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*"Turn your face to the sun and the shadows  
fall behind you." - Maori Proverb*

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The most famous lightkeeper of the Point Pinos Lighthouse was Mrs. Emily Fish, who served from 1893 to 1914 and loved entertaining guests.

## Announcement: CARES / PPP loans available this Friday!

"Starting April 3, 2020, small businesses and sole proprietorships can apply.  
Starting April 10, 2020, independent contractors and self-employed individuals can apply.  
We encourage you to apply as quickly as you can because there is a funding cap."  
- Steven Mnuchin, referring to Paycheck Protection Program / CARES 7(a) Loans



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### Calendar of Upcoming Optometry Events

**05/19:** MBOS CE? Online? Or reschedule? Watch email  
**07/24:** Tahoe Summit: <https://www.svos.info/>  
**08/09:** OptoWest, Santa Clara: <https://www.coavision.org/>  
**08/30:** OptoWest, Sacramento: <https://www.coavision.org/>  
**Rescheduled:** Santa Barbara: <http://tcosvision.org/>  
**Rescheduled?** Wine Country CE with Safari, Santa Rosa  
 web still says 06/14 but it was rescheduled per email  
<https://www.reosvision.com/wine-country-ce>

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*"The soul, fortunately, has an interpreter - often an unconscious  
but still a faithful interpreter - in the eye." - Charlotte Bronte*

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## FORWARD FOCUS: Coronavirus / COVID-19

As individuals and as a society, we have already done an amazing job at dealing with COVID-19. While there has been and will continue to be loss of life and business, social distancing and government assistance will help limit the personal and economic damage.

While the worst is still to come, we have general plans on how to deal with it. The big question now is exactly how to implement those plans as people and small businesses. The business plans are so new that the lenders and lawyers are still not sure how everything will work, but you can and should get started now, if you have not already.

Craig Steinberg, OD, JD wrote on ODWire.org that the optimal plan for your business, **“assuming you are closed and not seeing patients except on an emergency basis and will remain that way for 30 days:**

**1. Furlough all employees effective the end of the day March 31. This avoids you, as an employer, from having to deal with the Families First Act, which could result in cash flow problem for you. Instruct your staff to immediately apply for unemployment. That ensure they'll be compensated.**

**CAVEAT: if you have high earners (i.e., an office manager, etc.) that unemployment falls well below their earnings, you can either tell them that's out of your hands, it's the best you can do, or you could offer to provide them a bonus later (when they come back to work) of the "loss" the suffer as a result. That's up to you.**

**2. Contact your bank and get lined up for a CARES Act 7(a) SBA loan. Understand what information you will need, how long it will take, and what the loan origination date will be. Find out if you can complete the loan application but delay the loan origination.**

**3. If you can control loan origination, the ideal time to obtain the loan (the ideal loan origination date) would be when you are opening again for normal or at least semi-normal operations and need/want your full staff back to work. That allows you to obtain the greatest value from the "free" money the government is providing you.**

**If you cannot control the loan origination it will be a judgment call on your part when you want to originate. The closer your do so to your office opening back for business the better for you.**

**CAVEAT: it is not known if the CARES Act loans are a first-come first-served opportunity that could run out of money. If that's the case, then there is risk in waiting until you are ready to open. You should ask your bank to help ensure that you will be able to get a loan by advising you daily if funds appear to be running low. I expect there will be more funds later. It would be a political disaster if they run out.**

However, the other question is, should you “fire” or furlough yourself and get unemployment. I don't see any reason why not. Granted, it's probably not enough money to change your/our life (unlike a \$30k/year receptionist), but it is still free money and allows you something coming in. In California I qualify for about \$1050/wk (including the \$600 federal add-on). So I can collect about \$4400 for the month of April, then look toward the CARES Act money. Since my salary exceeds \$100k, I've figured I'll get about \$20k of forgivable loan for my own salary (a bit over \$8k x 2.5).”

Dr. Steinberg's website, which offers legal consulting for optometrists starting at \$99 per month: <https://www.myoptometrylawyer.com/>

Dr. Steinberg advises using unemployment first, PPP second from an owner perspective rather than vice versa. If you are worried about PPP money running out or if you think your office will not remain closed for more than 8 weeks, you could use PPP first, unemployment second (or not at all if you reopen). Which order to use these two benefits in is the most difficult choice right now. Craig advises delaying PPP to optimize revenue; many others advise the opposite, which would mean applying for a PPP loan TOMORROW if you are a small business and next Friday if you are an independent contractor.

As information is changing so fast, here are some Coronavirus / COVID-19 resources you can check for updates:

SBA: <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

AOA: <https://www.aoa.org/coronavirus>

COA: <https://sites.google.com/coaboard.org/coa2020/covid-19>

*All COA, AOA and Society dues and assessments are waived for 2 months for all members.*

California State Board of Optometry: <https://www.optometry.ca.gov/>

*For individuals with active licenses that expire between March 31, 2020 and June 30, 2020, continuing education requirements are temporarily waived for purposes of license renewal. Any waived renewal requirements must be met within six months of this order, unless further extended.*

State of California: <https://www.covid19.ca.gov/>

For business owners / employees: <https://covid19.ca.gov/employment/>

For employees / renters: <https://www.covid19.ca.gov/get-financial-help/>

California Business and Economic Development: <https://business.ca.gov/coronavirus-2019/>

CA Department of Public Health:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

California Employment Development Department: [https://www.edd.ca.gov/about\\_edd/coronavirus-2019.htm](https://www.edd.ca.gov/about_edd/coronavirus-2019.htm)

California Franchise Tax Board: <https://www.ftb.ca.gov/about-ftb/newsroom/covid-19/index.html?WT.ac=COVID-19>

California Labor and Workforce Development Agency: <https://www.labor.ca.gov/coronavirus2019/>

Monterey County Health Department: <https://www.co.monterey.ca.us/government/departments-a-h/health/diseases/2019-novel-coronavirus-2019-ncov>

Monterey County Daily Situation Report: <https://www.co.monterey.ca.us/Home/ShowDocument?id=88023>

COVID-19 projections (can search by state): <https://covid19.healthdata.org/projections>

Online CE (now is a great time to obtain online CE due to the stay-at-home orders, up to 20 hours are allowed):

COA (free for members): <https://sites.google.com/coaboard.org/coa2020/ce>

CEWire 2020 (\$159, through 8/1): <https://event.vconferenceonline.com/microsite/html/event.aspx?id=1484>

AOA Staff CE (free for employees of members): <https://www.aoa.org/paraoptometrics/continuing-education>

COPE temporary online CE changes: [https://www.arbo.org/COPE\\_temporary\\_rules\\_modification.3.16.2020.pdf](https://www.arbo.org/COPE_temporary_rules_modification.3.16.2020.pdf)

Telehealth coding update: <https://www.reviewofoptometry.com/article/a-critical-update-for-telehealth-in-response-to-covid19>

AOA held a webinar on 3/31/2020 about the options for small businesses. Here are my rushed notes.

Sorry the text is so small; there's a lot of info. If it's too small to read, zoom in or copy and paste the text and enlarge it in a document program.

It will also be posted on [www.aoa.org/coronavirus](http://www.aoa.org/coronavirus)

!!! getting this info is why you are an AOA member !!!

Dr. Jeff Michaels

Over 100 COVID bills being evaluated

Phase 1 - funding for HHS - develop vaccines, testing  
Phase 2 - March 18 - Families First Coronavirus Response Act  
Phase 3 - March 27 - CARES Act - business and personal bail out

bill, signed by president, regulations (rules) created from law by  
Department of Labor  
Department of Treasury  
Small Business Association

Phase 2

Families First Act - businesses under 500 employees  
emergency paid sick leave act  
two weeks of paid leave at  
100% of regular pay or 2/3 regular rate - depends on circumstances  
full or part time  
not if employee able to telework  
can only use one time, deadline 12/31/2020  
up to 80 hours  
first day Apr 1  
includes overtime hours if OT is scheduled regularly  
do not pay overtime with this act  
part time employees get number of hours they average in 2 weeks  
(use average number of hours over past 6 months if can't calculate)  
"employees" - owner, associate, staff, salary or hourly, full or part time  
any employee on April 1 or after  
duration of employment does not matter, includes new and old hires  
self-employed eligible - 1099 - credit against self-tax at end of year  
100% pay if employee is  
subject to federal, state, or local quarantine  
advised by health care provider to self-quarantine by COVID-19  
experiencing symptoms of COVID and seeking medical diagnosis  
2/3 pay if employee is  
caring for an individual who is subject to quarantine  
caring for child, if school has closed, or child care provider unavailable due to COVID  
<18 year old or mentally disabled >18 year old  
child care provider - receives compensation for providing child care on a regular basis  
experiencing similar issues from COVID  
100% pay limits - \$511 max per day per employee, \$5110 max aggregate  
2/3 pay limits - \$200 max per day, \$2000 max aggregate  
example: you are open for business, even if shortened hours  
employee started mandated quarantine on Monday, May 4  
on Monday, May 11, local government lifted quarantine  
used 6 days of emergency sick pay  
example - started on Apr 1 because child out of school  
April 2, returns to work, used 1 day of sick pay, have 9 work days to use thru Dec 31  
cannot force employees to use other accrued PTO before this  
intent of this bill is to use this, not regular PTO  
unlawful to discharge or discipline any employee who uses this Emergency Sick Pay  
through Dec 31, 2020  
new Employees Rights Paid Sick Leave poster

2 exclusions

1. health care provider is anyone employed at any doctor's office, hospital, clinic, etc  
to minimize spread of COVID, Department of Labor encourages employers to be judicious when using this  
... definition to exempt health care workers  
you can exclude employees, but must document why
2. small businesses with fewer than 50 employees when imposition of such requirements  
... would jeopardize the viability of the business  
exemption only applies to school or day care closed provisions  
authorized officer of the business has determined that
  1. available business revenue exceeded
  2. substantial risk to financial health of business
  3. not sufficient workers to keep business financially health
 if use exclusion, must document why

Employer reimbursed dollar for dollar

via payroll taxes not being withheld or advance tax credits

eFMLA

after 10 days of unpaid leave, employee starts 10 weeks of eFMLA  
paid at 2/3 normal rate  
full or part time W2 employees  
eligibility window starts on Apr 1  
must first use 10 days of unpaid leave  
employee can decide to take one of three options  

1. completely unpaid leave - cannot force them to use PTO
2. can use PTO
3. can use Families First Paid Sick Leave

 eligible - any employees - owner, associate, staff, salary or hourly, full or part time  
must have worked for 30 calendar days leading into April 1  
1099 / self-employed - same as Families First  
amount of pay  
2/3 regular rate, \$200 max per day per employee, \$10,000 max over 10 weeks  
if you add Sick Pay (\$2,000), and eFMLA (\$10,000), total max is \$12,000  
do I have to restore employee after eFMLA?  
25+ employees - reasonable effort to restore the employee to equivalent pay  
<25 - must meet hardship conditions  

1. position no longer exists due to economic conditions
2. employer made reasonable efforts to restore same position
3. employer makes reasonable efforts to contact you
4. employer makes reasonable efforts to contact you for 1 year plus 12 months

 exclusions and exemptions - same as Paid Sick Leave  
you can exclude certain health care providers, but must DOCUMENT  
Department of Labor prefers to work with the employee to take time off, not force to work  
still must post poster  
<50 employees - must jeopardize health of practice  
payroll tax credits  
100% pay back (dollar for dollar), coordinate with payroll company for Family First tax credits  
Employer Social Security, Employer Medicare, Federal, Employee Social Security & Medicare  
if not enough tax credits to cover  
file request for accelerated payment from IRS  
advanced tax credit instead of waiting to be reimbursed quarterly - contact your accountant  
staff didn't start using Emergency Sick Paid or eFMLA yet, can I start putting payroll taxes aside  
... just in case they do it later this year?  
yes - this will go from normal bucket to a Families First bucket  
you can start now, no penalty, if not used by Dec 31, return

non-enforcement until May 1st, as long as reasonable efforts made to comply

self employed - equivalent sick leave and child care credits

eFMLA is 10 weeks - can be used any time and expires Dec 31, 2020, even after school closing

our office is closed, do these benefits apply

no!

if you are not open for business, employees to not get Emergency Paid Sick Leave or Emergency Family Medical Leave

if you are seeing emergencies, you are open for business

what if I laid off employees?

rehires are eligible for Families First  
Sick Pay - any employee on payroll through Dec 31  
eFMLA - if you laid off March 1st or later, and rehire before Dec 31  
employee eligible if worked 30 of the past 60 days prior to lay off

can ask your symptomatic staff to stay home

employer doesn't need proof of diagnosis for employee to exercise Sick Leave  
employee can exercise right for Emergency Sick Leave if they are symptomatic, do not need diagnosis from doctor

ADA pandemic health crisis provisions (15+ employees)

employer can require a doctor's note, medical exam, or time period during which the employee has been symptom-free ...before allowing employee back to work  
employee is high risk - cannot stay at home and get paid by Families First Act / Emergency Sick Pay  
do not apply if parent is scared to send child to day care if day care is open, day care must be closed

not sick, but have a "stay at home" order in your state

cannot claim Families First Sick Pay or eFMLA

employees keep medical insurance with Families First

still employed

employee can only use Emergency Paid Sick Leave and eFMLA intermittently if

... employer agrees and child is out from school / child care

design is flexibility for the employer

employee getting 2/3 pay for Families First, can I use my other PTO to supplement my income?

Families First allows employee to supplement lost 1/3 income with accrued PTO

employee cannot force it to happen

cannot exceed their normal full weekly pay amount in total

how do we document?

employee has to request it, can't just stop coming to work

no official form - employee should document in writing their request to exercise right to

... Emergency Paid Sick or eFMLA

date of first leave, reason for using Families First (1 or 6)

Phase 3 - personal and business economic aid - CARES (Coronavirus Aid, Relief, and Economic Security)  
 multiple pieces - SBA loans, unemployment payment increase (additional \$600 / week)  
 many other pieces that do not apply to us  
 CARES unemployment  
 individuals get their normal state calculated amount PLUS \$600  
 Emergency Pandemic Unemployment Compensation (EPUC)  
 may come in different checks/deposit (state and federal)  
 state unemployment laws vary  
 max cap at regular weekly pay? unsure as of now  
 employee might make more money not working  
 consult your lawyer  
 many new reasons why someone could get unemployment benefits  
 old - laid off, reduced hours, etc - vary by state  
 new  
 diagnosed with COVID, symptoms of COVID and seeking medical diagnosis  
 would not also do sick pay option  
 member of household diagnosed with COVID  
 employee is primary caregiver of child with closed school due to quarantine  
 unable to work due to quarantine  
 had to quit job due to COVID  
 place of work is closed due to COVID  
 self-employed is seeking part-time employment  
 does not have sufficient work history or otherwise would not be able to apply  
 if can telework, not eligible  
 should I lay off or furlough my employees?  
 consult a business consultant, accountant, lawyer  
 every state varies in their unemployment laws  
 if an employee uses Unemployment Benefits due to COVID  
 your unemployment insurance rate will not change  
 most states adopted  
 furlough  
 reduced hours to zero, similar to laid off but furlough has definite end date  
 still an employee, stays on health benefits, eligible for unemployment  
 partial work  
 reduced hours from normal (ex 16 hours instead of 40)  
 going for unemployment pay to supplement missing hours (ex 24)  
 still an employee  
 might stay on health benefits depending on health plan  
 employer must fill out weekly or biweekly form to Unemployment Office indicating  
 gross pay worked  
 most states only want to know how much employee made, not hours worked  
 laid off  
 not working at all  
 going for full unemployment pay  
 typically approximately 50% of weekly pay to a state maximum (ex: \$378)  
 PLUS \$600 emergency Pandemic Unemployment Compensation  
 not an employee  
 COBRA or Mini-COBRA (if <20 employees)  
 COBRA MODEL ELECTION NOTICE - Google for this form to use, must be issued timely  
 state unemployment website asks - how much did the employee make last week?  
 website not set up for COVID - normally must wait 1 week before benefits start  
 enter this week's pay instead to start immediately  
 unemployment benefits require employee to be willing to work  
 your written request for them to return to work and their refusal  
 ...will result in them losing unemployment benefits

CARES 7(a) Loans - Payment Protection Program  
 SBA loans  
 payroll, rent, utilities  
 loan is forgiven if used as directed - purpose is to keep business open and keep employees working  
 SBA is guarantor of the loan, loans administered by approved FDA banks  
 any small business in existence on Feb 15, 2020 can apply  
 Not yet 501(c)6, any other - s corp, c corp, LLC, sole proprietor 1099, 501(c)3  
 how much can I get?  
 up to 2.5x monthly payroll expenses  
 average over past 12 months (from the loan date)  
 ex: average monthly payroll is \$100,000, 2.5 x \$100,000 = \$250,000  
 2 months payroll expected to be paid, remaining \$50,000 for rent, utilities, etc  
 to be forgivable, spend money on  
 wages - salaries, vacation time, paid time off, sick leave, etc  
 not Families First Emergency Sick Leave or eFMLA  
 rent  
 mortgage interest (not principal)  
 utilities - electricity, gas, water, internet, transportation  
 health premiums  
 interest on any debt obligations incurred before Feb 15  
 no fees to you (no closing fees, no processing fees)  
 bank paid fees by SBA  
 there is principal and interest (0.5%)  
 but 6-12 month deferral before first payment  
 two year maturity  
 can get entire thing forgiven before  
 deadline - June 30, 2020 at FDIC approved lender  
 do not need collateral  
 can spend money for 8 weeks only  
 SBA requirement to get a credit elsewhere does not apply for this  
 recourse on the loan - no recourse unless used not authorized by CARES  
 if used as directed, they will not come after you for being delinquent  
 SBA has 30 days to issue guidance to the banks (Apr 25)  
 Friday, Apr 3 - banks will start accepting  
 bank has authority to grant CARES loans from your credit score alone  
 more likely - monthly payroll statements, P&L, etc  
 apply for loan, get money (often same day), pay salaries and rent,  
 ... report/prove to bank what you used it for, bank reports to SBA your forgiveness amount  
 designed to cover 8 weeks of cost  
 payroll for sure - 75%  
 other expenses - 25% - cannot use more than 25% of this loan on non-payroll purposes  
 will lose forgiveness if you do  
 very simple application form  
 what reduces my loan forgiveness? (DO NOT DO THESE!)  
 use loan beyond 8 weeks  
 use loan for expenses not on the list  
 >25% non payroll  
 losing employees or paying employees less (compares full-time equivalent for loan period in 2019)  
 ex: you lay off / fire / lose employees  
 SBA will look at how many Full Time Employees you have 8 weeks after your funding date  
 compare to #FTE Feb 15-Jun 30, 2019 or Jan 1-Feb 29, 2020  
 ex: funding date, May 1st, ask for \$250,000  
 8 weeks later (June 26), you have 20 employees on June 26  
 you select 2020, you averaged 22 FTEs (you lost 2 employees)  
 your loan forgiveness will be reduced by 10% due to losing 10% of employees  
 compared to look back date  
 you will owe \$25,000  
 you can hire employees back through June 30 without a penalty  
 you don't have to hire the same people - just need same or more FTE at end of loan compared to  
 look back period  
 pay reduction reduces loan forgiveness  
 if salaries/wages of any employee are reduced by 25%  
 only applies to salaries <\$100,000 in 2019  
 compares an employee's payroll wages  
 loan date out to 8 weeks vs Q4 2019, likely will use a 2-week average or monthly average  
 example - I kept employees but paid them less  
 if you reduced hourly rate or reduced hours during 8 weeks following loan [DO NOT DO THIS]  
 how will loan forgiveness change? Like a loss of 1 FTE? not sure yet  
 are owner or associate doctor wages excluded from the loan request amount or loan forgiveness?  
 shall not include salary of employee in excess of \$100,000  
 \$100,000 / 12 months = \$8,333 per month  
 max forgiveness is \$8,333 per month (if making \$100,000 per year, still only get \$8,333 per month)  
 total employer payroll costs (salary, PTO paid, employer taxes, vacation paid, bonuses)  
 average of last 12 months x 2.5 = potential loan amount  
 waiting on guidance on 1099

CALIFORNIA OPTOMETRIC ASSOCIATION  
**LEGAL RESOURCE PROGRAM**  
**FREE ADVICE FOR COA MEMBERS**  
 OPTIONS FOR CONTACT DURING CURRENT SITUATION:  
**1 CALL 916-441-2430 AND LEAVE A VOICEMAIL**  
**2 CALL 916-329-1727 TO REACH ATTORNEY STEPHEN MARMADUKE DIRECTLY**  
**3 CALL 916-329-1749 TO REACH ATTORNEY SAMSON ELSBERND DIRECTLY**  
**4 CALL 916-329-1756 TO REACH ATTORNEY DAN BAXTER DIRECTLY** **MORE INFO**  
**WILKE FLEURY IS HERE TO GET THE JOB DONE FOR COA MEMBERS!**  
 REST ASSURED THAT ALL MESSAGES WILL BE RETURNED

what if apply for CARES 7(a) in May but reduce workforce from now until May  
 you loan amount will be based on last 12 months from date of your loan  
 loan forgiveness is not influenced by # of employees or rate of pay today  
 only counts FTE at end of loan period  
 loan forgiveness only reduced if workforce or pay reduced during loan period  
 no promise to keep employees for any amount of time  
 if get a CARES loan now but patient flow is not back to normal, how should I pay staff?  
 loan period is 8 weeks from the start of when you got the money  
 pay staff their normal amount during the 8 week loan period  
 what if staff on unemployment lending into CARES loan?  
 staff comes off unemployment for those 8 weeks  
 what if staff does not want to come back into work?  
 to be on unemployment, must be willing to work, if they refuse, hire someone else for FTE #  
 when should I apply?  
 depends on your business specifics and geography  
 when will patient flow be improved in your area  
 unemployment is likely either before or after your loan period  
 would you prefer unemployment before or after - does not matter  
 deadline - JUNE 30  
 starts - APRIL 3  
 ex: get the loan Apr 3, 8 weeks of full payroll, if pandemic not gone, consider unemployment  
 ex: staff on unemployment until May 1, 8 weeks of full payroll  
 loan timing - no right or wrong, will likely use unemployment  
 if you believe COVID will end by end of May, get a loan now  
 there is only \$349 billion - possible to be gone if apply later?

Economic Injury Disaster Loan (EIDL)  
 "disaster loan" from SBA  
 not CARES Act, not forgivable  
 requires collateral pledge if >\$200,000  
 can turn into CARES  
 loan up to \$2 million, 30 year term, 4% interest or less, 1 payment after 12 months,  
 apply on SBA website, use of funds not restricted likes CARES loan  
 can use this and CARES loan, but cannot pay same expenses with both - no double dipping  
 must keep meticulous records of where use each  
 employees making over \$100,000 - can use CARES under \$100k and EIDL for over \$100k?  
 no - using for same purpose  
 need more info than for CARES  
 can't wait for cash  
 EIDL Emergency Grant  
 SBA calls it an "advance"  
 pays up to \$10,000 within 3 days of application  
 not required to repay this \$10,000 even if denied EIDL loan  
 \$10,000 will be subtracted from your CARES loan if you get

general COVID provision for ODs  
 National Emergencies Act declared on Mar 1, 2020  
 relaxed HIPAA requirements - telehealth via non-HIPAA compliant tech - Zoom, etc  
 if employee has COVID-19 conjunctivitis, no copay, deductible, etc  
 can OD issue medical self-quarantine?  
 yes - for emergency paid sick leave  
 Medicare Accelerated and Advanced Payment  
 includes Medicare Part B during National Emergency  
 as you bill through the next few months, they will deduct payments from advanced payment  
 check box 2 "Delay..." and write due to COVID  
 open enrollment for health insurance due to pandemic

forgivable loan will help but can't make up for all the lost exams  
 start planning now  
 expand hours, more evenings, more weekends, telehealth

Dr. David Cockrell - AOA Advocacy Chair

Not all lenders are the same - different types of lenders in SBA  
 banks with preferred SBA lender status - processed first, make sure the bank you use is  
 have more experience working with SBA loans  
 many credit unions are not preferred  
 NAGGL.org - can see which banks are preferred

Timothy Bonin - Rhode Island Optometric Association Executive Director

30 million small businesses - system will be full

Bob Kehm - AOA Excel Managing Director

independent contractors are eligible to apply for the unemployment benefits  
 if office is closed

Q&A

!!! Everybody should apply for a CARES loan !!!  
 start the paperwork now  
 work with your bank to do so  
 banks will likely slowly roll out over the next 2 weeks starting Friday, 4/3  
 use it for 8 weeks of payroll and keep the doors open  
 also look into unemployment options if necessary

!!! Google "COVID poster employee rights" for new poster !!!

does not matter if your office is open or closed for when you apply to loan  
 except you cannot have your staff on unemployment and getting paid

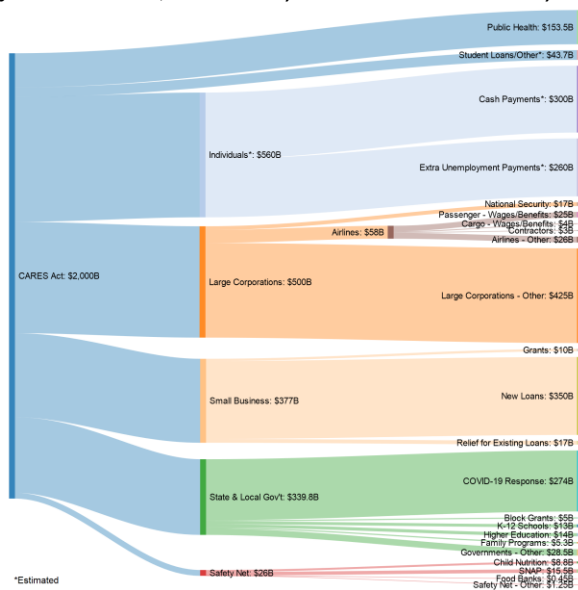
independent contractor - do it on your own? still not sure  
 if you meet payroll expenses, apply for PPP / CARES loan

unemployment status of staff does not affect CARES loan application

state stay-at-home orders do not qualify for Emergency Paid Sick Leave Act  
 because it's a recommendation, not a quarantine

can 1099 get unemployment insurance? maybe?  
 might vary by state - can apply and see if you get

Where the money goes in the \$2 trillion CARES Act, sourced from NPR article, visualized by reddit user SevenandForty:



"The sun will rise and set regardless. What we choose to do with the light while it's here is up to us. Journey wisely." - Alexandra Elle

## EDUCATION EMANATION: Dr. Tarek El-Sawy

Dr. Tarek El-Sawy gave a lecture on oculoplastics to MBOS members on January 21.

If an eye is droopy, it should be determined if it is brow or lid ptosis or dermatochalasis. It can be a challenge to make both lids match.

If the eye is irritated, check for a nasolacrimal duct obstruction. You should use a dye disappearance test, not a Jones test. You should irrigate the eye as well. This has a good reimbursement.

If lid tissue is missing, he can use skin behind the ear for the upper lid. There is not much muscular function but it creates good coverage. He will use the upper lid conjunctiva for lower lid tissue.



*Dr. El-Sawy has a Santa Cruz office and is based in Cupertino. He is planning on opening a new office Watsonville/Hollister in the future.*

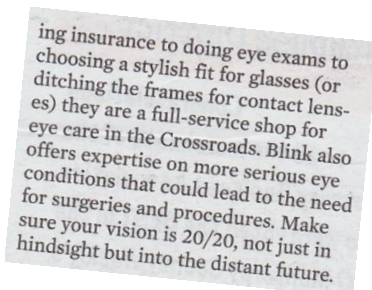
## BRILLIANT BODIES: Member Service Awards

AOA provides member service awards for members who have retained continuous membership for 10, 25, 40, 50 and even 60 years. Five MBOS doctors received awards this year. Thank you for your continuous membership!

- 10 years - Stephen Kon-Chiang Chang, OD
- 10 years - Laura Prisbe, OD
- 25 years - Telma Barseghian, OD
- 25 years - Daniel Ming Shen, OD
- 25 years - Juan Jose Trejo, OD

## BRILLIANT BODIES: Best of Monterey County 2020

Congratulations to Dr. Telma Barseghian and Dr. Trevor Fogg at Blink Optometry in Carmel for winning Best Eye Doctor in 2020 from the Monterey County Weekly! They have won the award annually since 2016.



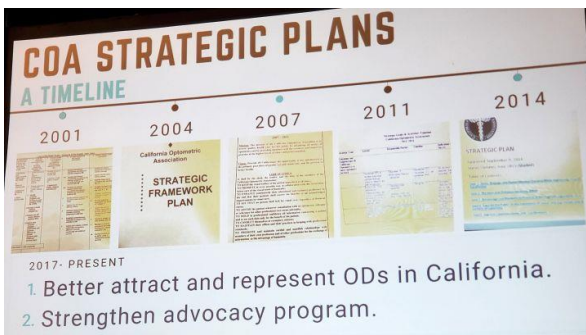
## LEGISLATION LAMP: House of Delegates



House of Delegates was held in February in LA. Attending were Dr. Jonovan Ottenbacher, Dr. Robert Theaker, Dr. Trevor Fogg, and Dr. Jennifer Buell.

In addition, Dr. Trevor Fogg was on the COA Membership Committee and the COA Nominating Committee and was the Sergeant At Arms. Dr. Robert Theaker was on the COA Legislation-Regulation Committee, was the chair of the COA Optometrist of the Year Committee, and was also on the AOA Advocacy Committee and was the chair of the AOA Federal Relations Committee.

To open the meeting, Dr. Ron Seger, COA president, spoke on how bringing value to COA members takes years to implement, and it takes money to achieve.



Sarah Harbin discussed COA's Strategic Plan. There has been no overall change in membership over 20 years, but the COA hopes to perform market study in 2020 summer to see how to grow.

Dr. Ida Chung, COA Secretary Treasurer, said that both income and expenses were lower in 2019 than in previous years.

Dr. David Redman gave an update on legislation and regulation, which covered AB5 on independent contractors, online vision testing, Medi-Cal reimbursement rates, children's vision, AB 896 on regulating mobile clinics, and scope of practice.

Next were a bylaw resolution and policy resolutions. The low vision rehab resolution passed, the COA board creating a membership task force resolution failed (as COA is already working on this), allowing consideration of increased Leg Fund assessment resolution passed, HOD ranked choice voting system for COA HOD nominees resolution failed, and a resolution to have COA investigate optometry to be part of health professions loan forgiveness programs such as NHSC passed.



Dr. Fred Dubick gave a report on the Public Vision League which included AB5, independent contractor, and said likely nobody is legally an IC even under old rules. There is 30 minutes free legal advice from COA.

Next were awards, where Dr. John Rosten won COA Optometrist of the Year. He volunteered for Medical Ministries International in Africa for many years.





Dr. Jonovan Ottenbacher and Dr. Trevor Fogg attended a membership huddle. Dr. Fogg mentioned how most ODs who are members don't care about the side benefits; they want to protect the profession. COA membership is only 30%, whereas the average nationwide is 50%. Terri Goussard of the AOA said that members personally contacting non-member is the most effective method to get them to join.



Dr. Robert Theaker led Reference Committee 1, which discussed the President's Council resolution. Reference Committee 2 debated funding for the Think About Your Eyes program.

That evening, Dr. Jonovan Ottenbacher attended a mixer with students who might move to our area and become future MBOS members.

The next day opened with a membership report. 1 in 3 practicing ODs in CA are COA members. Employed HMO and PP are only around 10-15% COA members.

Then we finished the bylaws and policy resolutions. The membership dues policy was withdrawn to give the membership committee time to complete their study. The amendment to allow President's Council mentioned in the COA bylaws passed. The resolution to allow President's Council to propose resolutions to HOD also passed after a great deal of discussion.

After that, Dr. Michael Kling gave a great lecture on private equity. There are many benefits and drawbacks, and you must evaluate if it will meet your individual practice and personal goals.



The AOA trustees then covered online vision tests and how VC is investing money into many new innovative companies. They also covered Think About Your Eyes for and United in Possibilities to grow membership.

Following that, Shara Perkins gave a report from the State Board of Optometry, which included how immunization authority still being worked on and how the board is working with major cosplay conventions, convenience store associations, student health centers on cosmetic contact lenses.

Reference Committee 2 recommended that the funding for TAYE be added back into budget, which was passed. Then the budget was passed.

The COA Board of Trustee elections came next, which had a split election twice as there were five candidates for three spots.

Finally, Dr. Jason Tu closed with the president's address. He intends to work on legislation, access, children, and treating myopia and presbyopia.



## INTERNET INCANDESCENCE: ODWire

ODWire is a great resource for optometrists. There are multiple forums to discuss a variety of optometric and other issues, from business economics to instruments to research to ethics. You can visit the site at <https://www.odwire.org/>



## ILLUMINATING INSTANCES: PCPs are not eye docs

Most MDs are great at whatever specialty they are trained in. However, when they are not ophthalmologists, they tend to have very little experience with eyes, apart from some rather minimal training in medical school. Both my brother and sister are MDs, and they have confessed to me that they have no idea what they're looking at with an ophthalmoscope and usually can't even line it up correctly to see anything in the first place.

Medicine is so specialized at this point that one would not expect most MDs to be able to handle many ocular maladies, and in general, this is not a problem as long as the MDs adequately refer these patients to eye specialists. Two recent cases highlight this.

First, I had a couple of patients come in to see me because they were having a fair amount of pain a few weeks after cataract surgery. They both had the same cataract surgeon and same PCP.

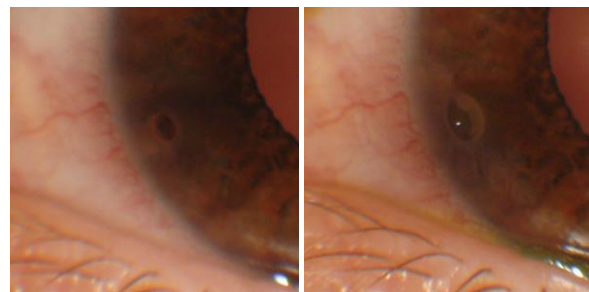
As it turned out, the surgeon had prescribed Maxitrol for a cheaper and easier alternative to separate antibiotic and steroid drops. However, Maxitrol was backordered at the pharmacy, and instead of contacting the surgeon, the pharmacy contacted the patients' PCP, who recommended a combination drop of neomycin, polymyxin b, and hydrocortisone (Cortisporin), which is usually used for ear infections. Unfortunately for the patients, the substituted hydrocortisone is a much weaker steroid than the dexamethasone of Maxitrol, resulting in continued post-op inflammation. This was easy for me to observe by seeing cells in the A/C using a slit lamp.

I simply prescribed Pred Forte, which quickly cleared up the inflammation for both of the patients.

Second, I had a patient who went to the emergency room due to a red, painful eye. He stated he had gotten a chemical in his eye, so the doctors at the ER thoroughly irrigated his eye and gave him some pain medication after superficially observing the eye.

After a few days, it was no better, so we went to his PCP. His PCP again irrigated his eye and prescribed Pred Forte, thinking it might be scleritis. However, he also referred the patient to me the next day for a second opinion. When I saw the patient, he did not have a chemical burn nor an inflammatory problem; he had a foreign body embedded into his cornea.

I was easily able to remove the corneal foreign body using a forceps at the slit lamp, and the patient had an immediate resolution to his problem. I told the patient to discontinue the Pred Forte and instead prescribed a topical antibiotic drop for prophylaxis.



*Corneal foreign body      after removal*

In these cases, the doctors the patients initially and even subsequently saw did not have the training nor equipment to properly deal with their ocular conditions. After a quick office visit to see an optometrist, however, their problems were easily and quickly dealt with.

## REFLECTIVE RESEARCH: MD vs OD school

Optometry and medical school are much more similar, especially in the first two years, than most people realize. Below is a chart I created that compares my optometry school classes to my brother's and sister's medical school classes across our four years of schooling. Bolded red course names are the same; non-bolded black course names are different.

### Optometry School (OD)

### Medical School (MD)

#### *First Year*

**human anatomy**  
**human physiology**  
**neuroanatomy**  
**clinical practicum I & II**  
 vision science, optics

**human anatomy**  
**human physiology**  
**neuroanatomy**  
**clinical practicum I & II**  
 biological chemistry

#### *Second Year*

**pathology**  
**pharmacology**  
**clinical practicum III**  
 ocular anatomy and physiology  
 contact lenses  
 vision science, optics, perception

**pathology**  
**pharmacology**  
**clinical practicum III**  
 microbiology  
 behavioral science  
 radiology

#### *Third Year*

**pediatric optometry**  
**surgical techniques**  
 ocular pharmacology  
 ocular pathology  
 glaucoma  
 vision rehabilitation

**pediatrics**  
**surgical techniques**  
 ob/gyn  
 psychiatry  
 family medicine  
 internal medicine

#### *Fourth Year*

externships and electives

externships and electives

# VESPERTINE VENERATION: Dr. James Flickner



I grew up in a small town in Nevada called Gabbs and graduated University of Nevada, Reno in 1971. I went to Los Angeles College of Optometry on USC campus from 1971-1973, then the school moved to its current location as SCCO at Fullerton and I graduated in 1975. In my senior year at SCCO, my wife Darlene and I took a few scouting trips to see where we might want to practice and live. We visited the Monterey Bay Area and knew it was for us. We moved to Aptos, CA in 1975, joined the local optometric society, and became a partner with Dr. John Daly in Santa Cruz.

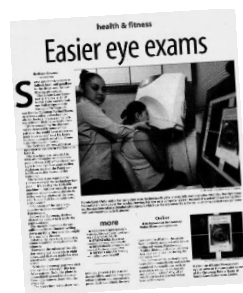
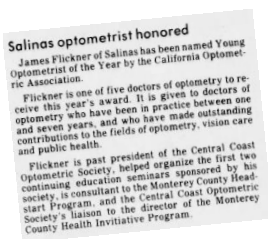
From 1975-1979, I worked part time with Dr. Tracey Beagle in Salinas and purchased his practice in October of 1979. Early on I was involved in MBOS (then Central Coast Optometric Society) and was named California Young OD of the Year in 1980. I started the first MBOS CE annual meeting, which then became the annual COA Monterey Symposium.

Romie Lane Optometric Center (RLOC) has been my pride and joy for over 40 years. I was in the first group of optometrists to use diagnostic pharmaceuticals and anterior segment disease treatment. I love working with and helping people with various degrees of visual and eye health issues throughout their life. The medical and technological aspects of optometric practice have evolved significantly over the years. It's now in our capacity to diagnose and treat many diseases at their first sign, before they become significantly symptomatic and pathologic.

Darlene put me through school full time as a computer data entry specialist and raised our two sons, Christian and Shaun. We enjoy sports and being outdoors; I love fishing and mountain biking. I am very proud of my family and have been happily married for 49 years.

Dr. Maureen Hong joined the practice in 2000. My son Christian and his girlfriend Jennell Bockenstedt had just graduated from SCCO and joined RLOC in 2005. Christian and Jennell were wed in 2008 and have two wonderful children, Cole and Jordan.

When I graduated, women were a very small minority of our profession. Now they are the majority! Love your profession, take great care of your patients, and always exceed professional standards and expectations. Get involved locally and nationally to keep optometry healthy and thriving, now and in our future.



*"Vision is the art of seeing what is invisible to others." - Jonathan Swift*

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