STATE OF NEVADA

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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., 4th Floor Las Vegas, Nevada 89102.[1]

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

1 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 threating 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 1 same day. Retina OMD 1 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 Retina OMD 2 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 wo 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 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. <u>Action Item</u>. 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 10th submission would be audited.

Dr. Smith moved that Board staff need only perform audits of 10% of the licensees' renewal of every 10th 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. <u>Action Item</u>. 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. <u>Action Item</u>. 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.

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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.

Adam Schneider
Adam Schneider, Executive Director