow or resources (expense/expenditure) until then. The changes in proportion and differences between employer contributions and proportionate share of contributions as well as contributions made after the measurement period for pensions and other post-employment benefits qualify for reporting in this category.

In addition to liabilities, a separate section is reported for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to a future period and will not be recognized as an inflow of resources (revenue) until that time. Differences between expected and actual experience and between projected and actual investment earnings on pension plan investments and other post-employment benefits qualify for reporting in this category.

##### Budget Data

The Board prepares an annual budget. The budget is prepared on a basis similar to generally accepted accounting principles under the modified accrual basis of accounting. All annual appropriations lapse at fiscal year-end.

##### Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources and pension expense, information about the fiduciary net position of the Public Employees' Retirement System of Nevada (PERS) and additions to/deductions from PERS' fiduciary net position have been determined on the same basis as they are reported by PERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

##### Post-employment Benefits Other Than Pensions (OPEB)

For purposes of measuring the net OPEB liability, related deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, information about the fiduciary net position of the Public Employees' Benefit Program (PEBP) and additions to/deductions from PEBP's fiduciary net position have been determined on the same basis as they are reported by PEBP. For this purpose, PEBP recognize benefit payments when due and payable in accordance with the benefit terms. PEBP's cash and cash equivalents consist of short-term, highly liquid investments that are both (a) readily convertible to known amounts of cash and (b) so near to maturity that they present insignificant risk of changes in value due to changing interest rates.

##### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### **Cash and Cash Equivalents**

Cash is maintained in various commercial banks in Carson City, Nevada. The Board participates in the State of Nevada collateralization program to assure that funds deposited are protected. By statute, all cash must be deposited in entities that are located in the State of Nevada.

##### **Risk Management**

The Board collects licensing fees in the State of Nevada. Financial instruments which potentially subject the Board to concentrations of credit risk consist primarily of cash equivalents. The Board has not experienced any significant losses in such accounts, nor does the Board believe it is exposed to any significant credit risk.

Credit risk is the risk that an issuer will not fulfill its obligations. The Board does not hold investments, and, therefore, is not exposed to credit risk.

Custodial credit risk is the risk that the Board may not be able to recover the value of assets that are in the possession of an outside party. The Board has bank accounts, which are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. On June 30, 2025, the bank balances do not exceed federally insured limits.

##### **Capital Assets**

Capital assets, which include furniture, fixtures and equipment are reported in the government-wide financial statements. Capital assets are defined by the Board as assets with an initial, individual cost of \$1,000 and an estimated useful life of at least one year. Such assets are recorded at historical cost. Donated assets are recorded at estimated fair market value at the date of donation. Expenditures for minor replacements, maintenance, and repairs are charged to expense as incurred. Depreciation is provided over the estimated useful lives of 3 to 5 years of the related capital assets using the straight-line method for financial statement purposes.

Under the modified accrual basis of accounting, acquisitions are considered expenditures in the year purchased.

##### **Compensated Absences**

Compensated absences are accounted for in accordance with GASB Statement No. 101, *Compensated Absences*, which requires that a liability for compensated absences relating to services already rendered and that are not contingent on a specified event be accounted for in the period those services are rendered or those events take place. GASB Statement No. 101 requires a more likely than not approach to reporting a liability for compensated absences. Governmental funds report compensated absences only if they have matured as a result of employee resignations, terminations and retirements. The fund liability is defined as those benefits actually paid or accrued as a result of employees who have terminated employment by June 30, 2025. The total accrued compensation absences are reported on the Statement of Net Position. It is the Board's policy to permit employees to accumulate earned but unused vacation and sick pay benefits.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### Right-of-Use Assets

Right-of-use (ROU) assets are recognized at the lease or subscription commencement date and represent the Board's right to use an underlying asset for a specified term. ROU assets are measured at the initial value of the lease or subscription liability plus any payments made to the lessor before commencement and initial direct costs.

##### Lease Liability

Lease liabilities represent the Board's obligation to make lease payments arising from leases other than short term leases. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments over the remaining lease term. Present value of lease payments are discounted based on a borrowing rate determined by the Board. Short term leases, those with a maximum period of 12 months, are expensed as incurred.

##### Memorandum Only - Total Columns

Total columns in the financial statements are captioned "memorandum only" to indicate that they are presented only to facilitate financial analysis. Data in these columns do not present financial position, changes in net position or cash flows in conformity with generally accepted accounting principles.

##### New Accounting Pronouncements - Adopted

During the year ended June 30, 2025, the Board implemented the following GASB pronouncements:

GASB Statement No. 101, *Compensated Absences*. Issued in June 2022, Governments commonly provide benefits to employees in the form of compensated absences. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. The implementation of this statement had no material effect on the financial statements.

GASB Statement No. 102, *Certain Risk Disclosures*. Issued in December 2023, State and local governments face a variety of risks that could negatively affect the level of service they provide or their ability to meet obligations as they come due. Although governments are required to disclose information about their exposure to some of those risks, essential information about other risks that are prevalent among state and local governments is not routinely disclosed because it is not explicitly required. The objective of this Statement is to provide users of government financial statements with essential information about risk related to a government's vulnerabilities due to certain concentrations or constraints. The implementation of this statement had no material effect on the financial statements.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### New Accounting Pronouncements – Not Yet Adopted

The following GASB pronouncements have been issued, but are not effective as of June 30, 2025:

Statement No. 103, *Financial Reporting Model Improvements*. Issued April 2024, the objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a governments' accountability. Statement No. 103 will be effective for the Board for fiscal year ending June 30, 2026.

Statement No. 104, *Disclosure of Certain Capital Assets*. Issued September 2024, the objective of this Statement is to provide users of government financial statements with essential information about certain types of capital assets. Statement No. 104 will be effective for the Board for fiscal year ending June 30, 2026.

The Board will implement new GASB pronouncements no later than the required effective date. The Board is currently evaluating whether or not the above listed new GASB pronouncements will have a significant impact on the Board's financial statements.

##### Reclassifications

Certain reclassifications have been made in the prior year financial statements in order for them to be in conformity with the current year presentation.

##### Subsequent Events

In preparing these financial statements, the Board has evaluated events and transactions for potential recognition or disclosure through November 21, 2025, the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

#### NOTE 3 - COMPLIANCE WITH NEVADA STATUTES AND ADMINISTRATIVE CODES

It is believed that the Board conformed to all significant statutory constraints on its financial administration during the year under Nevada Revised Statutes 218 and 636.

**NEVADA STATE BOARD OF OPTOMETRY**  
 Notes to Financial Statements  
 June 30, 2025

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**NOTE 4 - CAPITAL ASSETS**

The Board has custodial responsibility to the State of Nevada for furniture, fixtures and equipment acquired with resources of the Board. The capital asset activity during the year is as follows:

	Balance			Balance
	June 30, 2024	Increases	Decreases	June 30, 2025
Capital assets, being depreciated				
Office furniture and equipment	\$ 28,431	\$ -	\$ (28,431)	\$ -
Website design	6,525	-	-	6,525
Total capital assets	34,956	-	(28,431)	6,525
Less: accumulated depreciation	<u>(34,956)</u>	<u>-</u>	<u>28,431</u>	<u>(6,525)</u>
Total capital assets being depreciated	-	-	-	-
Capital assets, net	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**NOTE 5 - LONG-TERM LIABILITIES**

The following is a summary of changes in the Board's long-term liabilities, other than net pension liability, and net other post-employment benefits liability:

	Balance	Increases	Balance	Due Within
	June 30, 2024	(Decreases)	June 30, 2025	One Year
Accrued compensated absences	<u>\$ 9,048</u>	<u>\$ 4,146</u>	<u>\$ 13,194</u>	<u>\$ 4,540</u>

**NOTE 6 - DEFINED BENEFIT PENSION PLAN**

***General Information about the Pension Plan***

**Plan Description**

The Board contributes to the Public Employees Retirement System of Nevada (PERS), a cost-sharing multiple-employer pension plan administered by the Retirement Board of PERS. PERS provides retirement and disability benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. Nevada Revised Statutes establish and amend benefit provisions to be administered by the Retirement Board. The Public Employees Retirement Board of the State of Nevada issues a publicly available financial report that includes financial statements and required supplementary information for PERS. That report may be obtained from the Public Employees Retirement System at 693 West Nye Lane, Carson City, Nevada, 89703.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### **NOTE 6 - DEFINED BENEFIT PENSION PLAN (CONTINUED)**

##### ***General Information about the Pension Plan (Continued)***

##### **General Information about the PERS Cost Sharing Pension Plan**

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system, and was established by the Nevada Legislature in 1947, effective July 1, 1948. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

##### **Funding Policy**

The authority for establishing and amending the obligation to make contributions and member contribution rates is set by statute. New hires, in agencies which did not elect the Employer-Pay Contribution (EPC) plan prior to July 1, 1983; have the option of selecting one of two contribution plans. Under the employer pay contribution plan, the Board is required to contribute all amounts due under the plan. The rate for those contributions was 33.50% for regular members on all covered payroll for the year ended June 30, 2025. The second funding mechanism for providing benefits is the employer/employee paid contribution plan. Under this method, employees are required to contribute a percentage of their compensation to the plan, while the Board is required to match that contribution. The rate for regular employees under this plan was 17.50% for the year ended June 30, 2025. The contribution requirements of plan members and the Fund are established by NRS Chapter 286. The funding mechanism may only be amended through legislation.

PERS' basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

##### **Benefits Provided**

Benefits, as required by the Nevada Revised Statutes (NRS or statute), are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the System on or after January 1, 2010.

Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits. Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on and after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% multiplier. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 - .579.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

### June 30, 2025

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#### NOTE 6 - DEFINED BENEFIT PENSION PLAN (CONTINUED)

##### *General Information about the Pension Plan (Continued)*

###### **Vesting**

Regular members entering the System prior to January 1, 2010, are eligible for retirement at age 65 with five years of service, at age 60 with 10 years of service, or at any age with 30 years of service. Regular members entering the System on or after January 1, 2010, are eligible for retirement at age 65 with five years of service, or age 62 with 10 years of service, or any age with 30 years of service. Regular members who entered the System on or after July 1, 2015, are eligible for retirement at age 65 with five years of service, or at age 62 with 10 years of service or at age 55 with 30 years of service or any age with 33 1/3 years of service.

The normal ceiling limitation on monthly benefits allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985 is entitled to a benefit of up to 90% of average compensation. Both Regular and Police/Fire members become fully vested as to benefits upon completion of five years of service.

###### **Pension Liabilities**

At June 30, 2025, the Board reported a liability of \$334,437 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Board's proportion of the net pension liability was based on total contributions due on wages paid during the measurement period. Each employer's proportion of the net pension liability was based on their combined employer and member contributions relative to the total combined employer and member contributions for all employers for the period ended June 30, 2024. At June 30, 2024, the Board's proportion was .00185% a decrease from the prior year proportion of .00186%.

###### ***Pension Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions***

For the year ended June 30, 2025, the Board recognized pension expense of \$32,444. Amounts totaling \$25,702, resulting from Board contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended June 30, 2026. For the year ended June 30, 2025, the Board contributed \$25,702, under the statutory requirements based upon covered payroll of \$153,444 which equates to 16.75% overall to the plan.

At June 30, 2025, the Board reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 6 - DEFINED BENEFIT PENSION PLAN (CONTINUED)

#### *Pension Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)*

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 70,950	-
Net difference between projected and actual earnings on pension plan investments	- 32,947	32,947
Change in assumptions	21,580	-
Change in proportion	8,158	10,364
Board contributions subsequent to the measurement date	<u>25,702</u>	-
	<u><u>\$ 126,390</u></u>	<u><u>\$ 43,311</u></u>

Deferred outflows/(inflows) of resources less contributions subsequent to the measurement date will be recognized as follows:

<u>Year Ending June 30</u>	
2026	\$ 10,414
2027	41,710
2028	1,130
2029	(1,089)
2030	<u>5,212</u>
	<u><u>\$ 57,377</u></u>

The net difference between projected and actual investment earnings on pension plan investments will be recognized over five years, all the other above deferred outflows and deferred inflows will be recognized over the average expected remaining service lives, which was 5.64 years for the measurement period ending June 30, 2024.

Reconciliation of the net pension liability as June 30, 2025 is as follows:

Beginning net pension liability	\$ 340,104
Pension expense	32,444
Employer contributions	(26,618)
Net deferred (inflows)/outflows	<u>(11,493)</u>
Ending net pension liability	<u><u>\$ 334,437</u></u>

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 6 - DEFINED BENEFIT PENSION PLAN (CONTINUED)

#### *Actuarial Assumptions*

The System's net pension liability was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The total pension liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation rate	2.50%
Payroll growth	3.50%
Investment rate of return	7.25%
Productivity pay increase	0.50%
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Rates include all inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2024 funding actuarial valuation

Actuarial assumptions used in the June 30, 2024 valuation were based on the results of the experience study for the period July 1, 2016 through June 30, 2020. The discount rate used to measure the total pension liability was 7.25% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumed plan contributions will be made in amounts consistent with statutory provisions and recognizing the plan's current funding policy and cost-sharing mechanism between employers and members. For this purpose, all contributions that are intended to fund benefits for all plan members and their beneficiaries are included, except the projected contributions that are intended to fund the service costs for future plan members and their beneficiaries are not included.

Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments for current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024.

PERS receives an actuarial valuation on an annual basis indicating the contribution rates required to fund the System on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by the Nevada Legislature. These statutory rates are increased/decreased pursuant to NRS 286.421 and 286.450.

The actuary funding method used is the Entry Age Normal Cost Method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

Mortality rates for healthy participants were based on the Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Table (separate tables for males and females) with rates increased by 30% for males and 15% for females, projected generationally with the two dimensional monthly improvement scale MP-2020. For disabled participants, mortality rates were based on the Pub-2010 Non-Safety Disabled Retiree Amount-Weighted Mortality Table (separate tables for males and females) with rates increased by 20% for males and 15% for females, projected generationally with the two-dimensional mortality improvement scale MP-2020.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 6 - DEFINED BENEFIT PENSION PLAN (CONTINUED)

#### *Investment Policy*

The System's policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of the System. As of June 30, 2024, PERS' long-term inflation assumption was 2.50%.

The following was the adopted policy target asset allocation as of June 30, 2024:

Asset Class	Target Allocation	Long-Term Geometric Expected Real Rate of Return
U.S. Stocks	34%	5.50%
International Stocks	14%	5.50%
U.S. Bonds	28%	2.25%
Private Markets	12%	6.65%
Short Term Investments	12%	0.50%

\*As of June 30, 2024, PERS' long-term inflation assumption was 2.50%

#### ***Sensitivity of the Board's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate***

The following presents the Board's proportionate share of the net pension liability of the PERS as of June 30, 2024 calculated using the discount rate of 7.25%, as well as what the Board's share of the net pension liability would be if it were calculated using a discount rate that is 1 percentage-point lower (6.25%) or 1 percentage-point higher (8.25%) than the current discount rate:

	1% Decrease (6.25%)	Discount Rate (7.25%)	1% Increase (8.25%)
Board's proportionate share of the net pension liability	\$ 537,815	\$ 334,437	\$ 166,648

***Discount Rate.*** The discount rates used to measure the total pension liability was 7.25% as of June 30, 2024, respectively. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified in statute. Based on that assumption, the pension plan's fiduciary net position, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024.

#### ***Pension Plan Fiduciary Net Position***

Additional information supporting the Schedule of Employer Allocations and the Schedule of Pension Amounts by Employer is located in the PERS Annual Comprehensive Fiscal Report (ACFR) available on the PERS website at [www.nvpers.org](http://www.nvpers.org) under Quick Links – Publications – Financial Reports.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### **NOTE 7 - OTHER POST EMPLOYMENT BENEFITS (OPEB)**

#### **The Nevada Public Employees Deferred Compensation Program**

The Board employees are eligible to participate in the Nevada Public Employees Deferred Compensation Program. The Program, established in 1977, is a voluntary tax-deferred supplemental retirement plan (IRC 457(b)), which provides participants and their beneficiaries with a supplement to their other retirement savings. The Program operates solely in the interest of the plan participants and beneficiaries. As a voluntary, participant-directed plan, participants bear the ongoing responsibility for deciding the amount of current compensation to defer and the selection of investment allocations and options. There are no employer contributions. No amount of deferred compensation was due to participant accounts by the Board as of June 30, 2025.

#### **Public Employees Benefits Program of the State of Nevada**

The Board has adopted the provisions of GASB Statement No. 75, Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions. This statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense/expenditures. The Board recognizes the cost of post-employment healthcare in the year when the employee services are received, reports the accumulated liability from prior years, and provides information useful in assessing potential demands on the Board's future cash flows. The annual funding, if paid on an ongoing basis, is projected to cover normal costs each year and to amortize any unfunded liabilities (or funding excess) over a period not to exceed thirty years.

#### ***General Information About the OPEB Plan***

##### **Plan Description**

Employees of the Board are provided with OPEB through the Public Employees' Benefits Program (PEBP) - a cost-sharing multiple employer defined benefit OPEB plan administered by the Public Employees' Benefits Program Board (PEBP Board) which was created in 1983 by the Nevada Legislature to administer group health, life and disability insurance for covered employees, both active and retired, of the State, and certain other participating public employers within the State of Nevada. PEBP does not provide for refunds of employee contributions. PEBP issues publicly available financial reports that can be obtained at <https://pebp.state.nv.us>.

The Board is reporting plan information consistent with the PEBP's accounting methods and assumptions as disclosed in the annual report. No information has come to our attention that indicates significant changes to the plan's disclosures.

##### **Benefits Provided**

PEBP provides medical, dental, vision, mental health and substance abuse and also offers fully insured HMO products. Long-term disability and life insurance benefits are fully insured by outside carriers.

##### **Contributions**

Per NRS 287 contribution requirements of the participating entities and covered employees are established and may be amended by the PEBP Board. The Boards' contractually required contribution for the year ended June 30, 2025, was \$5,015, actuarially determined as an amount that is expected to finance the costs of benefits earned by employees during the year. Employees are not required to contribute to the OPEB plan.

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 7 - OTHER POST EMPLOYMENT BENEFITS (OPEB) (CONTINUED)

#### ***OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB***

At June 30, 2025, the Board reported a liability of \$89,641 for its proportional share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2024, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of that date. The Board's proportion of the net OPEB liability was based on a projection of the Board's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating state agencies. Actuarially determined at June 30, 2024, the Board's proportion was 0.0066% a decrease from the Board's prior year proportion of 0.0075%.

For the year ended June 30, 2025, the Board recognized OPEB expense of \$1,136. Amounts totaling \$5,912, resulting from Board contributions and the implicit subsidy subsequent to the measurement date will be recognized as a reduction of the net OPEB liability in the year ended June 30, 2026. For the year ended June 30, 2025, the Board contributed \$5,015, under the statutory requirements based upon covered payroll of \$160,044 which equates to 3.13% overall to the plan.

At June 30, 2025, the Board reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 1,146
Net Difference Between Projected and Actual Investment		
Earnings on OPEB Plan Investments	-	23
Changes of assumptions	-	8,699
Changes in proportion	377	13,272
Contributions and implicit subsidy subsequent to the measurement date	<u>5,912</u>	<u>-</u>
	<u>\$ 6,289</u>	<u>\$ 23,140</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources less contributions subsequent to the measurement date related to OPEB will be recognized in OPEB expense as follows:

#### Year Ending June 30

2026	\$ (7,481)
2027	(4,942)
2028	(4,939)
2029	(4,303)
2030	<u>(1,098)</u>
	<u><u>\$ (22,763)</u></u>

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 7 - OTHER POST EMPLOYMENT BENEFITS (OPEB) (CONTINUED)

#### Actuarial Assumptions

The total OPEB liability in the June 30, 2024 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation rate (CPI)	2.50%
Discount rate:	3.93%
Investment return assumption:	2.50%
Productivity Pay Increase	0.50%
Salary Increase	Regular: 4.20% to 9.10%, varying by service, including inflation
Healthcare cost trend rates	8.00% graded down 0.25% to ultimate 4.50% over 14 years

Healthy mortality rates were based on the PUB-2010 Public Retirement Plans Safety Mortality Table weighted by Headcount, projected by MP-2020 for officers, and PUB-2010 Public Retirement Plans General Mortality Table weighted by Headcount, projected by MP2020 for civilians.

Disabled mortality rates were based on the PUB-2010 Public Retirement Plans Safety Disabled Mortality Table weighted by Headcount, projected by MP-2020 for officers, and PUB-2010 Public Retirement Plans General Disabled Mortality Table weighted by Headcount, projected by MP-2020 for civilians.

Plan fiduciary net position (plan asset) was valued as of the measurement date of June 30, 2024 and the total OPEB liability was determined from actuarial valuation using data as of measurement date June 30, 2024.

The actuarial assumptions used in the June 30, 2024 valuation were based upon certain demographic and other actuarial assumptions as recommended by the actuary, in conjunction with the State and guidance from the GASB statement.

#### Discount Rate

The discount rate basis under GASB Statement No. 75 is required to be consistent with a 20-year Municipal Bond Index. The Bond Buyer General Obligation 20-Bond Municipal Bond Index is used for the determination of the discount rate.

The discount rate as of June 30, 2024, was 3.93% an increase from the prior year amount of 3.65%. Additional detail regarding the discount rates as of June 30, 2024, are provided in the "Actuarial Assumptions" section of the report provided by the PEBP Board.

#### Sensitivity of the Board's Proportionate Share of the Net OPEB Liability to Changes in the Discount Rate

The following presents the Board's proportionate share of the net OPEB liability, as well as what the Board's proportionate share of the net OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current discount rate:

	Current Discount		
	1% Decrease (2.93%)	Rate (3.93%)	1% Increase (4.93%)
Net OPEB liability	\$ 98,271	\$ 89,641	\$ 82,141

# NEVADA STATE BOARD OF OPTOMETRY

## Notes to Financial Statements

June 30, 2025

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### NOTE 7 - OTHER POST EMPLOYMENT BENEFITS (OPEB) (CONTINUED)

#### Sensitivity of the Board's Proportionate Share of the Net OPEB Liability to Changes in the Health Care Cost Trend Rates

The following presents the Board's proportionate share of the net OPEB liability, as well as what the Board's proportionate share of the net OPEB liability would be if it were calculated using health care cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current health care trend rates:

	Health Care Cost Trend Rates		
	1% Decrease	Current Trend rate	1% Increase
	\$	\$	\$
Net OPEB liability	<u>85,423</u>	<u>89,641</u>	<u>94,441</u>

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued PEBP financial report.

### NOTE 8 - CONVERSION TO GOVERNMENT-WIDE FINANCIAL STATEMENTS

Adjustments on the face of the financial statements were made to the fund balance sheet and statement of revenue, expenditures, and changes in fund balance in order to reconcile the fund financial statements to the government-wide statements of net assets and activities. These adjustments detail the effect of the capitalization of fixed assets of \$6,525, accumulated depreciation of \$(6,525), depreciation expense of \$ -, the recognition of \$(8,654) for compensated absences, the recording of the Board's proportionate share of deferred outflows of resources of \$126,390, deferred inflows of resources of \$(43,311) and net pension liability of \$(334,437) relating to the defined benefit pension plan detailed in Note 6, and the recording of the Board's proportionate share of deferred outflows of resources of \$6,289, deferred inflows of resources of \$(23,140) and net other post-employment benefits liability of \$(89,641) relating to the other post-employment benefits plan detailed in Note 7.

### NOTE 9 - RISK MANAGEMENT

The Board is subject to legal proceedings and claims, which have arisen in the ordinary course of its business and have not been finally adjudicated. These actions, when ultimately concluded and determined, in the opinion of the Board, will not have a material adverse effect on the financial position of the Board, and, accordingly, no provisions for losses have been recorded.

### NOTE 10 - DISCIPLINARY PROCEEDINGS AND CONTINGENCIES

In connection with the Board's enforcement program as prescribed by statute and regulation, it may seek recovery from licensees for costs incurred related to the investigative and disciplinary actions taken by the Board. Judgments made by the Board included stipulations for cost recoveries; these recovery amounts are presented as part of operating revenue. In addition, the Board is authorized to impose administrative fines. The Board acts as an agent for the State of Nevada with respect to the administrative fine; thus, fines collected by the Board are remitted to the State of Nevada.

Certain claims, suits and complaints associated with the Board's ordinary course of business are pending or may arise. The Board believes the cases are without merit and intends to vigorously defend its positions. Accordingly, these financial statements do not include a liability for amounts that may arise from these cases.

**REQUIRED SUPPLEMENTARY INFORMATION**

**NEVADA STATE BOARD OF OPTOMETRY**  
 Statement of Revenue and Expenditures - Budget and Actual  
 For the Year Ended June 30, 2025  
 (With Comparative Totals for The Year Ended June 30, 2024)

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	2025		2024	
	Original and Final Budget (unaudited)	Actual	Variance Favorable (Unfavorable)	Actual (Memorandum Only)
<b>REVENUES</b>				
License renewal	\$ -	\$ 196,612	\$ 196,612	\$ 150,436
New license application	19,400	21,958	2,558	33,084
Certifications and add location	14,550	38,206	23,656	53,384
Fines and penalties	-	5,000	5,000	1,500
Other	-	366	366	9,798
Interest income	-	11,749	11,749	2,835
<b>Total Revenues</b>	<b>33,950</b>	<b>273,891</b>	<b>239,941</b>	<b>251,037</b>
<b>EXPENDITURES</b>				
Operations				
Salaries	155,000	163,384	(8,384)	174,379
Operating expenses	26,543	18,669	7,874	42,911
Employee benefits	75,719	78,836	(3,117)	81,871
Professional services	66,540	53,034	13,506	43,485
Travel	5,025	6,004	(979)	5,381
<b>Total Expenditures</b>	<b>328,827</b>	<b>319,927</b>	<b>8,900</b>	<b>348,027</b>
<b>Excess (Deficiency) of Revenues Over (Under) Expenditures</b>	<b>\$ (294,877)</b>	<b>\$ (46,036)</b>	<b>\$ 248,841</b>	<b>\$ (96,990)</b>

**NEVADA STATE BOARD OF OPTOMETRY**  
**Schedules of Required Supplementary Information**  
**For the Year Ended June 30, 2025**

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**SCHEDULE OF THE BOARD'S PROPORTIONATE SHARE OF THE  
NET PENSION LIABILITY**  
**Nevada State Public Employees' Retirement System**

<u>Year Ended June 30</u>	<u>Board's proportion of the net pension liability (asset)</u>	<u>Board's proportionate share of the net pension liability (asset)</u>	<u>Board's proportionate share of covered payroll</u>	<u>Board's proportionate share of the net pension liability (asset) as a percentage of its covered- employee payroll</u>	<u>Plan fiduciary net position as a percentage of the total pension liability</u>
2015	0.00116%	\$ 132,758	\$ 66,737	198.93%	75.13%
2016	0.00074%	\$ 99,946	\$ 43,820	228.08%	72.23%
2017	0.00155%	\$ 205,782	\$ 94,257	218.32%	74.42%
2018	0.00216%	\$ 294,968	\$ 134,723	218.94%	75.24%
2019	0.00169%	\$ 230,546	\$ 110,000	209.59%	76.46%
2020	0.00190%	\$ 264,954	\$ 128,951	205.47%	77.04%
2021	0.00196%	\$ 178,855	\$ 138,366	129.26%	86.51%
2022	0.00191%	\$ 345,361	\$ 131,309	263.01%	75.12%
2023	0.00186%	\$ 340,105	\$ 132,562	256.56%	76.16%
2024	0.00185%	\$ 334,437	\$ 141,503	236.35%	78.11%

See Accompanying Notes to Required Supplementary Information

**NEVADA STATE BOARD OF OPTOMETRY**  
**Schedules of Required Supplementary Information**  
**For the Year Ended June 30, 2025**

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Year Ended June 30	Contributions in Relation to the		Contribution Deficiency (Excess)	Board's proportionate share of covered payroll	Contributions as a % of Covered Employee Payroll
	Actuarially Determined Contributions	Actuarially Determined Contributions			
2015	\$ 17,397	\$ 16,665	\$ 732	\$ 66,737	24.97%
2016	\$ 6,576	\$ 6,288	\$ 287	\$ 43,820	14.35%
2017	\$ 14,147	\$ 13,980	\$ 170	\$ 94,257	14.83%
2018	\$ 20,297	\$ 20,094	\$ 203	\$ 134,723	14.91%
2019	\$ 16,592	\$ 16,317	\$ 275	\$ 110,000	14.83%
2020	\$ 20,485	\$ 19,857	\$ 628	\$ 128,951	15.40%
2021	\$ 21,977	\$ 20,618	\$ 1,359	\$ 138,366	14.90%
2022	\$ 21,314	\$ 21,086	\$ 227	\$ 131,309	16.06%
2023	\$ 21,466	\$ 21,649	\$ (182)	\$ 132,562	16.33%
2024	\$ 25,800	\$ 26,966	\$ (1,166)	\$ 141,503	19.06%

Notes: All contributions shown reflect employer-paid contributions only. Member contributions are excluded. Actuarially determined contributions above are based on actuarially determined contribution rates (employer portion only) from most recent rate-setting year prior to year shown, applied to covered payroll for year shown.

**NEVADA STATE BOARD OF OPTOMETRY**  
**Schedules of Required Supplementary Information**  
**For the Year Ended June 30, 2025**

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**SCHEDULE OF THE BOARD'S PROPORTIONATE SHARE OF THE  
NET OPEB LIABILITY**  
**Nevada State Public Employee's Benefits Program**

Year Ended June 30	Board's proportion of the net OPEB liability (asset)	Board's proportionate share of the net OPEB liability (asset)	Board's proportionate share of covered payroll	Board's proportionate share of the net OPEB liability (asset) as a percentage of its covered payroll	Plan fiduciary net position as a percentage of the total OPEB liability
2017	0.0030%	\$ 39,278	\$ 49,916	78.69%	0.11%
2018	0.0113%	\$ 149,378	\$ 213,677	69.91%	0.12%
2019	0.0071%	\$ 99,406	\$ 141,393	70.30%	0.02%
2020	0.0072%	\$ 108,098	\$ 147,361	73.36%	-0.38%
2021	0.0076%	\$ 118,552	\$ 158,861	74.63%	-0.64%
2022	0.0077%	\$ 111,050	\$ 175,381	63.32%	-1.41%
2023	0.0075%	\$ 109,799	\$ 177,903	61.72%	-2.14%
2024	0.0066%	\$ 89,641	\$ 170,768	52.49%	-1.03%

See Accompanying Notes to Required Supplementary Information

**NEVADA STATE BOARD OF OPTOMETRY**  
**Schedules of Required Supplementary Information**  
**For the Year Ended June 30, 2025**

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**SCHEDULE OF BOARD CONTRIBUTIONS**  
**Nevada State Public Employee's Benefits Program**

Year Ended June 30	Contributions in Relation to the		Contribution Deficiency (Excess)	Board's proportionate share of covered payroll	Contributions as a % of Covered Payroll
	Actuarially Determined Contributions	Actuarially Determined Contributions			
2017	\$ 1,142	\$ 1,141	\$ 1	\$ 49,916	2.35%
2018	\$ 4,487	\$ 4,483	\$ 5	\$ 213,677	2.10%
2019	\$ 3,017	\$ 2,907	\$ 110	\$ 141,393	2.06%
2020	\$ 3,598	\$ 3,159	\$ 438	\$ 147,361	2.14%
2021	\$ 3,358	\$ 3,007	\$ 351	\$ 158,861	1.89%
2022	\$ 4,929	\$ 4,156	\$ 772	\$ 175,381	2.37%
2023	\$ 5,207	\$ 4,414	\$ 793	\$ 177,903	2.48%
2024	\$ 4,523	\$ 5,611	\$ (1,089)	\$ 170,768	3.29%

See Accompanying Notes to Required Supplementary Information

## **NEVADA STATE BOARD OF OPTOMETRY**

### Notes to Required Supplementary Information For the Year Ended June 30, 2025

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#### **Pension Plan**

##### *Changes in assumptions*

There were no changes in assumptions that affected the measurement of the total pension liability during the measurement period.

##### *Benefit changes*

There were no changes in benefit terms that affected the measurement of the total pension liability during the measurement period.

#### **Other Post-Employment Benefits (OPEB)**

##### *Changes in assumptions*

The discount rate used to measure the net OPEB liability increased from 3.65% to 3.93% from June 30, 2024 to June 30, 2025; this affected the measurement of the total OPEB liability during the measurement period.

##### *Benefit changes*

There were no changes in benefit terms that affected the measurement of the total OPEB liability during the measurement period.

## REPORT ON INTERNAL CONTROL AND COMPLIANCE

*Casey Neilon, Inc.*  
**Accountants and Advisors**

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS  
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors of  
Nevada State Board of Optometry  
Carson City, Nevada

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Nevada State Board of Optometry (the "Board") as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements, and have issued our report thereon dated November 21, 2025.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Board's internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, we do not express an opinion on the effectiveness of the Board's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Board's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Nevada State Board of Optometry's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Board's response to the findings identified in our audit and described in the accompanying schedule of findings and questioned costs. The Board's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

**Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Board's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* and in considering the Board's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Reno, Nevada  
November 21, 2025

# NEVADA STATE BOARD OF OPTOMETRY

## Summary Schedule of Prior Year Findings

For the Year Ended June 30, 2025

### Financial Statement Findings

#### 2024-001: Financial Close and Reporting – Significant Deficiency

*Summary of prior audit finding* Prior audits identified an absence of internal controls over year end closing entries and recommended that an external accounting consultant's services be amended to include calculating year-end adjustments and providing account reconciliations.

*Current Status:* The Board implemented procedures by having the outside accounting consultant and bookkeeper to perform enhanced service to make sure the year end closing entries are accurate and complete.

## AUDITOR'S COMMENTS

*Casey Neilon, Inc.*  
**Accountants and Advisors**

November 21, 2025

To the Board Members and Management  
Nevada State Board of Optometry  
Carson City, Nevada

We have audited the financial statements of the governmental activities and major fund of the Nevada State Board of Optometry as of and for the year ended June 30, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated September 15, 2025. Professional standards also require that we communicate to you the following information related to our audit.

**Significant Audit Matters**

*Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Nevada State Board of Optometry are described in Note 1 to the financial statements, the Board adopted the new Statement of Governmental Accounting Standards (GASB Statement) Statement No. 101, *Compensated Absences*, and Statement No. 102, *Certain Risk Disclosures* in 2025. The implementation of this statement had no impact to the Board. We noted no transactions entered into by the Nevada State Board of Optometry during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive accounting estimates affecting the financial statements are the estimates relating to pension and OPEB information and the related assets and liabilities.

Management's estimate of the pension and OPEB information is based on the actuarial report provided by the State of Nevada. We evaluated the key factors and assumptions used to develop the pension and OPEB information and determined that it is reasonable in relation to the basic financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the Nevada State Board of Optometry's financial statements relate to pension and OPEB information in Notes 6 and 7.

The financial statement disclosures are neutral, consistent, and clear.

*Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements.

The following misstatements that we identified as a result of our audit procedures were brought to the attention of, and corrected by, management:

- Adjust accounts payable - \$1,107
- Adjust compensated absences - \$(8,469)

The following adjustments were proposed to report the changes for the government-wide financial statements:

- Report change in compensated absences - \$(394)
- Report change in pension accounts: deferred outflows, deferred inflows and net pension liability - \$6,863
- Report change in OPEB accounts: deferred outflows, deferred inflows and net OPEB liability - \$(6,353)

#### *Disagreements with Management*

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

#### *Management Representations*

We have requested certain written representations from management, which are included in the management representation letter dated November 21, 2025.

#### *Management's Consultations with Other Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Nevada State Board of Optometry's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

#### *Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Nevada State Board of Optometry's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

### Other Matters

We applied certain limited procedures to management's discussion and analysis, general fund budgetary comparison information, pension information and other postemployment benefit information, which are required supplementary information (RSI) that supplements the basic financial 2025 statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

### Restriction on Use

This report is intended solely for the information and use of the governing body and management of Nevada State Board of Optometry and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in black ink that reads "Casey Neilon". The signature is fluid and cursive, with "Casey" on the top line and "Neilon" on the bottom line.

Reno, Nevada  
November 21, 2025

# **Materials for Item No. 6**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF OPTOMETRY**

November 5, 2025

[Licensee], O.D.  
[Licensee email address]  
*via email only*

Re: NSBO Complaint# 26-03  
Patient: [Patient]

Dear Dr. [Licensee 1]:

This matter was presented to the Board in a double blind manner, i.e., yours and the complainant's identities are made anonymous and the medical records are redacted accordingly. The Board was presented with redacted versions of your narrative response, your office's medical records and Optos imaging, [Anterior Seg 1]'s medical records, [Retina OMD 1]'s medical records, and [Retina OMD 2]'s medical records.

Upon their review, the Board has ordered further investigation of the complainant's claims including your answers to the below questions and other information you deem pertinent to contest the allegations:

**As to the 1/2024 presentation-**

You state that the patient was asked about poor vision or vision loss, and flashes of light or lightning bolts, but there is no documentation of that discussion or the patient's responses in the chart notes. If you did ask about that, why is it not documented? Explain why your narrative appears to be inconsistent with what is documented in your records.

Since none of this is documented in the records, did any of the following actually occur on this date: 1) a posterior segment examination; 2) a slit lamp examination; 3) VA measurements; 4) IOP measurements; and 5) any offer and/or patient declination of dilation? Explain why or why not as to nos. 1-5, individually.

//

## **As to the 2/2024 presentation-**

You state that the patient was asked about poor vision or vision loss and flashes of light or lightning bolts, but there is no documentation of that discussion or the patient's responses in the chart notes. If you did ask about that, why is it not documented? Explain why your narrative appears to be inconsistent with what is documented in your records.

Were VAs taken? Explain why or why not.

Were IOPs taken? Explain why or why not.

Were any mydriatics used for dilation? If so, which mydriatic drop and concentration? If so, where is it documented in the chart? If mydriatics were used, explain why this information was not charted.

Did you measure IOPs before you administered the mydriatics? If so, did you document that anywhere in the chart? If so, where in the chart?

Do you believe the Optos imaging provided you with clear enough and complete enough imaging of the retina sufficient to base your plan of care and/or diagnoses? Do you believe the lids are blocking an appreciable portion of the retinal image which precludes an assessment of the peripheral retina in these images? Explain what about the retina seen in the Optos imaging led you to not suspect a retinal tear or RD when a significant part of the peripheral retina is not imaged.

Did you factor in the patient being pseudophakic in your decision-making? Explain why or why not.

Did you consider additional examination techniques such as binocular indirect ophthalmoscopy with scleral depression and what was offered and/or declined by the patient? Explain why or why not.

**Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations.** Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) is due on or by the close of business **December 1, 2025**. Because this matter may be presented to the Board in a double-blind manner, do NOT use personal or company letterhead, and use the following references: [Patient] as "the patient," yourself as "Licensee 1," your practice/fictitious business name as "Licensee Entity 1," Dr. [Retina OMD 1] as "Retina OMD 1."

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

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Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8)(unprofessional conduct in the practice of optometry).

Respectfully,

*/s/ Adam Schneider*

Adam Schneider, Esq.  
Executive Director

**To:** Department of Business & Industry  
Office of Nevada Boards, Commissions and Councils Standards  
Nevada State Board of Optometry  
C/O Mr. Adam Schneider, Esq.  
Executive Director

**RE:** NSBO Complaint # 26-03

**December 1, 2025**

Dear Mr. Schneider,

Thank you for your letter dated November 5, 2025, requesting clarification regarding several items identified during your initial review of the patient's chart and my prior response. I specifically deny any allegations leveled with respect to the subjects raised in the immediate or related inquiry, but I do appreciate the opportunity to provide additional detail and I hope that the information below fully addresses each point you raised. I have attempted to be succinct yet thorough in this letter.

For clarity, I have grouped my responses according to the issues identified in your letter:

**1. January 2024 Visit — Documentation of Symptoms and Counseling**

During the January 2024 visit, the patient presented with a specific complaint of a persistent floater. As part of our evaluation, the patient was asked about **poor vision, vision loss**, and I personally counseled the patient respecting **symptoms such as flashes of light or the appearance of a black curtain**. The patient **denied** or did not disclose any such symptoms.

These discussions are documented on:

- **Page 1 (left-hand side)** of the chart, which reflects the questions asked and the patient's responses; and
- **Page 2**, which also includes counseling regarding the importance of reporting flashes of light immediately.

Nothing in my previously submitted narrative is inconsistent with the chart notes; the documentation reflects the inquiries I made, counsel rendered, and evidenced the patient's responses during the visit.

**Regarding the five specific events referenced in your inquiry:**

- **Posterior segment exam:** Posterior segment imaging was obtained and reviewed during the visit.
- **Slit lamp exam:** Not performed during this first encounter due to the focused, problem-oriented nature of the visit. A slit lamp examination **was performed** during the February 2024 visit.
- **Visual acuity (VA) testing:** Not obtained because the patient specifically denied any vision loss.
- **Intraocular pressure (IOP) testing:** Not performed, as the patient's presenting problem did not suggest a concern related to IOP.
- **Offer or declination of dilation:** Dilation was not performed at this first visit due to the focused nature of the patient's symptoms. A follow-up exam was scheduled, and a dilation was conducted at that time (see below). No concerning findings were identified during the dilated exam. Based on those results, it is my medical opinion that dilation during the first visit would not have produced any additional clinically relevant information.

## **2. February 2024 Visit — Symptom Inquiry and Documentation**

During the February visit, the patient was again asked about **poor vision, vision loss**, and the patient disclosed no symptoms of **flashes of light**. These topics were discussed and charted. As with the January visit, the patient denied or did not disclose any such concerns.

## **3. VA and IOP Measurements**

VA and IOP measurements were not taken during either visit. Both appointments were **problem-focused evaluations** rather than comprehensive annual-type general exams. The patient's specific complaint was a persistent floater without any reported vision loss, and my clinical focus remained directed at that stated problem.

## **4. Use of Mydriatics During Dilation**

Dilation **was performed** during the February 2024 visit. In our EHR system, the specific mydriatic agent is typically selected via a checkbox. On this occasion, the checkbox was inadvertently not marked. However, dilation was completed appropriately.

Given the patient's history of multiple dilations associated with prior cataract surgery, the risk of adverse effects from dilation was extremely low.

## **5. IOP Measurements Prior to Dilation**

IOP measurements were not taken prior to dilation during the February visit. The patient had tolerated multiple prior dilations without complications, and based on the nature of his presenting complaint and clinical history, an IOP reading was not clinically necessary at that time.

## **6. Adequacy of Optos Imaging**

In my opinion, the **Optos imaging, combined with the dilated examination**, provided a sufficiently clear and complete view of the retina. The two modalities together gave me full visualization of the posterior pole and mid-periphery and enabled me to confidently rule out a retinal detachment. At the time of both visits, the retina was intact.

## **7. Eyelid Position and Image Obstruction**

There was **no appreciable eyelid obstruction** that limited my ability to evaluate the retina. While an Optos image alone may sometimes be insufficient depending on lid position, in this case the combination of imaging and dilation provided an unobstructed and reliable assessment of the retina.

## **8. Consideration of Pseudophakia**

I was aware that the patient was pseudophakic, and I took that fact into account during both examinations. This information did not alter my clinical assessment or decision-making. Based on the patient's symptoms, responses, imaging, and the findings on dilated exam, there was **no evidence of retinal detachment** at either visit.

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## **Conclusion**

My evaluations during both appointments, including direct questioning, imaging, dilation, and clinical examination, demonstrated that the retina of the patient was intact. When the patient left my office after each visit, no retinal detachment was present.

To the extent that I have not adequately addressed or answered any of the specific inquiries from your letter, I respectfully reserve the ability to supplement or provide additional information. If you require any further clarification or if other questions arise, please let me know. I am committed to cooperating fully and providing any information necessary to assist your review.

Sincerely,

/s/ Licensee 1

# **Materials for Item No. 7**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

**DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF OPTOMETRY**

November 14, 2025

[Licensee], O.D.  
[Address]  
[City], NV [zipcode]  
*via mail only*

Re: NSBO Complaint# 26-09  
Patient: [Patient]

Dear Dr. [Licensee]:

This office received a complaint alleging that your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It alleges:

In July 2024 the patient presented to you for a check-up. Your Impression included combined cataract (Lens: 1+ ns and 1+ cs w/ 1+ a&p segmentation OU), recommended the need to be monitored every year unless there is significant change in vision, and provided a glasses prescription of OD- +1.0, Cyl 0.50, Axis 010, Add +2.25; OS- +1.25, Cyl -1.25, Axis 170, Add +2.25. You advised of the cataract OU, its usual cause, rate of progression, its effect on vision as it progresses, and that small pupils are an advantage and is the reason glasses are not needed all the time.

In August 2025, the patient presented to a different optometrist to confirm the cataract who stated the patient did not have any cataract problem and the prior provided prescription was too strong. The patient's new glasses prescription was OD- Sphere +1.0, Cyl -0.50, Axis 012; OS- Sphere +1.25, Cyl 0.75, Axis 170; OU- Add +2.00. Lens/IOL clear. Presenting VAs OD 20/20-, OS 20/20-, OU 20/20. Manifest VAs OD 20/20, OS 20/20, OU 20/20.

The patient made your office aware of the incorrect prescription. Your office unsuccessfully tried to get free new lenses from your office's associated lab. The patient's suggested reimbursement coming from your own office was rejected, and it was suggested to the patient to contact the insurance carrier instead.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response. Please include any further information you believe would be useful for the Board to make a determination in this matter, including an explanation for the following:

- 1) did the patient have a “cataracts problem” in 2024?
- 2) in retrospect, was the patient misdiagnosed with a “cataracts problem” in 2024?
- 3) was the patient provided an inaccurate spectacle prescription in 2024 bearing in mind the spectacle prescription the patient obtained from a separate optometrist in August 2025?

**Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations.** Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) or via fax (775) 305-0105, or in the enclosed envelope is due on or by the close of business **December 1, 2025**.

**Because this matter may be presented to the Board in a double-blind manner, in your response do NOT use personal or company letterhead, and use the following references: [Patient] as “the patient,” yourself as “Licensee 1,” your practice/fictitious business name as “Licensee Entity 1,” and the separate optometrist as “Licensee 2.”**

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8)(unprofessional conduct in the practice of optometry).

Respectfully,

*/s/ Adam Schneider*  
Adam Schneider, Esq.  
Executive Director

11-24-2025

Adam Schneider, Esq.  
Executive Director  
Nevada State Board of Optometry  
Fax: 1-775-305-0105

[Licensee 1], O.D.  
[Address]  
[City], NV [Zipcode]

Re: NSBO Complaint 26-09  
Received 11-19-2025

My response to this complaint is prefaced with the following: (1) I have had no other contact with the patient or any patient representative other than the exam dated 07-13-2024 and (2) I have had no contact with Licensee 2 regarding this matter.

The answer to each of your posed questions is as follows:

1. Did the patient have a "cataracts problem" in 2024?  
Yes, the patient had both nuclear and cortical crystalline lens changes in both eyes which are the hallmark of cataracts which are defined as "a partial or complete loss of transparency of the Crystalline Lens or its capsule".
2. In retrospect, was the patient misdiagnosed with a "cataracts problem" in 2024?  
No, this is the correct and only diagnosis for the Crystalline Lens changes noted. The cataracts do not bother the patient in a significant way due to the small pupil diameter of 2mm in both eyes, but the cataracts are there nevertheless.
3. Was the patient provided an inaccurate spectacle prescription in 2024, bearing in mind the spectacle prescription obtained from a separate optometrist in 2025?  
No, the spectacle prescription was accurate as of that date. Please note that the patient's visual acuities on that date were 20/20-in both eyes and it is not inconsistent with the patient's previous prescription recorded on that date and further is not inconsistent with the prescription the patient received in August 2025. Both are simply updates to a prescription that changes over time. Also note that the patient was advised in part "can order glasses today if desired, but not necessary". A patient's spectacle prescription is not a static finding, it changes from time to time, based on physical changes, work or recreation needs, personal preferences and many other factors. Here it likely is the physical changes in the cataracts being the most significant factor. It should be noted that to my knowledge the patient did not return to the [Licensee 1] office with any complaint about the prescription and apparently used it successfully for approximately 1 year without any issues.

In response to your request to provide any further information I believe useful to the Board to make a determination in this matter, I submit the following regarding the alleged statement by Licensee 2 that the patient did not have a cataract problem and the excerpt from the exam note of "lens/IOL clear", but not recorded if it was one eye or both, that statement would be true if the Crystalline Lens was actually clear as would likely be the case if the patient were 16 years old, but here I submit it would be extremely unlikely if not impossible for the Crystalline Lens to be "clear" in either eye, not only based on my exam but on factors present here that cause physical changes to the Crystalline Lens. Here these factors are age over 60, avocational vocation of being a marathon runner, the known physical changes that occur in the Crystalline Lens as it ages and the fact that cataracts progress, they do not regress. The patient's cataract is the most common age related cataract and is caused primarily by a life long exposure to UV radiation. Most experienced practitioners would agree, I believe, that these changes generally become apparent and are quantifiable between the ages of 40 and 50 and are then monitored periodically to assess the individual's rate of progression, adjust the spectacle prescription if needed as they progress and to refer for surgical correction when they become a significant visual problem for the patient. Which brings me to the questions of whether this patient was afforded a complete exam that included a slit lamp biomicroscopy in August of 2025 and is Licensee 2 experienced in assessing the aging Crystalline Lens?

In summary, I emphatically and specifically deny any and all allegations of professional misconduct. The patient was given a complete and thorough professional exam that included a summary of the condition found, its cause and effect on vision as it progresses, options for spectacle care and recommendations for continued care

If you desire any further comment, I will be pleased to provide it.  
I trust this matter will be resolved expeditiously.

Respectfully submitted,

[Licensee 1] O.D,

♦

10/27/2025- [REDACTED] received email from board of optometry release of records

09/19/2025- [REDACTED] called patient in regards to her husbands phone calls she did not answer her husband did I informed him that I spoke with Dr [REDACTED] unfortunately do to the insurance and lab being involved we cannot remake the glasses at no charge informed husband he may call their insurance company to see if they are willing to reimburse her, he said no he was not going to do that I also informed husband that the Dr [REDACTED] is willing to look at his wifes chart from the most recent provider husband declined husband Mr [REDACTED] asked if I would email him our conversation which I did . Husband told me that he was going to make a complaint to the Board of Optometry SL

09/11/2025- [REDACTED] pt husband called back last 09/10/25 he is wanting us to put the new rx that she received from the other Dr into his wifes current frame I again informed him I would call the lab to see if they can do so since its been over 1 year he would need to send me the new rx from the other dr the husband then say if the lab does not want to do it what will happen I informed there is nothing I can do since Insurance was involved he then said he wants to speak to someone higher I informed that it would be the owner Dr. [REDACTED] but I would call the lab first to see what can be done if anything sl

09/09/2025- [REDACTED] patient husband called his name [REDACTED] he was upset and wanted to make a complaint about his wifes visit here, he stated that his wife was seen here last year and was told she had glaucoma, I asked him to give me moment while I pulled up her account, I asked if I had her permission to discuss her chart with him, I informed him that she was not diagnosis with glaucoma, in her chart she has Cataract he then stated oh yeah thats what our doctor said Cataract not glaucoma. He then said he took her to a different eye doctor this year and test were done according to him and was told she does not have cataract and the prescription that was giving to her by our Dr. is to strong informed the patients husband that she should've return if there were any issues with pt glasses so we may have fixed them in a timley matter not wait till 1 year patients eye change. I then asked what was he wanting to do he said he wanted his money back I told him unfortunately I would not be able to do so do that its been over a year he claimed he paid 1000 when she paid 635.00 insurance was involved I informed him if he could get the rx from the current doctor I could call the lab to see what can be done he then said something about legal matters I again said I would try to help but could not do a refund or return the glasses he said he would speak to his wife who went for a swim and ask what she would like to do. He then stated maybe the front office or the person helping his wife put in the wrong information I informed him we go based off what the doctor puts in the chart sl

06/25/2025- [REDACTED] vsp pd \$-89

08/09/2024- [REDACTED] gls dispensed rh

08/08/2024- [REDACTED] tried to cal gls are in AV

08/05/2024- [REDACTED] Per [REDACTED] from elite. If all passes inspection job will ship put by the end of this week nc

08/02/2024- [REDACTED] ins paid -89.00

07/25/2024- [REDACTED] tried to let pt know of delay and the phone just rang. TD

07/25/2024- [REDACTED] JOB came in with add at +2.00 should have been a +2.25. Spoke to Angelica at Elite and she started the lab redo. Sending job back to them so that we dont have to get charged then a credit later. Invoice# 2278711. TD

07/15/2024- [REDACTED] billed vsp exam and materials. JOB to be done at elite. TD

07/13/2024- [REDACTED] pt called back and paid with correct care credit card. TD

07/13/2024- [REDACTED] quoted pt \$635 prog poly trans grey, blue ar TD

07/13/2024- [REDACTED] gls exam. Have versace ove 3345 Bordeaux on hold for pt in tray. Care Credit card was expired and they are waiting for the new one. Once that comes in they will come in to pay for the gls to get the job started: TD

12/14/2020- [REDACTED] vsp pd 62.50

11/16/2020- [REDACTED] pt has exam only billed ins jm

12/07/2019- [REDACTED] ins pd 62.50 -

11/23/2019- [REDACTED] pt had ex only bill vsp TW

10/15/2018- [REDACTED] ins pd 62.50

10/06/2018- [REDACTED] pt had exam only no rx changes billed vsp jm

04/03/2017- [REDACTED] INS PD 62.50 SL

01/06/2016- [REDACTED] ins paid 62.50

11/14/2014- [REDACTED] Glasses disp. kb

09/09/2014- [REDACTED] cant pay till the end of the month

09/09/2014- [REDACTED] In reminder gls are in jc

08/02/2014- [REDACTED] ins paid -45.50

08/23/2014- [REDACTED] LMM glasses in. kb

08/18/2014- [REDACTED] Glasses in LMM. kb

08/11/2014- [REDACTED] Pt had exam and ordered glasses 08/09/2014. First time progressive ... Billed VSP. Pt has balance of 293.00. kb

08/02/2014- [REDACTED] Pt will call on Monday 08/04/2014 with insurance info. Pt has Met Life for Medical and insurance was to transfer on August 1st pt likes Pro Design 5148 Blue Green

## EXAMINATION RECORD

[REDACTED]  
INV: [REDACTED]  
FAX: [REDACTED]

For: [REDACTED]

Exam Date: 07/13/2024

Print Date: 10/27/2025 01:25 PM

DOB: [REDACTED] Age: 61

Occupation: Accounting Manager/Marathon runner

Gender: Female Race: Unknown

### **REASON FOR VISIT**

**EXAMINATION:** Comprehensive Examination

**EXAM TECHNICIAN/SCRIBE:** [REDACTED]

**OCCUPATION:** Accounting Manager/Marathon runner

**Visit Location:** Office

### **CHIEF COMPLAINT**

**CHIEF COMPLAINT:** No vision issues.

### **HISTORY PRESENT ILLNESS (HPI)**

**HISTORY OF PRESENT ILLNESS:** No complaints reported of physical ocular symptoms. Not experiencing routine headaches or double vision. No reports of visual floaters or light flashes. In addition, not experiencing blurry or uncomfortable vision.

### **PATIENT HISTORY**

**PATIENT HISTORY:** No systemic medications reported. No ocular medications. No history of ocular surgery. No history of trauma or ocular injuries. Ocular family history is unremarkable. Patient is currently a non-smoker. No out-of-the-ordinary social history is reported. Past medical history, unremarkable. Unless otherwise noted below.

**SYSTEMIC MEDICATIONS:** No systemic medications are currently used except: No reported systemic medications., No known systemic medication allergies

### **REVIEW OF SYSTEMS**

**REVIEW OF SYSTEMS:** No reported disorders or current medical treatment of: Allergy Cardiovascular Constitutional Ears,nose,mouth,throat Endocrine Gastrointestinal Genitourinary Hematologic / Lymphatic Immunologic Integumentary / Skin Musculoskeletal Neurologic Psychiatric Respiratory Unless otherwise noted below.

**ALLERGY:** Patient reports no allergies to medications or allergens. See patient history for detailed allergy information.

**CARDIOVASCULAR:** No symptoms reported at this time.

**CONSTITUTIONAL:** No symptoms reported at this time.

**ENDOCRINE:** No symptoms reported at this time.

**GASTROINTESTINAL:** No symptoms reported at this time.

**GENITOURINARY:** No symptoms reported at this time.

**HEAD:** No symptoms reported at this time.

**HEMATOLOGIC/LYMPHATIC:** No symptoms reported at this time.

**IMMUNOLOGIC:** No symptoms reported at this time.

**INTEGUMENTARY:** No symptoms reported at this time.

**MUSCULOSKELETAL:** No symptoms reported at this time.

**PSYCHIATRIC:** No symptoms reported at this time.

**RESPIRATORY:** No symptoms reported at this time.

### **PRESENTING FINDINGS**

#### **UNAIDED ACUDES:**

RT: DVA 20/25--

LT: DVA 20/25--

BI: DVA 20/25 - NVA 20/80

#### **PRESENTING SPECTACLE Rx: (#1)**

RT: +1.00 -0.75 x 012 Add: +1.75

LT: +1.00 -0.75 x 167 Add: +1.75

### **VISION**

#### **K:READINGS:**

RT: 53.50 @ 065 Steep 60.25 @ 155  
LT: 45.25 @ 180 Steep 47.25 @ 090

#### **PD's:**

Dist IPD: 68

**COVER TEST (DIST):** Method: Cover-Uncover Horz: ortho Vert: RT: ortho LT: ortho

**COVER TEST (NEAR):** Method: Bilateral Horz: 8xp Vert: RT: ortho LT: ortho

**PHORIA (DIST):** Method: Von Graefe Horz: 2xp Vert: RT: ortho LT: ortho

**PHORIA (NEAR):** Method: Von Graefe Horz: 10xp Vert: RT: ortho LT: ortho

**DISTANCE VERGENCE (BI):** Blur: x Break: 10 Recv: 4

**NEAR VERGENCE (BI):** Blur: x Break: 22 Recv: 12

#### **AUTO REFRACTION:**

RT: +1.50 -1.00 x 005  
LT: +1.75 -1.25 x 165

#### **MANIFEST:**

RT: +1.25 -0.50 x 010 Add: +2.25 DVA: 20/20--  
LT: +1.75 -1.25 x 170 Add: +2.25 DVA: 20/20--  
BI: DVA: 20/20--

#### **FINAL SPECTACLE Rx:**

RT: +1.00 -0.50 x 010 Add: +2.25 DVA: 20/20--  
LT: +1.25 -1.25 x 170 Add: +2.25 DVA: 20/20--  
BI: DVA: 20/20--

### **EXAMINATION**

#### **CUP/DISC RATIO:**

RT: Horz 0.40 Vert 0.40  
LT: Horz 0.35 Vert 0.35

**TONOMETRY:** RT: 14 mmHg LT: 16 mmHg Test: Non-Contact Time: 11:35 AM Category: Pre-Test

**EXTERNAL EXAM:** Visual Fields Screening: Visual Field Screening normal OD,OS

EOMs: FROM OU

Pupils: PERRL (-)APD; 2 mm OU

External: Facial symmetry exists

Ocular Adnexa and Nodes: normal

**SLIT-LAMP EXAM:** Lids/Lashes: Clear OU

Cornea: Clear OU

Conjunctiva: White and Quiet OU

Anterior Chamber: Deep and Quiet OU

Iris: Flat and Avascular OU

Lens: 1+ ns and 1+ cs w/ 1+ a&p segmentation OU

**POSTERIOR SEGMENT:** Vitreous: Clear OU

Optic Nerve Rim Tissue: Pink and healthy OU

Optic Nerve Margins: Distinct OU

Macula: Flat and Avascular OU

Vascularity: A/V 2/3 OU

Periphery: Flat to View, undilated

**DISPOSITION:** Patient is pleasant and sociable.

**ORIENTATION:** Patient is fully alert to time, place and person.

#### **IMPRESSION(S):**

Combined cataract

Hyperopia

Astigmatism

Presbyopia

### **PLAN**

**SPECTACLE PLAN:** Bilateral: Rx spectacles.

### **PATIENT MANAGEMENT**

**COUNSELING:** Counseling has been provided to review this patient's case and discuss options for treatment. Pt ed: advised of the minor change in her spectacle correction, can order glasses today if desired, but not necessary. advised of the cataract OU, its usual cause, rate of progression and effect on vision as it progresses. advised that her small pupils are an advantage and is the reason she doesn't need glasses all the time. will plan to examine next in 1 yr unless there is a significant change in vision or ocular sx, then can f/u at that time as needed. Recommend DFE at next exam.

**COUNSELING / EDUCATION:** I have verbally discussed my clinical findings and recommendations in detail with this patient and/or parents. They acknowledge that they do not have additional questions.

DATE:

INITIALS:

**ORDERS:**

Recall on or about: Examination: Eye Health and Vision Exam

**ELECTRONIC SIGNATURE:** Electronically Signed By: [REDACTED] on 07/23/2024 16: 10 PM.

**DIAGNOSIS:**

H52.03 Hypermetropia, bilateral

H52.223 Regular astigmatism, bilateral

H52.4 Presbyopia

H25.819 Combined forms of age-related cataract, unspecified eye

**PROCEDURE:**

92004 Exam Comp. New

92015 Refraction

Completed Exam: \_\_\_\_\_

Date: 07/23/2024

Electronically signed by: Dr. I

DOB: 08/08/2025

page 1 of 2

Date 08/08/2026  
LEE Last SEE 2024  
Occupation professional Runner  
Fun Fact Knee injury

Nickname Pt since  
Location of LEE  
Pref. Language English  
Ethnicity Not Hispanic or Latino

Ins #1 VSP  
Age 62  
Race White

GLX  
 CLX  
 MedX  
 TPA

GL Re-Check  
 CL Rx  
 Med Rx  
 TPA Rx

#### HISTORY OF PRESENT ILLNESS

Chief Complaint  
GI Exam, Blurred vision without correction at near. Notes has PAL glasses but only wears them for reading.

Ha Reviewed by Dr: NPC

#### Secondary Complaint

Notes:

#### PERSONAL HISTORY

X Wears Glasses  
 Wears CLs  
 Soft  
 RGP  
 Amblyopia (Lazy Eye)

Cataracts  
 Eye Turn (Strabismus)  
 Macular Degeneration

Glaucoma  
 Keratoconus  
 Thyroid  
 Diabetes

Arthritis  
 High Blood Pressure  
 Retinal Disease/Detachment  
 Currently Pregnant

Allergies/Sinususes  
 Eye Injuries  
 Eye Surgeries

None  
 None  
 None

Other:

No current medications

Medication Reconciliation Performed  
Prescribed Date Medication Name - Status Form - Prescribed Date -  
Medication Name - Status Form  
Empty List: - - - -

MED ALLERGIES  
NKDA

OTC MEDICATIONS (non-Rx)

SURGERY HISTORY  
None

No known drug allergies  
Status - Allergy Agent - Reaction - Severity  
- Empty List -

FAMILY MEDICAL HISTORY  
Glucoma  
Macular Degeneration

F/Hs Unknown  
no  
 Lazy Eye  
no  
 Ret Disease/Detach  
no

Appoint. Time:  
Exam #  
PCP Name  
Referred By

GLX  
 CLX  
 MedX  
 TPA

GL Re-Check  
 CL Rx  
 Med Rx  
 TPA Rx

Electronically signed by: Dr. --, DOB: 1988, Refraction: 08/08/2025

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occupation: professional Runner	Last EE: 2024	Location of LEE	Age: 62	Appoint. Time: Wait-in	Exam #	x GL Rx
Notes: Patient's last written RX					—	CL Rx
PREVIOUS GLS #1	Type	Age	PREVIOUS GLS #2	Type	Age:	—
OD: +1.00	-0.75	x 008	OD: +2.00	v	H	GL OD: x
OS: +1.50	-1.25	x 169				GL OS: x
Notes			Notes			Add:
ACUITIES 1 Unaided	Near VA		ACUITIES 2 Glasses #1	Near VA		
OD: 20/ 40--	30+	OD: 20/	OD: 20/ 20-	OD: 20/ 25	OD: +1.50 -0.75	012
OS: 20/ 40	OS: 20/	OS: 20/	OS: 20/ 20-	OS: 20/ 25	OS: +1.50 -0.75	x 175
Notes			Notes			
REFRACT #1 Manifest Refraction			REFRACT #2:			
OD: +1.00	-0.50	x 132	Dist VA	20/ 20	20/ 20	— Trial frame + patient accepted
OS: +1.25	-0.75	x 170	Dist VA	20/ 20	20/ 20	
Type: Progressives / Polycarbonate / Anti-Reflective Coating			Near VA	20/ 20	20/ 20	
Notes			Notes			

PREVIOUS GLS #3	Type	Age:	PREVIOUS GLS #4	Type	Age:	—
OD: 62	—	GL OD: x	OD: 62	—	GL OS: x	
OS: 62	—	GL OS: x	OS: 62	—	GL OD: x	
Notes			Notes			
CONTACTS	Brand: CLs		CONTACTS	Brand: CLs		
OD: 20/	20/	OD: +1.50 -0.75	OD: 20/	20/	OD: +1.50 -0.75	012
OS: 20/	20/	OS: +1.50 -0.75	OS: 20/	20/	OS: +1.50 -0.75	x 175
PD: 63.5		PD: 63.5				
Notes		Notes				
— Trial frame + patient accepted			— Trial frame + patient accepted			
OD: 20/ 20	20/ 20	OD: 20/ 20	OD: 20/ 20	OD: 20/ 20	OD: 20/ 20	Dist V.
OS: 20/ 20	OS: 20/ 20	OS: 20/ 20	OS: 20/ 20	OS: 20/ 20	OS: 20/ 20	Dist V.
Type		Type		Type		
Notes		Notes		Notes		
ADDITIONAL TESTS			ACCOMMODATION			
KERATOMETRY	IOP	Type: NCT	STEREO			
OD: 45.25	46.75	OD	NRA	>+1.50	Dia	FUSION:
OS: 45.00	47.00	OS	PHA	>-1.50	Near	Blur
Pupils	PERRL, -APD	Notes	COLOR	COLOR OS	X CY	
Shape	Round	Notes				
Size						
EOMs	Unrestricted Smooth		COVER TEST		AMSLER GRID	
AVF	Normal OD/OS (reliable)		Dist	Ortho	OD:	BO
CentVF	Full to FC OU	Tech: Da	Near	Ortho	OS:	
CYCLOPLEGIC REFRACTION						



Dot 962 A&P  
08/08/2025

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Electronically signed by: L

ASSESSMENT:

Ref Status	
1 HS2.03	Hypermetropic, bilateral
2 HS2.4	Presbyopia
3 HS2.223	Regular astigmatism, bilateral
4	OK Lstn+

PLAN:

Updated glasses Rx. Educated patient on adaptation with new glasses as well as Polycarbonate lens material for impact resistance vs High Index material for thinner and lighter weight. Antireflective Coating and Transition lenses

PT Ed  
Educated patient on Sx of Retinal Detachment including flashes of light, new onset floaters and/or loss of vision in the form of a curtain coming down. Strongly Advised to RTC if notice symptoms. Adaptation to new Rx. The change in your prescription may temporarily cause headaches or eye strain or cause things to look distorted, curved, letters or closer out to seem won't return your head. Sometimes a simple frame adjustment will help but if things look CLEAR but weird. You usually just need to adapt to the new prescription. Waiting for your new glasses as much as possible and doing as many activities as possible with them will help. Switching between the new and old glasses will delay the process. Call the office if your vision is blurred or you are still having trouble after 2 weeks of full time wear.

Test today  
RTO 1 year  
Reason GI exam  
Refer  
Final Spec RX  
+1.00 -0.50 0.12 Add +2.00 V+ HA  
Final CL RX  
X Add  
Type Progressives / Polycarbonate Anti-Reflective Coating  
Brand BC Disc  
Notes Final CL Rx  
Plan Trial Lenses Ordered / Other

Refer OUT  
Summarize  
REPORT STATUS  
Findings Photo  
Severity OCT  
Ed Materials Disc/Rpt  
No ARRA Referral

Vision Plan  
Mod Ins  
PCP  
chief Complaint  
GI Exam, Blurred vision without correction at near.  
Notes has PA, glasses but only wears them for reading.  
Rx Rx & Brand  
92064  
92015  
DPR/CT  
Pt Instr  
Pr Ed  
Pt Rec'd Pt Ed Resources  
X Pt Rec'd Clinical Summary  
DM Letter Sent to PCP/Exam Findings  
DM Letter to PCP/Severity of Retinopathy  
DM Letter to PCP: Task reminder to Dr  
Was on Rx Medication  
Was Referred to MVE by another Provider  
Is being Referred Out to another Provider  
Print CCR in File for Dr to send w/Referral  
Pt asked for b-copy of record  
Pt rec'd b-copy of records  
REPORT STATUS  
Findings Photo  
Severity OCT  
Ed Materials Disc/Rpt  
No ARRA Referral

**"See Well. Be Well."**

NV

## *Thank You for Supporting Local Bu:*

## **Spectacle Prescription Release**

**Patient:**

Date: 10/29/2025

DOB: 1962

Prescription Date: 8/08/2025

Phone:

**Expiration Date:** 8/08/2026

OD	Sphere +1.00	Cylinder -0.50	Axis 012	Vert Prism	Hori Prism	Add +2.00	Seg Ht	Dist PD	Mono PD
								Near PD	
OS	+1.25	-0.75	170			+2.00			

**Notes: Progressives / Polycarbonate / Anti-Reflective Coating**

**Notes and Recommendations:**

**Signature :** ..... **OD**

# **Materials for Item No. 8**

News | Articles | October 20, 2025

## Glaukos' Epioxa gains FDA nod for noninvasive keratoconus therapy

Author(s) [Sheryl Stevenson, Eye Care Group Editorial Director](#)

The FDA-approved topical cross-linking treatment aims to simplify keratoconus care while improving patient comfort, with availability expected in early 2026.

Glaukos announced that the FDA has approved its topical therapy for keratoconus (Epioxa HD/Epioxa), marking the first incision-free, epithelium-sparing corneal cross-linking treatment available in the US.<sup>1,2</sup> This new drug application approval represents a significant advancement in keratoconus management by providing patients and clinicians with a less invasive option that maintains the effectiveness of traditional cross-linking procedures.<sup>1-3</sup>

Keratoconus is a progressive corneal disorder that causes thinning and weakening of the cornea, leading to visual impairment and, in severe cases, corneal transplantation.<sup>1</sup> The condition is most often diagnosed in patients 30 years or younger and remains widely underrecognized and undertreated.<sup>1</sup>

According to Glaukos, this topical drug therapy provides an alternative to traditional cross-linking by eliminating the need to remove the epithelium.<sup>1</sup> The therapy is based on 2 oxygen-enriched topical formulations—Epioxa HD and Epioxa—that are applied sequentially and activated by UV light, according to the statement.<sup>1</sup>

Thomas Burns, chairman and CEO of Glaukos, noted that the FDA approval "ushers in a new standard of care for patients [experiencing] keratoconus with the first FDA-approved topical drug therapy that does not require removal of the corneal epithelium." The treatment is designed "to significantly improve patient comfort and minimize recovery time, representing a game-changing new treatment for patients suffering from keratoconus," Burns added.<sup>1</sup>



Glaukos' FDA-approved Epioxa topical therapy offers a first-of-its-kind, incision-free treatment for patients with keratoconus, according to the company.

## What this brings for clinicians and their patients with keratoconus

In an exclusive interview with the *Eye Care Network*, Rajesh K. Rajpal, MD, founder of See Clearly Vision Group in McLean, Virginia, noted that this novel topical drug therapy "is a transformative product that sets a new standard for keratoconus treatment."

"It's the first and only FDA-approved incision-free procedure using bioactive topical drops catalyzed by supplemental oxygen and UV light, designed to slow or halt disease progression of keratoconus in a single administration," Rajpal said. "This novel orphan drug therapy provides tremendous value to patients, providers, and the health care system and reflects the significant innovations contained in a combined medical device and drug therapy. Simply put, [this therapy] is more efficient, eliminates the pain associated with epithelium removal, and is associated with better quality of life, while also reducing the downstream medical costs associated with disease progression and deterioration of eyesight."

The FDA's approval was supported by data from 2 prospective, randomized, multicenter, double-masked phase 3 pivotal trials involving more than 400 patients.<sup>1</sup> The trials both reached their primary effectiveness targets and exhibited positive safety and tolerability outcomes.<sup>1</sup>

The company noted it expects commercial availability to begin during the first quarter of 2026.<sup>1</sup> Additionally, the company noted it is focusing on raising patient awareness, improving access, and addressing the challenges of underdiagnosis and undertreatment in this rare disease community.<sup>1</sup> Key programs include easier access to therapy, co-payment assistance to reduce costs, education and engagement initiatives for health care professionals and patients, and broader awareness and screening campaigns to promote earlier and more widespread diagnosis.

Glaukos' initial corneal cross-linking treatment (Photrex Viscous/Photrex)—requiring the removal of the corneal epithelium—received orphan drug approval from the FDA in 2016.<sup>1</sup>

Further information about the FDA approval will be provided during an upcoming third-quarter 2025 earnings call on October 29, 2025, at 4:30 PM ET, according to the company.<sup>1</sup> In addition, full prescribing information will be available at [www.Epioxo.com](http://www.Epioxo.com).

### REFERENCES

1. Glaukos announces FDA approval of Epioxo. News release. Glaukos. October 20, 2025. Accessed October 20, 2025. <https://investors.glaukos.com/news/news-details/2025/Glaukos-Announces-FDA-Approval-of-Epioxo/default.aspx>
2. Glaukos announces FDA acceptance of NDA submission for Epioxo. News release. Glaukos. February 24, 2025. Accessed February 24, 2025. <https://www.businesswire.com/news/home/20250224038650/en/Glaukos-Announces-FDA-Acceptance-of-NDA-Submission-for-Epioxo%20>
3. Joy J. Glaukos submits NDA to US FDA for Epioxo for the treatment of keratoconus. *Optometry Times*. December 23, 2024. Accessed February 24, 2025. <https://www.optometrytimes.com/view/glaukos-submits-nda-to-us-fda-for-epioxo-for-the-treatment-of-keratoconus>

State	Position
AZ	within our current scope of practice as it's not on any drug schedule through the DEA and it's a non-surgical procedure (no cutting, burning or lasering), and will only be approved for keratoconus treatment.
CA	California optometrists should be able to perform this procedure. For several years now, they have been authorized to perform the debridement of the corneal epithelium, although many do not in practice perform this procedure because of the risks and complications. I would expect that now that keratoconus can be more effectively treated with noninvasive procedures that more ODs will treat it under this protocol.
CT	As this therapy does not require any surgical component I do not think it would require approval from the CT state board or any widening of the scope of practice for optometry in CT. I will be watching for any challenges to that by the ophthalmological community here.
MD	Nonsurgical light therapies used only for the treatment of meibomian gland disease and vision therapy but not for corneal collagen cross linking;
MN	The board determined the use of the FDA approved ophthalmic pharmaceutical "EpiOxa HD / EpiOxa" ("EpiOxa") for incision-free (Epi-On) treatment and management of keratoconus care is used in the diagnosis or management of ocular disease, deficiency, deformity or abnormality of the human eye and adnexa ((148.56 (a)) and is not limited or prohibited by Minnesota statute, specifically 148.56 (b), (c), (d) or the adopted rules of the board.
NM	I feel that it would be within our scope and Glaukos will probably have a training module for any licensed professional. That said, the materials needed could be expensive and cost prohibitive for a practice without a large referral base.
ND	Epi On CXL is within the scope of an ND OD. That being said, the company made it very clear a couple years ago that they were pursuing Epi On approval but had no interest in approving ODs to use the procedure. Not sure where they stand now. It would be in the public's best interest if they would allow ODs.
TX	process is currently within our scope and would not need additional certification.
UT	Utah Optometry Board has discussed corneal cross-linking, use of light therapy, and other non-surgical methods in the past and have previously determined these methods are within the scope of practice of an Optometrist. The Division has not added additional required continuing education at this time as we often refer to our general laws and rules that indicate it would be considered unprofessional conduct for a provider to perform care/services they have not been properly trained and educated on.
WV	within our current scope of practice and based on the way our code is currently written it would not require any additional CE or certificate of training, but noted that Licensees need to do their due diligence in making sure they are comfortable with the process and procedure before performing this procedure.

### **Relevant law**

NRS 636.025(1)(g) allowance for "The topical use of pharmaceutical agents to determine any visual, muscular, neurological, interpretative or anatomic anomalies or deficiencies of the eye or its appendages or visual processes"

NRS 636.025(1)(h) allowance for "Prescribing, directing the use of or using a pharmaceutical agent or device to treat an abnormality of the eye or its appendages."

NRS 636.025(2) prohibition of "(a) Any procedure using a laser, scalpel, needle or other instrument in which any human tissue is cut, burned or vaporized by incision, injection, ultrasound, laser, infusion, cryotherapy, radiation or other means; or (b) Any procedure using an instrument which requires the closure of human tissue by suture, clamp or similar device."

# **Materials for Item No. 9**

**NRS 636.347 Permit required for professional association with health maintenance organization; regulations.**

1. No licensee may be employed by or contract with a health maintenance organization to provide services therefor unless the licensee has obtained a permit to do so from the Board.
2. Written application for a permit must be made on a form prescribed by the Board. The Board shall adopt reasonable regulations prescribing the procedure for obtaining a permit pursuant to this section.
3. For the purposes of this section, “health maintenance organization” has the meaning ascribed to it in [NRS 695C.030](#).

**NRS 695C.030 Definitions.** As used in this chapter, unless the context otherwise requires:

1. “Comprehensive health care services” means medical services, dentistry, drugs, psychiatric and optometric and all other care necessary for the delivery of services to the consumer.
2. “Enrollee” means a natural person who has been voluntarily enrolled in a health care plan.
3. “Evidence of coverage” means any certificate, agreement or contract issued to an enrollee setting forth the coverage to which the enrollee is entitled.
4. “Health care plan” means any arrangement whereby any person undertakes to provide, arrange for, pay for or reimburse any part of the cost of any health care services and at least part of the arrangement consists of arranging for or the provision of health care services paid for by or on behalf of the enrollee on a periodic prepaid basis.
5. “Health care services” means any services included in the furnishing to any natural person of medical or dental care or hospitalization or incident to the furnishing of such care or hospitalization, as well as the furnishing to any person of any other services for the purpose of preventing, alleviating, curing or healing human illness or injury.
6. “Health maintenance organization” means any person which provides or arranges for provision of a health care service or services and is responsible for the availability and accessibility of such service or services to its enrollees, which services are paid for or on behalf of the enrollees on a periodic prepaid basis without regard to the dates health services are rendered and without regard to the extent of services actually furnished to the enrollees, except that supplementing the fixed prepayments by nominal additional payments for services in accordance with regulations adopted by the Commissioner shall not be deemed to render the arrangement not to be on a prepaid basis. A health maintenance organization, in addition to offering health care services, may offer indemnity or service benefits provided through insurers or otherwise.
7. “Provider” means any physician, hospital or other person who is licensed or otherwise authorized in this state to furnish health care services.

# **Materials for Item No. 10**

To: Nevada State Board of Optometry

From: Manatt, Phelps & Phillips, LLP

Date: December 4, 2025 File No.: 72041-034

Subject: Performance of Comprehensive Examinations via Optometric Telemedicine and Delegation to Optometric Assistants

Manatt, Phelps & Phillips, LLP (“Manatt” or “we”) represents a client interested in furnishing optometric telemedicine services in Nevada. We believe the proposed business plan complies with Nevada law and the Nevada State Board of Optometry (“Board”) rules regarding optometric telemedicine but wish for the Board to confirm.

Our client [a professional corporation owned by a licensed optometrist] seeks to prescribe eyeglasses for patients in Nevada through telehealth services performed by a Nevada-licensed optometrist. In the proposed model, the patient would present for a visit at a brick-and-mortar location in Nevada where an optometric assistant is present, and the Nevada-licensed optometrist would perform the visit via synchronous (audio/video) telehealth. The optometrist would conduct a comprehensive examination of the patient through this telehealth method, directly supervising an optometric assistant who would facilitate the testing components that must be performed physically on the patient. To the extent the results of the test are not automatically transmitted to the optometrist or viewable by the optometrist in real time, the optometric assistant would transmit the data captured to the optometrist via the telehealth technology. Then, the optometrist would interpret the test results, assess the patient’s eyes, and issue a prescription for eyeglasses as clinically appropriate. Notably, the optometrist could conduct manifest refraction by remote controlling the equipment. An optometric assistant would direct a patient to a chair and position the equipment in front of the patient’s face; then, the optometrist would perform the refraction in real time while communicating with the patient using synchronous (audio/visual) telehealth.

We understand that an optometrist must have performed an in-person comprehensive examination of a patient within the immediately preceding two years before rendering care to that patient via telehealth, pursuant to Nev. Rev. Stat. § 636.394(2). Because an optometric assistant may perform certain activities while under the supervision of an optometrist, including “simple and noninvasive testing of a patient,” *see* Nev. Rev. Stat. § 636.346(2), we believe the optometrist could administer a comprehensive examination on a patient via synchronous (audio/video) telehealth by delegating and supervising an optometric assistant physically present in performance of the tests that must necessarily be conducted in person with the new patient.

Nevada State Board of Optometry

December 4, 2025

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The optometrist would perform the subjective refraction, testing, evaluation, interpretation, diagnosis or treatment of the patient via telehealth.

We recognize that an optometrist must conduct the “final eye examination” of a patient upon whom an optometric assistant performs delegated functions, *see* Nev. Rev. Stat. § 636.346(3), a term that Nevada law and Board rules do not define. However, when the Board proposed this requirement to the statute in 2019, it noted its rationale was “to avoid optometrists from providing eye exams solely based on data collected by an assistant without examining the eye and interacting with the patient.” [NV Board of Optometry Proposed Changes to AB 77](#). In our client’s business plan, the optometrist would interact with the patient during the visit and examine the patient’s eye in real time via telehealth technology; the optometric assistant would merely support the optometrist in collecting the data under direct supervision, in addition to their standard activities to prepare a patient for testing.

Relatedly, we understand that a Nevada-licensed optometrist engaging in optometric telemedicine may not issue a prescription for eyeglasses without first performing a manifest refraction. Nev. Admin. Code R101-24(5). We believe an optometrist meets this requirement via synchronous (audio/visual) telehealth if the optometrist can remotely manipulate the in-person equipment. If necessary, the optometric assistant would contemporaneously document the patient’s responses and transmit the data yielded from the refraction via the synchronous, audiovisual telehealth technology. For legal purposes, the licensed optometrist would perform the manifest refraction, accommodated by an optometric assistant.

We appreciate your consideration of our client’s proposed business plan and its compliance with Nevada law and Board rules, specifically Nev. Rev. Stat. § 636.394(2) and Nev. Admin. Code R101-24(5).

**Can a Nevada-licensed optometrist providing an exam via synchronous telehealth supervise an optical assistant in the performance of the manifest refraction for a new patient in satisfaction of R101-24(5)?**

**NRS 636.346 Supervision of authorized activities of assistants; conduct of final eye examination of patient.**

1. In any setting where optometry is practiced, an assistant may fit ophthalmic lenses or spectacle lenses if the assistant acts under the direct supervision of a licensed optometrist.
2. In addition to the provisions of subsection 1, an assistant in any setting where optometry is practiced may perform any of the following activities under the direct supervision of a licensed optometrist:
  - (a) Prepare a patient for examination.
  - (b) Collect preliminary data concerning a patient, including taking the medical history of the patient.
  - (c) Perform simple and noninvasive testing of a patient in preparation for any subjective refraction, testing, evaluation, interpretation, diagnosis or treatment of the patient by the licensed optometrist.
  - (d) For an ophthalmic purpose, administer any cycloplegic or mydriatic agent or topical anesthetic that is not a controlled substance.
  - (e) Use an ophthalmic device or oversee ocular exercises, visual training, visual therapy or visual rehabilitation as directed by a licensed optometrist.
3. If an assistant conducts any activities pursuant to subsection 2, the licensed optometrist must conduct the final eye examination of the patient.
4. As used in this section, "assistant" means a person employed by an optometrist or any medical provider or medical facility at which the optometrist provides or offers to provide his or her services as an optometrist.

**NRS 636.394 [Optometric telemedicine] Requirements; authorized activities; prohibitions.**

1. Except as otherwise provided in subsection 5, a person shall not engage in optometric telemedicine to provide health care services to a patient located at an originating site in this State unless the person is licensed to practice optometry pursuant to this chapter.
2. Except as otherwise provided in subsection 3, a licensee may engage in synchronous or asynchronous optometric telemedicine to provide health care services to a patient only if the licensee has completed a comprehensive examination on the patient within the immediately preceding 2 years.
3. A licensee may engage in synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years.
4. A licensee may engage in asynchronous optometric telemedicine to conduct a consultation regarding a patient on whom the licensee has not completed a comprehensive examination within the immediately preceding 2 years if:
  - (a) An optometrist, ophthalmologist or primary care physician providing care to the patient requests that the licensee conduct the consultation and provides the licensee with all the

information about the patient that is necessary to determine whether the patient requires a comprehensive examination; and

(b) The consultation performed by the licensee is limited to a determination of whether the patient requires a comprehensive examination and does not involve any diagnosis, recommendation for or treatment of the patient or a prescription for the patient.

5. A person who holds a valid, active and unrestricted license issued by the District of Columbia or any state or territory of the United States to practice optometry may conduct a consultation through asynchronous optometric telemedicine described in subsection 4 in the same manner as a licensee pursuant to that subsection without holding a license to practice optometry in this State.

6. A licensee may engage in remote patient monitoring of a patient on whom the licensee has completed a comprehensive examination within the immediately preceding 2 years for the purposes of:

- (a) Acquiring data about the health of the patient;
- (b) Assessing changes in previously diagnosed chronic health conditions;
- (c) Confirming the stability of the health of the patient; or
- (d) Confirming expected therapeutic results.

7. A licensee may engage in optometric telemedicine to provide health care services to a patient who is located at an originating site outside this State if the licensee has completed a comprehensive examination of the patient within the immediately preceding 2 years and such action is permitted by the laws of the state in which the patient is located.

8. A licensee shall not engage in optometric telemedicine to provide any health care service to the patient that the licensee has determined should be provided in person.

9. A licensee engaging in optometric telemedicine or remote patient monitoring shall not:

(a) Conduct himself or herself in a manner that violates the standard of care required of an optometrist who is treating a patient in person, including, without limitation, by issuing a prescription for ophthalmic lenses based solely upon one or more of the following:

- (1) Answers provided by a patient in an online questionnaire;
- (2) The application of lensometry; or
- (3) The application of auto-refraction; or

(b) Condition the provision of optometric telemedicine or remote patient monitoring on the patient consenting to receiving a standard of care below that which is required by paragraph (a).

## **1/2024 Workshop Minutes**

**Section 19** regards telehealth. Clarification that section 1 does not allow for non-Nevada licensed optometrists to practice telehealth in Nevada, even with pre-existing doctor-patient relationships. Dr. Smith provided context that the intent of Section 2 is meant to be specific to the OD who has seen the patient in the prior two years, and the intent of Section 3 is for new patients with no established doctor-patient relationship. Dr. Austin described scenarios where an incomplete prescription would then require a direct call to the patient personally in order to qualify as synchronous, and an OD within the practice group has the records of his or her partner or their practice to allow for asynchronous. Dr. Lee discussed section 9 and that prescriptions cannot occur solely through autorefraction, compared to section 3 allowing for synchronous examinations. Discussion as to 2025 session for NRS 636 that “the licensee” could be changed to “a licensee” as long as the treating licensee has access to and reviews the medical records of the prior two years. Dr. Lee re-raised section 9 as to the usage of autorefractions and impact on synchronous versus

asynchronous. Dr. Smith reminded the Board that already existing in NRS 636 (identified post hoc herein as NRS 636.346(3)) requires the licensee to perform the final examination on the patient before discharge. Discussion as to Section 2 changing “the” to “a” and when it says “the licensee completing a comprehensive examination on the patient in the immediately preceding two years” to then add “or has access to such records and has reviewed such records.” Section 3 regards synchronous optometric telemedicine of a non-comprehensive examination of new patients so long as the licensee has access to comprehensive examination information from an optometrist or ophthalmologist within preceding two years. Colloquy on the licensee actually reviewing the medical records versus mere “access” after the examination, and that “information obtained” is not intended to be a replacement for the licensee’s review of the medical records. Colloquy and agreement that as used in Section 3, no synchronous non-comprehensive examination can be conducted unless the licensee has access to the patient’s records and contemporaneously reviews such records. Colloquy and agreement that as used in this section, “access” includes the act of reviewing such information prior to or contemporaneous with the examination. Nothing in this section is meant to prevent a licensee from providing care to a patient whom is already an existing patient within the licensee’s practice group of the immediately preceding two years. Dr. Smith confirmed that “synchronous,” “new,” and “non-comprehensive” will remain in Section 3. Colloquy and agreement that as used in this section (9)(a), the issuance of a prescription for an ophthalmic lens cannot occur without the licensee performing a synchronous manifest refraction. Colloquy that section 2 is the broad overview, whereas sections 3 and 4 are the specific scenarios and the necessity of sections 3 and 4 to exist because section 2 on its own could allow for abuse and compromise ocular health of the community. Director Schneider re-raised that section 2 can be augmented with access to and review of records. Discussion of the desire of the statutes to allow good doctors to provide good care while preventing abuses of telehealth laws’ intent. Director Schneider discussed section 4(b) and what was meant by “prescription,” e.g., drugs or glasses or contacts or treatment plan or vision therapy. Dr. Smith discussed that NRS 636.022 defines prescription. Board stated no clarifying changes needed, but for LCB to reference NRS 636.022 when codifying section 4(b).

**R101-24(5)**

1. A licensee who is engaging in synchronous or asynchronous optometric telemedicine shall review records relating to the eye health of the patient immediately before or during the provision of health care services. Such records must include, without limitation, information obtained from the comprehensive examination conducted pursuant to subsection 2 or 3 of NRS 636.394, as applicable.
2. A licensee who is engaging in optometric telemedicine or remote patient monitoring may not issue a prescription for ophthalmic lenses without first performing a manifest refraction.

**R101-24(14)**

5. An optometrist has the ultimate responsibility for: (a) The conduct, treatment, acts and omissions of an employee of the optometrist when the employee is acting within the scope of his or her employment; and (b) The care of each patient of the optometrist.