Welcome NJSOP Board Member

Congratulations! I am pleased to be among the first to welcome you as a member of the NJSOP Board of Directors. This handbook has been prepared to help familiarize you with your roles and responsibilities to NJSOP.

You will undoubtedly find that your term as a board member will be some of the most memorable years of your life. Yes, you will face challenges in your new leadership role. Most important, you will be filled with a great sense of accomplishment knowing that you have had a hand in making good things happen for optometry in New Jersey. You are an extraordinary person to volunteer your time and effort to our profession. I want you to know how much your commitment is appreciated.

Many past NJSOP board members have told me that their board involvement had an unanticipated benefit to them as individuals. They continue to appreciate the personal and professional growth opportunities that they find available to them through NJSOP and AOA. Remember, if there is anything I can do to help you in the future, I hope you will never hesitate to give me a call.

Professionally yours,

Ray Corbin-Simon, OD
NJSOP President
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Welcome to the NJSOP Board of Directors

Congratulations on being elected to the NJSOP Board of Directors! As a new board member, it can initially be overwhelming as you learn Board procedures. This welcome packet was devised to assist you with the transition from NJSOP member to Board of Directors member and to serve as a guideline with the NJSOP Constitution. Please be proactive in asking questions at anytime, and thank you for choosing to play a part in molding the future of Optometry in New Jersey.

The purpose of the Board is to ‘supervise and manage the affairs, funds, and property of the NJSOP and carry out the objectives and purposes of the Constitution and Bylaws’. The Board generally meets four times during the year in addition to the annual general membership meeting. The constitution is referred to on a regular basis and you should have a working knowledge of it. As such, it is important that each board member read the constitution and bylaws which are located in the membership directory.

The Board of Directors consists of 17 members: 5 officers and 12 directors. The officers; president, president-elect, vice-president, secretary-treasurer, and immediate past president; are referred to as the executive officers. The directors can serve a maximum of two three year terms. We attempt (although it is not always possible) to have a representative of each local society serve on the board so that each local society has a liaison to the governing body of the NJSOP.

The Board functions with the assistance of several committees. Each committee has a chairperson which is appointed by the president. (The committees are listed on a separate page in this packet.) At the committee level; proposals are evaluated, programs are developed, and ideas are discussed at length. The Board would never have the time to delve into the minute details of each and every NJSOP program so the NJSOP committee’s function to work on the details of our society programs. The committees are where the “work gets done” and it is important that you serve on a committee so that you feel a part of the process of developing the programs and policies of the society. Each committee has several representatives on the Board so that if a particular project or program is questioned at the board level, people who were involved at the committee level are present to further explain the details. If you are not currently assigned to a committee, please speak to the president or executive director as soon as possible so that you can select the committee which holds the most interest for you. Serving on at least one committee is a pre-requisite for sitting on the Board of Directors.

The NJSOP has a finance committee which is responsible for the financial management of the society. The finance committee consists of the Secretary-Treasurer and 5 additional persons appointed by the president. It is often the executive officers and the executive director that sit on this committee. The finance committee prepares the budget which is then presented to the full Board for their approval. The Board also receives financial spread sheets and a checkbook ledger at each Board meeting. The finance committee is always available to answer questions about the budget and the financial spread sheets. Since we are not accountants, it often takes a board member some time before they feel completely comfortable reading the financial reports. Please ask questions if you are uncertain about how to read a report!

In addition to the finance committee oversight, large expenditures require the approval of the entire BOD. Contractual agreements of over $5,000, with the exception of hotel contracts for CE courses and those items that are deemed an “emergency” situation by the president and executive director, require full board approval. Please keep in mind that, as a Board member, it is imperative that you check your email and fax machine often as we may need your faxed or emailed approval for large expenditures between meetings.
In addition, any contractual arrangements for amounts of over $10,000 annually require a good faith effort at obtaining competitive bids so that we may honor our fiduciary responsibility to our membership to use their dues dollars prudently and cautiously.

Please remember that we were all first year board members at one time and we understand that the procedures of the board seem foreign at first. Do not hesitate to ask any questions and once again, thank you for volunteering your time and efforts for organized optometry.

**NJSOP COMMITTEES**

**Legislative Committee** - protects and expands your opportunity to practice optometry at the highest level through political involvement in the legislative process. Reviews existing bills, develops new bills, and develops a key person network.

**Clinical Care Center** - protects and expands your opportunity to practice optometry at the highest level through development of clinical standards and skills for New Jersey’s Optometric Physicians. Reviews codes within the scope, clinical guidelines for optometry, interacts with government agencies.

**Eye Care Benefits Center** – protects and expands your opportunity to practice optometry at the highest level by ensuring that you have the opportunity on a non-discriminatory basis to become a participating provider in managed care organizations, third party plans, and other health care delivery systems. Monitors and interacts with health care insurers and governmental agencies.

**Member Programs Center** - protects and expands your opportunity to practice optometry at the highest level through endorsed programs and services and continuing education of the highest quality for the members, and the public information programs for New Jersey’s citizens.

**Finance Committee** – assist the Board of Directors in maintaining responsible financial control and authority over the Society’s budget so as to ensure the highest value to the member dues dollar.

**Nominating Committee** – assist the Board of Directors and the Membership Assembled in advancing the interest of the Society through the effective and efficient recruitment of quality candidates to NJSOP Board and Committee slots and well as candidates for submission to the Governor for appointment to the State Board and selection of award recipients.

**Mintz Scholarship Foundation** – ensure optometry’s future in New Jersey by providing financial aid assistance to New Jersey residents attending a school or college of Optometry.

**Low Vision Committee** - develops low vision education, awareness and communications with other optometrist, patients, state agencies and the American Optometric Association and keeps members abreast of the diagnostic and treatment options available for the visually impaired.

**VT Task Force** - assists New Jersey Optometrist in identifying patients that would benefit from vision therapy; to educate Optometrist about vision therapy and how it can help patients improve their visual function in accordance with Clinical Practice Guidelines, promote public awareness of vision therapy to NJ residents, work with NJSOP and their committees by addressing issues relating to vision therapy.
1. What are membership actions?
At each Board meeting Membership actions are passed around for board members to review and sign. These actions will include new members wishing to join the NJSOP, people being suspended or revoked for non payment of dues, people requesting partial practice membership, life membership, or waivers, etc. You must review each action and sign if you agree with the requested action. If you do not agree or understand, then stop and ask a question at the next break in the board meeting.

2. What are Robert's Rules?
Robert's Rules of Order are the established “rules” for conducting business meetings. We utilize Roberts Rules in all of our board meetings. Motions are made and seconded, there is time to discuss, and votes are taken. Each board member must vote aye, nay, or abstain from votes. These rules are put in order to ensure that everyone has a chance to be heard and so items are discussed fully. They may seem somewhat formal or stiff at first, but you will become comfortable with them in time. You can learn more about Robert’s rules of Order at www.robertsrules.org.

3. Who are the NJSOP Lobbyists? / What do they do?
NJSOP lobbyists or legislative consultants are responsible for carrying forth the legislative agenda as determined by the Legislative committee and the NJSOP Board of Directors. While doing so, the lobbyists interact directly with policymakers in the state legislature, the administration and the regulatory bodies.

4. Why do we need legal counsel at BOD meetings?
It is imperative to have legal counsel at all BOD meetings to ensure that the board is acting within the parameters set forth by the NJSOP Bylaws as well as complying with state and federal laws. While it may seem unlikely that an individual would violate any law in a board meeting, having an attorney present protects both the BOD and the society from potential litigation.

5. What info. can I share with OD's? Is some of this confidential and how do I know?
The agendas and minutes of the BOD meetings are all information that can be shared with the membership as they are public documents. However, conversations that take place at the BOD meetings may involve comments by certain board members that you may or may not agree. Discussion of individual comments to others may place both you and the individual in an uncomfortable situation. We ask that you share only information on the issues and not the opinions of specific board members.

6. What can I post on the NJSOPnet?
The NJSOPnet is a wonderful tool to place all information pertaining to optometry with some caveats. NJSOP must be particularly careful to avoid any discussion that can be construed as violating the Sherman Antitrust act. Examples of this are movements to boycott a company or individual, discussion of fees being paid by insurance companies, etc. Please feel free to inquire further if you are unsure about the current law. We also discourage inappropriate language, jokes, pictures, etc.

7. What is the attire for GMM/ BOD meetings?
Attire for most board meetings is business attire. Occasionally we may have more or less formal events where you will be informed of expected attire. Committee meetings are often business casual.

8. Who do I contact when I have questions?
Any executive officer or the executive director. You will be given a handout with all the board members names, addresses, and phone numbers.
9. What does the Executive Director do?
The executive director is the individual who is responsible for implementing the policies of the NJSOP Board of Directors. The Executive Director serves as an ex-officio member of all committees and is solely responsible for the day-to-day operations of the society.

10. What should I do with the agenda before meetings?
Please make sure you review the agenda BEFORE coming to board meetings. Feel free to write your questions or comments throughout the agenda as you review it. You should not expect to have a full understanding at the board meeting if you are seeing the information for the first time on the day of the meeting. We try to get them out to you a week in advance, but sometimes last minute information will delay the delivery slightly.

11. How much are NJSOP dues? What are the AOA dues?
Current NJSOP dues are: $__________
Current AOA dues are: $__________
The NJSOP bills for both and turns over the AOA portion to the AOA on a quarterly basis. Some local societies also have dues and some do not. Local societies collect their own dues.

12. When is the fiscal year?
The NJSOP’s fiscal year was recently changed to run a calendar year. The officers’ cycle is usually close to a calendar year as well, although it does depend upon the scheduling of the year end general membership meeting.

13. What if I need to miss a meeting? Whom do I contact?
If you must miss a meeting, please contact the executive director with as much notice as possible. Since we only have 4 – 5 working meetings a year, we do expect 100% attendance except during extenuating circumstances.

14. Is it ok to interrupt BOD meetings with questions?
Absolutely, just signal the president that you have a question and he/she will call on you.

15. What is the difference between NJSOP and NJSBO?
The NJSOP is the professional association that represents optometry in the legislature, in the media, and to our members. The NJSBO is the governmental agency with optometrist and lay people representatives appointed by the governor’s offices to develop the regulations and statutes that regulate optometry. The NJSBO is a division of Consumer Affairs and is responsible for protecting the consumer. The NJSOP is responsible for protecting and promoting optometry.
Over 110 years ago, on April 13, 1901, Minnesota Senate Bill 188 was signed into law establishing the first optometry practice Act. That first scope of practice was defined as:

An act to regulate the practice of optometry.

Be it enacted by the Legislature of the State of Minnesota:

Section I. The practice of optometry is defined as follows, namely: The employment of subjective and objective mechanical means to determine the accommodative and refractive states of the eye and the scope of its functions in general.”

Over the next 23 years a law to license optometrists and define the scope of services optometrists could legally provide was enacted in every state and the District of Columbia, with the last practice Act enacted on May 28, 1924 in the District of Columbia. In fact, four optometry practice Acts were approved while the jurisdiction was still a territory. These territorial enactments included: New Mexico, enacted March 16, 1905; Arizona, enacted March 14, 1907; Hawaii, enacted April 30, 1917; and Alaska, enacted May 2, 1917.

Beginning with the passage of a law in Rhode Island in 1971 authorizing the use of diagnostic drugs, to the enactment of a law in Kentucky in 2011 authorizing the use of surgery and therapeutic lasers, the scope of the practice of optometry has been expanded into medical eye care well over 180 times legislatively during the last 40 years in the various U.S. jurisdictions. This historic chapter in the evolution of optometry saw a sweeping transformation of the profession from the expert, but “drugless” refractionists of the early 1900’s, to detecting and referring eye disease at mid-Century, to today’s largest eye and vision care profession, providing patients access to safe and effective vision and medical eye care from their local doctor of optometry.

Due to political compromise some of the scope of practice expansion or amplification laws into medical eye care contained a sunset provision that, if not extended or repealed, had the potential to undo a legislative victory. None of the sunset provisions that were enacted survived to accomplish the obvious goal of the opposition; to revert to an earlier statutorily defined scope of practice. So it is important to note that, in addition to the well over 180 enactments, no optometric scope of practice expansion or amplification law has ever been diminished or repealed at a later date by a state legislature.

The legislative steps to expand the authorized scope of practice over the course of this dynamic 40 year period in the evolution of the profession, while sometimes breathtaking in their achievements, were more oftentimes small and incremental, as curriculum and legislative successes each grew over time. Optometrists in every state and the District of Columbia educated legislators regarding the training of modern optometrists as they worked to pass laws expanding the scope of practice commensurate with the expanded curriculum, and in order to better meet the medical eye care needs of their patients.

Components of Scope of Practice Expansion

There have been four basic interconnected legislative components related to scope of practice expansion into medical eye care over the past 40 years. Each of these essential elements of expansion was achieved by the various states at their own pace. In fact, there are many areas where further amplification efforts remain to be enacted in order for the states to achieve more uniformity from one to the other regarding prescriptive authority and the ability to perform non-surgical and surgical primary care procedures.
The Four Components:

1 — Use of “Diagnostic Pharmaceutical Agents” or “DPAs.” This terminology, and the resultant acronym, was coined by the profession to easily explain to lay non-medical legislators, legislation seeking to authorize the use of diagnostic drugs within the practice to facilitate the examination. The ability to use anesthetic, dilation, and other topical drugs in the office was a significant first step in the transformation of optometry into the profession it is today.

2 — “Diagnosis” of Disease. Over time, the early optometry practice Acts generally had been amended to authorize optometrists to “detect,” “recognize,” or “ascertain” diseases or conditions of the eye with a requirement that the optometrist then refer the patient to a medical physician for confirmation of diagnosis and commencement of treatment. This form of legislation sought to specifically establish the legal responsibility of optometrists to “diagnose” diseases or conditions of the eye and vision system. This effort was tied to diagnostic, or more frequently, therapeutic prescriptive authority expansion efforts.

3 — Prescription of “Therapeutic Pharmaceutical Agents” or “TPAs.” As with DPAs, the “TPA” terminology and acronym were also coined by the profession to easily explain to lay legislators, legislation seeking to authorize the prescription of medication to treat many of the diseases or conditions of the eye and related structures that optometrists were educated and trained to diagnose.

4 — Performance of Surgical Procedures. At the beginning of this 40 year period of expansion it is believed that every state’s optometry Act except for the laws in Idaho, Indiana, Oklahoma, and Washington state included language prohibiting, in some manner, the performance of surgery. However, certain procedures routinely performed by optometrists, and not normally considered surgery as that term is traditionally understood, have surgical reimbursement codes assigned to them. Primarily for reimbursement reasons, legislation was enacted in the majority of states to make it clear that certain surgical procedures, such as the removal of foreign bodies, are included in the practice of optometry. Until such time as a state legislature repeals a prohibition against performing surgery, defining certain surgical procedures as within the scope of optometric practice and hence not included in any prohibition against performing surgery, was, and continues to be, the approach in most states.

Historical Timeline – Diagnostic Pharmaceutical Agents (DPAs)

While the first law specifically authorizing the use of diagnostic drugs to facilitate the examination was enacted in Rhode Island in 1971, in fact there were two other states prior to 1971 where use of diagnostic drugs by optometrists received favorable Attorney General opinions based on an interpretation of the optometry Act in effect at the time.

In Indiana there was a favorable Attorney General opinion dated July 17, 1946, affirming that the optometry Act, as reenacted in 1935, authorized the use of legend drugs by optometrists. “Prior to 1935, optometric drug use in patient care was prohibited by law, but the 1935 Indiana Legislature saw fit to remove that restriction and allow optometrists to practice to the fullest extent of their education and clinical experience.” Legislation was later considered and defeated by the Indiana legislature that would have prohibited pharmaceutical use — lending weight to the view of the Attorney General that diagnostic and prescriptive authority were authorized under the Indiana optometry law. In addition, in 1980, organized ophthalmology challenged that interpretation of the Indiana optometry law in court. The suit was eventually dismissed by the state Court of Appeals in 1985.

In New Jersey there was a favorable Attorney General directive issued to the New Jersey State Board of Medical Examiners dated May 22, 1968, that said the optometry Act in effect at that time authorized optometrists to use a local anesthetic to perform corneal tonometric examinations.

Both states went on to enact clarification legislation at a later date making it unambiguous that the use (Indiana
and New Jersey) or the prescription (Indiana) of drugs was included in the practice of optometry.

It took almost 18 years from the Rhode Island victory on July 16, 1971 until January 13, 1989 when Maryland became the last state authorizing the use of diagnostic drugs to facilitate the examination. However, when considering the fact that varying opposing interests both internal and external to the profession along with innumerable political and legislative hurdles had to be overcome in 51 separate jurisdictions in order to enact similar legislation, 18 years was a relatively short period of time in the 110 year history of optometry as a legislated profession. (On December 28, 1982 and August 15, 1999, respectively, the U.S. territory of Guam and the Commonwealth of Puerto Rico also enacted diagnostic authority legislation.)

**Historical Timeline – Diagnosis of Disease**

It is apparently lost to history which state law first established the legal duty for optometrists to “diagnose” diseases or conditions of the eye and vision system vs. “detect,” “ascertain,” or “recognize.” Such authority was most likely in place in some states before the first diagnostic or therapeutic laws were enacted. However, we do know the year the last practice Act was amended establishing the legal requirement for optometrists in every state and the District of Columbia to diagnose disease.

The last state to amend “ascertain” or “detect” to “diagnose.” On May 11, 2004, Vermont Senate Bill 54 was enacted amplifying previous law that had authorized the prescription of limited topical drugs, excluding those used to treat glaucoma. The 2004 amplification law – one in a series of amplification victories in Vermont over a period of several years – authorized the use and prescription of all topical and oral drugs, including injectables for anaphylaxis. In addition, this Act added authority to treat glaucoma and added specific language affirming the authority of Vermont optometrists to treat the lacrimal gland and use punctal plugs.

Of historical import, the 2004 Act amended the law replacing the language “ascertain” and “detecting the possible presence of” with “diagnosing.” This concluded a decades-long effort to clarify, if not elevate, the legal duty of optometrists in every state to diagnose diseases and conditions of the eye and related structures, a responsibility entirely appropriate for doctoral level, independent, learned healthcare providers.

**Historical Timeline – Therapeutic Pharmaceutical Agents (TPAs)**

On March 4, 1976, West Virginia was the first state to enact legislation specifically granting optometrists the right to prescribe legend (prescription) drugs for their patients and the District of Columbia was the last jurisdiction to do so on April 22, 1998 – a period of 22 years. (On April 22, 1995, the U.S. territory of Guam also enacted therapeutic prescriptive authority legislation.)

Only five states enacted legislation authorizing diagnostic (DPA) and at least some therapeutic (TPA) drugs in the same law [See Table 1].

Full therapeutic (TPA) authority was not gained, except in very few jurisdictions, all in one legislative victory. **Only four states enacted laws granting full TPA authority in one bill.** [See Table 2].

Prescriptive authority achieved in the initial therapeutic legislative victories was not in any way uniform from state to state. Table 3 illustrates many of the incremental steps of scope of practice/prescriptive authority expansion required in the vast majority of the states. Because of the great number of legislative successes, even this Table does not provide the luxury of space that would be required to illustrate every single incremental victory expanding optometry into medical eye care.
For example:

- Six states did not achieve topical steroid authority with their initial therapeutic law [See Table 4];
- Twenty-six states gained topical drug prescriptive authority only with their initial therapeutic law and had to go back to the legislature at a later date to gain oral drug authority (in fact, at this time three jurisdictions remain without any oral drug authority);
- Twenty-six states and the District of Columbia gained glaucoma treatment with their initial therapeutic law (albeit many with topical drugs only) while the rest had to go back later to gain authority to treat glaucoma (in fact, at this time one state remains without the authority to treat glaucoma);
- Only ten states gained controlled narcotic substance authority with their initial therapeutic law (in fact, at this time seven states and the District of Columbia remain without any controlled narcotic substance authority);
- Only nine states and the District of Columbia gained authority with their initial therapeutic law to use injectable agents to treat an anaphylactic reaction or to diagnose or treat disease (in fact, at this time 15 states remain without injectables authority of any type);
- Some states were initially required to use or prescribe drugs from a formulary – most did not;
- Many states gained certain drugs or classes of drugs and had to go back later for additional drugs or classes of drugs – or repeal the limitations altogether; and
- Some states initially had to accept multiple statutorily-defined standard of care or other conditions, restrictions, or limitations on the use or prescription of drugs to treat diseases or conditions of the eye [See Figure 1].

The fact is that many of the states and the District of Columbia must still pursue additional amplification legislation in order to fully establish a prescriptive authority law that meets the criteria for uniformity described below.

For political and practical reasons, principally because the various state laws are written style-wise so differently from each other, there is no recommended uniform prescriptive authority language. However, there is a uniform prescriptive authority end point result.

A uniform prescriptive authority law is a tangible concept. While there is no model language there is a model result; it is the effect of a state’s practice Act, not the precise language of the law. The statutory language establishing uniform prescriptive authority can be written in as many ways as there are practice Acts. The goal is for the optometry law to authorize the use and prescription of all appropriate or necessary legend (prescription) and over-the-counter drugs, including controlled narcotic substances, via any route of administration for the diagnosis, treatment, and management of conditions of the vision system, eye, and related structures. As with other classes of independent doctoral-level prescribing professions (e.g., allopathic or osteopathic medical physicians, dentists, and podiatrists) an optometry license issued or renewed today should automatically include full prescriptive authority. And importantly, there should be no statutorily defined conditions, restrictions, limitations, or other standard of care-type language codified into the practice Act by the state legislature.

While the legislature is the only body in each state empowered to set the general parameters of scope of practice for the various regulated professions, the legislature, whose vast majority of members are not educated and trained as healthcare providers, shouldn’t be practicing the mechanics of health care by defining in statute how specific services or procedures are to be provided, under what circumstances patients should be referred, or which medications are appropriate for a certain condition. These medical decisions, made for an individual patient, should be left to the independent professional judgment of all doctoral-level healthcare providers, each of whom is held to a standard of care and expected to practice appropriately without such statutorily spelled out mandates.

A uniform scope of practice law is a tangible concept. Quite simply, an optometry license, as authorized by
the state legislature, should allow licensees to examine, diagnose, treat, and manage diseases or conditions of the vision system, eye, and related structures with any appropriate means. This includes every facet of the practice of modern optometry, from the use of lenses and prisms; to the provision or prescription of ocular exercises, vision therapy, and vision rehabilitation; to the prescription, fitting, dispensing, and sale of corrective eyewear and contact lenses, including plano or cosmetic lenses; to the ordering or performing of appropriate diagnostic or imaging tests; to the use or prescription of appropriate drugs, including controlled narcotic substances; to the performance of non-surgical and surgical procedures.

While the concept has gone through philosophical and statutory changes over the decades, the more than 180 expansion and amplification laws enacted over the past 40 years in the various states and the District of Columbia have strived to achieve, albeit oftentimes in incremental steps, a uniform medical eye care scope of practice among the jurisdictions.

**Historical Timeline – Performance of Surgical Procedures**

The performance of certain procedures that are assigned Current Procedural Terminology (CPT®)® surgical reimbursement codes began on March 4, 1976 with passage of West Virginia House Bill 1005, the first therapeutic law. The legislature established the scope of practice of optometry in 1976 in West Virginia as:

"§30-8-2. Practice of optometry defined. Any one or any combination of the following practices shall constitute the practice of optometry:

(c) The employment without the use of surgery of any instrument, device, method or diagnostic or therapeutic drug for topical application to the anterior segment of the human eye intended for the purpose of investigating, examining, treating, diagnosing, improving or correcting any visual defect or abnormal condition of the human eye or its appendages;" [emphasis added]

Nowhere in the 1976 West Virginia law was surgery defined. And since removal of superficial foreign bodies and treatment of the lacrimal drainage system do not involve cutting, suturing, or use of a local or general anesthetic (all components of surgery as that term might commonly be defined), performing these procedures was not prohibited.

The law enacted one year later on June 3, 1977 in North Carolina authorized the use of diagnostic and therapeutic drugs in the same legislation. There were no restrictions or limitations placed by the legislature on which drugs or routes of administration were authorized. While the law enacted in 1977 included the use of injectable agents, it took a lengthy regulatory process before the North Carolina State Board of Examiners in Optometry authorized their use by optometrists to perform certain procedures or diagnostic tests. The legislature established the scope of practice of optometry in North Carolina in 1977 as:

"§90 – 114. Optometry defined. Any one or any combination of the following practices shall constitute the practice of optometry:

(2) the employment of instruments, devices, pharmaceutical agents and procedures, other than surgery, intended for the purposes of investigating, examining, treating, diagnosing or correcting visual defects or abnormal conditions of the human eye or its adnexa; or" [emphasis added]

The removal of foreign bodies, use of punctal plugs, and other services/procedures not commonly defined to be “surgery” as that term is generally understood were not prohibited.
**First state to specifically authorize removal of superficial foreign bodies.** Iowa (the sixth state to enact a therapeutic law) enacted Senate Bill 438 on May 31, 1985, becoming the first state optometry law to specifically reference the authority of an optometrist to remove foreign bodies:

“Section 154.1 (new section):

Therapeutically certified optometrists may employ the following pharmaceuticals: topical antimicrobial agents, topical and oral antihistamines, topical anti-inflammatory agents, topical analgesic agents and topical anesthetic agents. **Superficial foreign bodies may be removed from the human eye and adnexa. . .**” [emphasis added]

As therapeutic laws were enacted and/or amplified in other states, a specific reference to the removal of foreign bodies (generally limited to “superficial” foreign bodies) was included in almost every practice Act, which served to prevent inaccurate interpretations of the law by third party payers when optometrists sought reimbursement for performing the procedure.

**Other surgical procedures.** Over time, in some states additional surgical procedures such as treatment of the lacrimal drainage system, chalazion, or concretions have been 1) added to the definition of the practice of optometry, 2) exempted from a prohibition against the performance of surgery, or 3) deemed authorized because they were not specifically excluded. The authority to use an injectable drug of some type may be necessary to perform some of these procedures.

**The use of lasers for therapeutic purposes.** [See Table 5]

**Oklahoma Laser Authority.** Oklahoma optometrists have been performing laser and non-laser surgical procedures since as early as 1988. In 1988 Oklahoma was one of only four states where the law at that time did not have a specific prohibition against the performance of surgery in the optometry Act.

Minutes from the February 21, 1988 meeting of the Oklahoma Board of Examiners in Optometry reflected a recognition by the board that “when medically necessary, a qualified optometrist may utilize lasers, remove said stitches, and foreign bodies.” In 1989 the optometry board approved a certification process licensees were required to complete in order to become authorized to use lasers for therapeutic purposes.

In 1993 the Oklahoma State Medical Association (OSMA) found a sponsor for legislation seeking to prohibit optometrists from using lasers. The legislation (Senate Bill 883) did not apply to podiatrists, veterinarians, osteopathic physicians, or dentists. The sponsor pulled the bill prior to consideration. That same year, the OSMA sought an Attorney General opinion that the use of lasers by optometrists was not authorized. Attorney General Loving declined to issue an opinion.

In response to efforts by the OSMA causing Medicare and Medicaid to discontinue paying optometrists for these services, the optometry board issued a formal declaratory ruling in 1994 stating that lasers were within the scope of practice of optometry. Both Medicare and Medicaid resumed reimbursing optometrists.

1994 saw the enactment of a scope of practice expansion bill in Oklahoma when Senate Bill 818 was signed into law by Governor David Walter on April 13, 1994. This legislation repealed the limitation on prescriptive authority to topical agents only, but the law continued to remain silent on surgery (i.e., there was no prohibition against performing surgery) [deletions indicated by strikethrough, additions indicated by underscore]:

“Section 581. The practice of optometry is defined to be the science and art of examining the human eye and measurement of the powers of vision by the employment of any means, including the use or furnishing of any self-testing device, the use of any computerized or automatic refracting device, the use of ocular pharmaceutical agents topically-
applied, the diagnosis of conditions of the human eye and the correcting and relief of ocular abnormalities by means including but not limited to prescribing and adaptation of lenses, contact lenses, spectacles, eyeglasses, prisms and the employment of visual training or orthoptics for the aid thereof. The practice of optometry shall also include the prescribing of dangerous drugs and controlled dangerous substances for all schedules specified in the Uniform Controlled Dangerous Substances Act except Schedules I and II for the purpose of diagnosis and treatment of ocular abnormalities. Provided, however, the practice of optometry shall not include the dispensing of drugs. This shall not preclude the dispensing of professional samples to patients.”

Also in 1994, the OSMA found a sponsor for legislation to define lasers as surgery and prohibit their use by optometrists. However, Senate Bill 103 failed in Senate Committee.

The next year, the Oklahoma Board of Medical Licensure and Supervision sued the Board of Examiners in Optometry in an attempt to stop optometrists from using lasers. An Oklahoma District Court ruled the medical board did not have authority to sue the optometry board. The Court of Appeals concurred with the decision. However, in 1996 the Oklahoma Supreme Court overruled the District Court and the Court of Appeals.

This decision spurred the introduction of Senate Bill 995 in 1996 seeking to eliminate the Board of Medical Licensure and Supervision’s ability to file suit against other licensing boards. The legislation passed when it was signed into law by Governor Frank Keating.

In 1997 Judge Eugene Mathews ruled in Oklahoma County District Court that the optometry Act did not authorize laser surgery and that only legislative action could accomplish this result.

Senate Bill 1192 was introduced in 1998 to codify and reinstate the previous privileges of optometrists to perform certain laser surgery procedures. The legislation was signed into law by Governor Frank Keating on March 16 that year.

The scope of practice as amended by the 1998 legislation was as follows (language specifically referencing the authority to perform laser surgical procedures was added) [deletions indicated by strikethrough, additions indicated by underscore]:

“Section 581. A. The practice of optometry is defined to be the science and art of examining the human eye and measurement of the powers of vision by the employment of any means, including the use or furnishing of any self-testing device, the use of any computerized or automatic refracting device, the use of pharmaceutical agents, the diagnosis of conditions of the human eye and the correcting and relief of ocular abnormalities by means including but not limited to prescribing and adaptation of lenses, contact lenses, spectacles, eyeglasses, prisms and the employment of visual training vision therapy or orthoptics for the aid thereof; low vision rehabilitation, laser surgery procedures, excluding retina, laser in-situ keratomileusis (LASIK), and cosmetic lid surgery.

B. The practice of optometry shall also include the prescribing of dangerous drugs and controlled dangerous substances for all schedules specified in the Uniform Controlled Dangerous Substances Act except Schedules I and II for the purpose of diagnosis and treatment of ocular abnormalities. Provided, however, the practice of optometry shall not include the dispensing of drugs. This shall not preclude but may include the dispensing of professional samples to patients.

C. Optometrists shall be certified by the Board of Examiners in Optometry prior to administering drugs, prescribing drugs, or performing laser surgery procedures.

D. Nothing in this title shall be construed as allowing any agency, board, or other entity of this state other than the Board of Examiners of Optometry to determine what constitutes the practice of optometry.”
In 2004 organized medicine sought another Attorney General opinion, this time asking whether the optometry law, as amended in 1998, authorized the performance of any surgery other than laser surgery. Organized medicine got the opinion they were looking for when the Attorney General opined that the optometry board could not interpret the statute as allowing licensees to perform any surgery other than laser surgery.

The optometry board was able to convince the Attorney General to pull and then revise that opinion – a very rare action on the part of any Attorney General. But, based on the revised Attorney General’s opinion, the Oklahoma Association of Optometric Physicians found it necessary to go back to the legislature again to clarify the authority of optometrists to perform surgeries other than laser surgery.

The first Attorney General opinion issued on March 15, 2004 (Okl. A.G. Opin. No. 04-9):

“It is, therefore, the official Opinion of the Attorney General that:

1. Title 59 O.S. 2001, § 581 does not authorize licensed optometrists to perform any surgical procedures other than laser surgery procedures (excluding retina surgery, laser in-situ keratomileusis (LASIK) surgery and cosmetic lid surgery).

2. Title 59 O.S. 2001, § 581 does not authorize the Board of Examiners in Optometry to determine that licensed optometrists are authorized to perform surgical procedures other than laser surgery procedures (excluding retina surgery, laser in-situ keratomileusis (LASIK) surgery and cosmetic lid surgery)."

W.A. Drew Edmondson, Attorney General Of Oklahoma
Debra Schwartz, Assistant Attorney General

The revised Attorney General opinion issued on April 6, 2004 (Okl. A.G. Opin. No. 04-9):

“It is, therefore, the official Opinion of the Attorney General that:

1. Title 59 O.S. 2001, § 581 does not authorize licensed optometrists to perform any surgeries other than laser surgeries (excluding retina surgery, laser in-situ keratomileusis (LASIK) surgery and cosmetic lid surgery).

2. Title 59 O.S. 2001, § 581 does not authorize the Board of Examiners in Optometry to determine that licensed optometrists are authorized to perform surgeries other than laser surgeries (excluding retina surgery, laser in-situ keratomileusis (LASIK) surgery and cosmetic lid surgery).

3. Whether any particular procedure constitutes surgery is a question of fact which cannot be answered in an Attorney General’s Opinion, 74 O.S. 2001, § 18 b(A)(5). [emphasis added]

4. This Opinion replaces the previous version of Opinion 04-9 dated March 15, 2004, which is hereby withdrawn.”

W.A. Drew Edmondson, Attorney General Of Oklahoma
Debra Schwartz, Assistant Attorney General

On April 21, 2004, House Bill 2321 was enacted clarifying that in addition to laser surgery procedures, non-laser surgery procedures (as defined by the optometry board) were included in the scope of practice. As charged by the legislature, the optometry board promulgated an emergency rule in October 2004 defining
non-laser surgery. The emergency rule was made final through legislative approval in 2005. The rule adopted by the optometry board established a list of those surgical procedures that are excluded from the scope of services optometrists may perform.

The scope of practice as amended by the 2004 legislation was as follows [deletions indicated by strike-through, additions indicated by underscore]:

“Section 581. A. The practice of optometry is defined to be the science and art of examining the human eye and measurement of the powers of vision by the employment of any means, including the use or furnishing of any self-testing device, the use of any computerized or automatic refracting device, the use of pharmaceutical agents, the diagnosis of conditions of the human eye and the correcting and relief of ocular abnormalities by means including but not limited to prescribing and adaptation of lenses, contact lenses, spectacles, eyeglasses, prisms and the employment of vision therapy or orthoptics for the aid thereof, low vision rehabilitation, laser surgery procedures, excluding retina, laser in-situ keratomileusis (LASIK), and cosmetic lid surgery. The practice of optometry is further defined to be non laser surgery procedures as authorized by the Oklahoma Board of Examiners in Optometry, pursuant to rules promulgated under the Administrative Procedures Act.

B. The practice of optometry shall also include the prescribing of dangerous drugs and controlled dangerous substances for all schedules specified in the Uniform Controlled Dangerous Substances Act except Schedules I and II for the purpose of diagnosis and treatment of ocular abnormalities. The practice of optometry shall not include the dispensing of drugs but may include the dispensing of professional samples to patients.

C. Optometrists shall be certified by the Board of Examiners in Optometry prior to administering drugs, prescribing drugs, or performing laser or nonlaser surgery procedures.

D. Nothing in this title shall be construed as allowing any agency, board, or other entity of this state other than the Board of Examiners of in Optometry to determine what constitutes the practice of optometry.”

While optometrists in Oklahoma have safely and effectively performed thousands of non-laser and laser surgical procedures since 1988, it took years of legal and legislative battles to clarify this authority.

**Kentucky Laser Authority.** In comparison to Oklahoma, the Kentucky experience establishing authority for optometrists to perform laser and non-laser surgery was not as complicated, nor drawn out. Having the benefit of the Oklahoma experience as a guide, the Kentucky Optometric Association drafted language for bill introduction in the 2011 legislative session that clearly and incontrovertibly defined the authority of optometrists to perform surgery and laser surgery; with the exception of 17 procedures. Senate Bill 110 was overwhelmingly supported by state legislators and signed into law by Governor Steve Beshear on February 24, 2011.⁹

The Kentucky Board of Examiners in Optometry was charged by the state legislature in Senate Bill 110 with promulgation of regulations to define the education and training required of optometrists in order to be authorized to perform the newly granted surgery and laser surgery privileges.

The five most significant features of Senate Bill 110 expanding the scope of practice for optometrists in Kentucky are, in ascending order:

5. Made crystal clear the optometry board’s authority — **within the constraints of the law as enacted by the legislature** — to explain (interpret) the practice Act, including scope of practice (the new language reinforced authority the board already held);
4. While adding the authority to perform laser and non-laser surgical procedures, the Act retained all of the basic fundamental components of optometric scope of practice including, but not limited to such services as: the examination, diagnosis, and treatment of the human eye and its appendages to correct and relieve ocular abnormalities and to determine eye health, the visual efficiency of the human eye, or the powers or defects of vision in any authorized manner; the use of autorefractors or any other testing means or devices; the prescribing, furnishing, use, or adapting of lenses, contact lenses, spectacles, eyeglasses, prisms, or ocular devices; and the employing of vision therapy, orthoptics, ocular exercises, or low vision rehabilitation;

3. Made clear the authority of optometrists to use or prescribe any drug via any route of administration (with the exception of Schedule I and II controlled narcotic substances, laser or nonlaser injections into the posterior chamber of the eye to treat any macular or retinal disease, or the administration of general anesthesia);

2. For the first time in any state, a state official during a public health emergency may authorize optometrists to administer vaccinations or immunizations for systemic health reasons; and

1. For the first time in any state, a legislature repealed a prohibition against the performance of surgery by optometrists.

**Conclusion**

Seventy years after optometrists were first licensed in the United States as a profession there began a 40 year curriculum and statutory scope of practice expansion effort that initiated a sweeping transformation of the profession from the expert, but “drugless” refractionists of the early 1900's, to detecting and referring eye disease at mid-Century, to today's largest eye and vision care profession, providing patients access to safe and effective vision and medical eye care from their local doctor of optometry.

However, it may take another decade or more of intensive grassroots legislative activity to establish a more uniform medical eye care scope of practice among the various jurisdictions and complete the journey started 40 years ago in Rhode Island.

**Acknowledgments**

I would like to thank Drs. David A. Cockrell, Jerald F. Combs, Steven A. Loomis, and Christopher J. Quinn for their careful and thoughtful review of this paper prior to submission. I would like to extend a very special thank you to Thomas E. Eichhorst, JD for the extensive time he spent reviewing the facts and tenor of this paper prior to submission. It was under Mr. Eichhorst's learned 38-year watch as American Optometric Association Counsel and Director of State Government Relations that the successful efforts by the affiliated associations to expand and then further amplify optometric scope of practice into medical eye care, as well as my career in State Government Relations, began. I am grateful for the opportunity to have worked with Tom and for his extraordinarily gracious mentorship, support, guidance, and endearing friendship over the past 21 years.

**References:**


2 Minnesota Senate Bill 188, Approved April 13, 1901.

3 According to the American Medical Association's Physician Masterfile (updated July 7, 2008), there are

4 Based on projections, there were 38,758 full-time equivalent optometrists in the workforce during 2010. Caring for the Eyes of America 2010, a Profile of the Optometric Profession, American Optometric Association, 2010

5 An example of a scope expansion law that included a sunset date which would have repealed the authority granted unless the sunset date was extended or removed by the legislature was Senate Bill 2356 enacted in North Dakota on March 22, 1979. This law expanded the scope of practice by authorizing the use of diagnostic pharmaceutical agents. Contained in the law was a provision that the authority of the optometry board to certify licensees to use diagnostic agents would sunset (expire) on June 30, 1981. However, on March 9, 1981, North Dakota Governor Allen Olson signed Senate Bill 2222 into law repealing the sunset provision and reaffirming the authority of the board to grant diagnostic certification to licensees who met board-approved education and training requirements.

6 Wuensch, RW. Memorandum to the membership of the Indiana Optometric Association; October 31, 1985.

7 ibid

8 CPT® is a registered trademark of the American Medical Association.

9 Kentucky Senate Bill 110 passed the Senate on February 11 by a vote of 33 to 3 (with one pass) and the House on February 18 with a vote of 81 to 14. The bill was signed into law by the Governor on February 24, 2011.

10 When enacting Senate Bill 110 repealing the prohibition against the performance of surgery by optometrists, the Kentucky legislature excluded, except for the pre-operative and post-operative care of these procedures, the following from the authority granted to perform laser and non-laser surgery:

1. Retina laser procedures, LASIK, and PRK;
2. Nonlaser surgery related to removal of the eye from a living human being;
3. Nonlaser surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside the eye;
4. Penetrating keratoplasty (corneal transplant), or lamellar keratoplasty;
5. Nonlaser surgery requiring incision of the iris and ciliary body, including iris diathermy or cryotherapy;
6. Nonlaser surgery requiring incision of the vitreous;
7. Nonlaser surgery requiring incision of the retina;
8. Nonlaser surgical extraction of the crystalline lens;
9. Nonlaser surgical intraocular implants;
10. Incisional or excisional nonlaser surgery of the extraocular muscles;
11. Nonlaser surgery of the eyelid for eyelid malignancies or for incisional cosmetic or mechanical repair of
blepharochalasis, ptosis, and tarsorrhaphy;

12. Nonlaser surgery of the bony orbit, including orbital implants;

13. Incisional or excisional nonlaser surgery of the lacrimal system other than lacrimal probing or related procedures;

14. Nonlaser surgery requiring full thickness conjunctivoplasty with graft or flap;

15. Any nonlaser surgical procedure that does not provide for the correction and relief of ocular abnormalities;

16. Laser or nonlaser injection into the posterior chamber of the eye to treat any macular or retinal disease; and

17. The administration of general anesthesia.

Figure 1

Examples Of Statutorily Defined Standard Of Care-Type Conditions, Restrictions, Or Limitations

NOTE: Depending on the diagnosis, progress, or unique circumstances of individual patients, every doctoral-level healthcare practitioner, based on his or her independent professional judgment and within appropriate standard of care guidelines for that profession, has a legal and ethical duty in some cases to limit the services they provide and/or refer the patient to another provider. However, based on the reality of political compromise that is sometimes required to enact legislation, over the years the legislature in more than one state has codified a requirement in the optometry Act to do for all patients what should be a professional medical judgment decision made for an individual patient. These mandatory “standard of care”-type provisions applying to all patients have been and continue to be repealed as part of the effort to establish more uniform scope of practice laws among the various jurisdictions.

Conditions?

- An optometrist is required by statute to consult an ophthalmologist before, or shortly after, initiating treatment of all patients newly diagnosed with glaucoma.
- An optometrist is required to refer all patients with a certain condition or disease to a medical physician if there is no improvement within a statutorily defined period of time.

Restrictions?

- An optometrist can prescribe a particular medication, but never for more than a statutorily defined period of time.
- An optometrist can prescribe a particular medication, but only to treat certain statutorily defined specific diseases.
- An optometrist is authorized to prescribe a particular medication, but in its topical form only.
Limitations?

- An optometrist can only prescribe medications within certain statutorily defined classes of drugs.
- An optometrist can only prescribe medications listed on a statutorily required formulary.
- An optometrist is prohibited from treating certain diseases or disorders of the eye.

Table 1

States Where Diagnostic Use And Therapeutic Prescriptive Authority Were Enacted In The Same Legislation

<table>
<thead>
<tr>
<th>STATE:</th>
<th>DIAGNOSTIC AND THERAPEUTIC AUTHORITY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLORIDA**</td>
<td>July 10, 1986</td>
</tr>
<tr>
<td>INDIANA**</td>
<td>May 13, 1991</td>
</tr>
<tr>
<td>NEW JERSEY**</td>
<td>January 16, 1992</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>June 3, 1977</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>March 4, 1976</td>
</tr>
</tbody>
</table>

FOOTNOTE:

* Some states went on at a later date to amplify the therapeutic authority gained in the original legislative victory.

** The legislation enacted in Florida and New Jersey in reference to diagnostic drug authority and in Indiana in reference to diagnostic and therapeutic prescriptive authority clarified earlier favorable Attorney General opinions based on the law at that time.

Table 2

States Where Full Prescriptive Authority Was Obtained In The Initial Therapeutic Law

[NOTE: This includes topical and oral drugs, the treatment of glaucoma, controlled narcotic substances, and use of injectables of some type.]
The number in parentheses following the enactment date is the ranking order of enactment compared to the other states. For example, Alabama passed the 43rd TPA law, the 30th glaucoma treatment law, the 25th orals authority law, the 18th controlled substance authority law, and the 12th law allowing for the use of injectable agents of some type.

FOOTNOTES:

* The law enacted in North Carolina in 1977 authorized the use and prescription of all drugs. In 2005, policy was adopted by the State Board of Examiners in Optometry whereby optometrists meeting specific educational requirements were allowed to use injections for the treatment of chalazia, to perform peri-ocular injections for purposes other than for cosmesis, and to perform fluorescein angiography.

** The law enacted in Utah in 1991 authorized optometrists to prescribe drugs, but required optometrists at that time to prescribe drugs through protocols developed with supervising ophthalmologists. The only drugs excluded by the 1991 statute were Schedule II and III controlled narcotic substances. However, the protocols developed by individual supervising ophthalmologists may or may not have limited prescription to certain drugs only. The law was amended in 1997 when the supervision requirement was repealed and authority to prescribe oral drugs was clarified. The law was again amended in 2000 repealing the prohibition on the prescription of Schedule III controlled narcotic substances.

*** The law enacted in Wisconsin in 1989 required use of a formulary that still exists today. The only drugs specifically excluded by that law were Schedule I and II controlled narcotic substances. The formulary developed to implement the law contained a long list of drugs authorized for prescription. Rule making in April 1994 amended the formulary one final time to add authority to prescribe “any drug which is used for an ophthalmic therapeutic purpose.”

Table 3

The Date Legislation Was First Enacted Authorizing The Prescription Of Drugs, Glaucoma Drugs, Oral Drugs, Controlled Narcotic Substances, Or Use Of Injectable Agents

[NOTE: The majority of the initial therapeutic laws were amplified in subsequent years, some multiple times.]

As of February 23, 2012
<table>
<thead>
<tr>
<th>State</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
<th>Date 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>July 10, 1986 (12)</td>
<td>July 10, 1986 (7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>May 13, 1991 (3)*</td>
<td>May 13, 1991 (3)*</td>
<td>May 13, 1991 (3)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>June 1, 1993 (36)</td>
<td>June 1, 1993 (23)</td>
<td>June 1, 1993 (16)</td>
<td>May 27, 2005 (39)</td>
<td>June 1, 1993 (8)</td>
</tr>
<tr>
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<td>-----------------</td>
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<tr>
<td>Massachusetts</td>
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<tr>
<td>Minnesota</td>
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<td></td>
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<tr>
<td>Missouri</td>
<td></td>
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</tr>
</tbody>
</table>
The number in parentheses following the enactment date for each state is the order of enactment compared to the other states. For example, Alabama passed the 43rd TPA law, the 30th glaucoma treatment law, the 25th orals authority law, the 18th controlled substance authority law, and the 12th law allowing for the use of injectable agents of some type. In the case of the District of Columbia, the number in parentheses followed by a “B” indicates that D.C. was the next jurisdiction in the order of enactment after the state with that same number.

Footnotes:

* General legislation, favorable attorney general opinion based on the law at that time. Legislation that would have prohibited pharmaceutical use defeated. Appeal from dismissal of litigation that would have prohibited pharmaceutical use denied by state supreme court, February 27, 1986. Clarification legislation adopted May 13, 1991.

** Tetracycline and its derivatives for the diagnosis and treatment of meibomitis and seborrheic blepharitis are the only oral drugs authorized.

Table 4
States Where Authority To Prescribe Topical Steroids Was Not Granted With Initial Therapeutic Legislation

<table>
<thead>
<tr>
<th>STATE</th>
<th>INITIAL LAW:</th>
<th>LAW AUTHORIZING TOPICAL STERIODS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA</td>
<td>February 20, 1996</td>
<td>September 24, 2000</td>
</tr>
<tr>
<td>HAWAII*</td>
<td>June 24, 1996</td>
<td>June 18, 2002</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>May 25, 1995</td>
<td>May 10, 2005</td>
</tr>
<tr>
<td>MONTANA</td>
<td>April 23, 1987</td>
<td>April 12, 1993</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>June 29, 1993</td>
<td>May 18, 2002</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>October 30, 1996</td>
<td>December 16, 2002</td>
</tr>
</tbody>
</table>

FOOTNOTE:

* The Hawaii legislature did not prohibit the prescription of topical steroids in the initial prescriptive authority law enacted on June 24, 1996. However, the formulary committee in place at that time, which included two optometrists, two ophthalmologists, and two pharmacists, did not include topical steroids on the formulary of authorized drugs. Legislation to repeal the formulary committee and specifically clarify the authority of an optometrist to prescribe topical steroids was enacted on June 18, 2002.

Table 5

States Where The Use Of Lasers For Certain Therapeutic Purposes Is Authorized

<table>
<thead>
<tr>
<th>STATE</th>
<th>USE OF LASERS FOR THERAPEUTIC PURPOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>February 24, 2011</td>
</tr>
<tr>
<td>Oklahoma*</td>
<td>March 16, 1998</td>
</tr>
</tbody>
</table>

* This Act codified and expanded on a recognition by the Oklahoma Board of Examiners in Optometry during a February 1988 board meeting, as recorded in the minutes of the meeting, that “when medically necessary, a qualified optometrist may utilize lasers, remove said stitches, and foreign bodies.”
Leadership Attributes of Effective Boards

- Focus on issues management
  - Hold accountable those responsible for getting the work done
- Convene issue management task groups with membership beyond the Board
  - Develop staff capacity for the Board's work
- Have organization and meeting structure that focuses on important issues
  - Be well informed in order to make effective policy
- Recognize importance of communication on many fronts
Serving on the Board of Directors is a rewarding and important responsibility. This guide informs volunteer leaders of the unique aspects associated with governing a not-for-profit organization. The board governs...the staff manages.

**Leadership:** Volunteer leaders are responsible for the direction of the organization. The board governs, develops policy, and sets a course for the future. Maintain focus on the mission and strategic goals -- avoid micro-managing the organization and staff. Functions:

1. Governance
2. Policy & Position
3. Visionary -- Future Focus
4. Fiduciary

**Management:** Paid staff and subcontractors are responsible for the administration of the organization. Staff acts as partners to the board, advancing the goals and strategies, while taking care of the daily administrative needs unique to nonprofit organizations.

**Unique Terminology**

- **Not-For Profit** refers to the legal corporate status of the organization. (It does not imply an exemption from paying or collecting state sales tax.) Nonprofit is the casual reference to Not-For-Profit.

- **Exempt Organization** is a reference to the IRS designation exempting the organization from paying most federal income tax (with the exception of Unrelated Business Income Tax "UBIT").

- **IRS 50(c)(3)** tax-exempt designation most often refers to organizations with a religious, charitable, scientific, or educational purpose.

- **IRS 501(c)(6)** tax-exempt designation refers to trade associations, business leagues, and professional societies.

**Board Responsibilities**

1. Determine and advance the organization’s mission and purposes
2. Select the chief paid executive (not staff) as well as CPA and attorney.
3. Support the chief executive and assess performance periodically -- usually measured against the strategic plan.
4. Ensure effective organizational planning.
5. Ensure adequate resources (funds, time, volunteers, staff, technology, etc.)
6. Resource and financial oversight
7. Determine, monitor, and enhance programs and services.
8. Promote the organization’s image.
9. Ensure legal and ethical integrity and maintain accountability.
10. Recruit and orient new board members, and assess board performance

**Issues Facing Boards**

1. Member value, ROI, what’s in it for me (WIIFM)
2. Technology usage/delivery
3. Scrutiny and compliance
4. Competition
5. Relevance to stakeholders/members
6. New revenue sources
7. Diversity, inclusivity
8. Generational differences
9. Workforce
10. Leadership development
11. Governance, ethics, values
12. Consolidation, mergers
13. Image, branding, positioning
14. Favorable member experiences

**Insurance and Volunteer Immunity**

State and federal governments have afforded certain protection to volunteer leaders. While the volunteer may have some protection, the organization is still open to lawsuits. Insurance coverages add further protection for volunteers and organizations.

**Directors and Officers (D&O) Liability** may cover legal defense for employment, copyright, and antitrust claims, for instance.

**General Liability** insurance covers property damages and injuries relating to the organization.

**Fidelity Bond** covers losses resulting from fraudulent or dishonest acts committed by an employee.

**Meeting Cancellation** covers the loss of revenue due to a cancellation, curtailment, or postponement because of weather, strikes, etc.

(Contact legal and insurance professionals for assistance.)

**Legal Principles**

**Duty of care** requires leaders to use reasonable care and good judgment in making their decisions on behalf of the interests of the organization.

**Duty of Loyalty** requires leaders to be faithful to the organization, avoiding conflicts of interest.

**Duty of Obedience** requires leaders to comply with governing documents, i.e. bylaws, articles of incorporation, policies.

**Board Tools**

The operating documents of the organization are available to leaders including:

- Bylaws
- Articles of Incorporation
- Financial Statement
- Minutes
- Policy Manual
- Strategic Plan
- Organizational Charts

(Treat information with confidentiality to protect goals, budget, and intellectual property.)
Rules of Order

An Agenda is used to ensure that important business is covered.

Motions are proposals for action, beginning with the words “I move we...”

A Second is required for the motion to be discussed.

Amendments may be made to most motions if they improve this intent or clarify the original motion.

Tabling lays the motion aside.

Calling the Question refers to ending the discussion and voting on the motion.

Minutes protect the organization by recording the time and location of the meeting, participants, and the outcome of the motions. They are not a place to record conversations, assignments, reports, etc.

Voting is the official action after discussion to adopt, amend, kill, or table the motion.

Quorum is a majority of directors or the required number as set in the bylaws in order to conduct business.

Committees

Committees recommend ▶ board approves ▶ staff and volunteers implement.

Organizations are streamlining -- eliminating all but essential committees by aligning them with the major goals.

Standing -- identified in the bylaws, appointed annually, ongoing committee work.

Ad Hoc -- formed for specific or immediate needs and disbanded upon completion of the work (a/k/a Task Force).

Common Sense

- It’s a team. The board or committee is stronger than any individual.
- Respect the chairperson.
- Bring a calendar, necessary files, paper, and pen to meetings.
- Arrive on time.
- Prepare for meetings.
- Stick to the agenda.
- Listen more than you speak.
- Speak when you have an essential point to make.
- Respect the rules of order.
- Leave personal and political agendas at the door.
- Give it your personal best.

Actions of the board belong to the board -- support them and don’t bad-mouth any action or person.

Strategic Planning

“Strategic Governance” focuses the board on mission and goals. A strategic plan serves as a roadmap and framework.

A good board member will think past their term and beyond their experience.

Environmental Scan is conducted to determine external and internal influences on the organization, as well as strengths, weaknesses, opportunities, and threats.

Mission statement about what the organization is, who it serves, and the services it provides (short, with PR value).

Vision is long-term desired outcome; what the organization will be in the distant future.

Goals are broad aims of the organization to advance the mission. Usually limited to 4 to 7 so as not to tax resources, volunteers, staff.

SMART Goals -- Specific, Measureable, Attainable, Realistic, Timely.

Strategies fit under the goals as ways to achieve them; the steps necessary to advance the mission and goals.

Action Steps fit within the strategies and identify the measurable actions to achieve the strategies and goals.

Plan Champion is the person (staff and/or volunteer) who keeps focus on the plan.

Board Risks

Protect the organization. The board should be aware of fiduciary responsibility, contracts, audit results, insurance, IRS requirements, values and ethics, apparent authority, antitrust, etc.

Public Records requests for the organization’s annual federal tax return (Form 990, 990-EZ) must be made available for the last three years. Significant fines occur for noncompliance.

Antitrust Violations occur when two or more persons from the same industry or profession discuss suppliers, processes, prices, or operations. Remove yourself from any conversation that would change how business is conducted because of a joint-agreement among competitors.

Apparent Authority arises when a board chair, though not granting actual authority, permits a committee or chapter to behave as if it had authority. Authority rests with the chairman and may not be assumed by any other agent of the organization.

Financial Audits annually to protect the board and staff. Appoint an Audit Committee.
STANDARD AGENDA

If an organization's established rules do not specify an order of business, parliamentary law provides the following standard agenda for a meeting:

- Call to order
- Reading and approval of minutes
- Reports of officers and standing committees
- Reports of ad hoc committees
- Unfinished business
- New business
- Announcements
- Adjournment

TRANSACTING BUSINESS AT A MEETING

A. Quorum:

- A quorum is the minimum number of members who must be present at a meeting for business to be legally transacted.
- An organization, in its established rules, may define its own quorum.
- In the absence of such a provision, the quorum is a majority of the entire membership.

B. Obtaining the Floor:

- Before a member in an assembly can make a motion or speak in debate, he or she must obtain the floor; that is, the member must be recognized by the chair as having the exclusive right to be heard at that time.
- If two or more members rise to seek recognition at the same time, the member who rose and addressed the chair first after the floor was yielded is usually entitled to be recognized. A member cannot establish "prior claim" to the floor by rising before it has been yielded.

C. Introducing Business (Making Motions):

- Business may be introduced by an individual member or by a committee.
- Business is always introduced in the form of a motion.

D. Seconding a Motion:

- After a motion has been made, another member, without rising and obtaining the floor, may second the motion.
- A second merely implies that the seconder agrees that the motion should come before the assembly and not that he or she necessarily favors the motion.
- A motion made by a committee requires no second, since its introduction into the assembly has been approved by a majority of the committee.
- The purpose of a second is to prevent time from being consumed by the assembly having to dispose of a motion that only one person wants to see introduced.

E. Placing a Motion Before the Assembly:

- After a motion has been made and seconded, the chair repeats the motion verbatim, thus placing it before the assembly for debate and action.
During the brief interval between the making of a motion and the time when the chair places it before the assembly by restating it, the maker of a motion may modify or withdraw it simply by stating the intention to do so; after the motion has been restated by the chair, it is officially before the assembly and must be dealt with appropriately (e.g., adopted, rejected, postponed).

F. Debate:

- Every member of the assembly has the right to speak on every debatable motion before it is finally acted upon; this right cannot be interfered with except by a motion to limit debate.
- All discussion must be confined to the immediately pending question and to whether or not it should be adopted.
- While debate is in progress, amendments or other secondary motions can be introduced and disposed of accordingly.
- In an organization that has no special rule relating to the length of speeches, a member can speak no longer than 10 minutes unless he or she obtains the consent of the assembly; such permission can be given by unanimous consent or by means of a motion to extend debate. Likewise, debate may be curtailed by a motion to limit debate.
- No member may speak twice on the same motion at the same meeting as long as any other member who has not spoken on the motion desires to do so.
- Unless the rules are suspended, a member who has spoken twice on a particular question on the same day has exhausted his or her right to debate that question for that day.
- During debate, no member can attack or question the motives of another member.
- The maker of a motion, although allowed to vote against it, is not allowed to speak against it.

G. Amendments:

- As noted above, before a motion has been restated by the chair, the maker has the right to modify his or her motion or to withdraw it entirely. After it has been restated by the chair, however, a motion may be modified only by means of an amendment.
- There are six ways to amend a motion: a. Add words, phrases, or sentences at the end of a motion; b. Insert words, phrases, or sentences; c. Strike words, phrases, or sentences; d. Strike and insert words, phrases, or sentences; e. Strike and add words, phrases, or sentences; and f. Substitute whole paragraphs or an entire text.
- Only two amendments (primary and secondary) may be pending on a main motion at any time.
- Discussion of an amendment must relate only to the amendment, unless the whole motion is involved by substitution.
- An amendment must be germane to the question under consideration.

H. Voting:

- Unless special rules apply, a majority decides. A majority is more than half of the votes cast by persons legally entitled to vote, excluding blank ballots or abstentions.
- Unless otherwise provided for, voting is by voice vote.
- If the presiding officer is a member of the assembly, he or she can vote as any other member does when the vote is by ballot. In other cases, the presiding officer, if a member of the assembly, can (but is not obliged to) vote whenever his or her vote will affect the result; i.e., he or she can vote either to break or to create a tie.
- A member has no right to explain his or her vote during voting since that would be the same as debate at such a time.
- Any member may request a division of the assembly if there is uncertainty as to the true result of the vote.
I. Announcing a Vote:

- In announcing the vote on a motion, the chair should: a. report on the voting itself, stating which side has prevailed; 1-. declare that the motion is adopted or lost; and c. state the effect of the vote or order its execution.
- For a voice or rising vote in which no exact count is taken, the chair might say, for example, "The ayes have it, the motion carries, and the brochure will be published." For a vote in which an exact count is taken, the chair might say, "There are 14 in the affirmative and 15 in the negative. The negative has it and the motion is lost. No additional funds will be spent on publicity this semester."

J. Adjournment:

- A motion to adjourn may be made by any member. It may be made during the consideration of other business, although it may not interrupt a speaker.
- A motion to adjourn is not in order when the assembly is engaged in voting or verifying a vote.
- If the motion to adjourn is voted down, it may be made again only after the disposition of some business.
- The motion to adjourn is out of order when the assembly is arranging for the time and place of the next meeting.
- When it appears that there is no further business to be brought before the assembly, the chair, instead of waiting for a motion, may simply adjourn the meeting.
Welcome to the New Jersey Society of Optometric Physicians Listserve network. The NJSOP is happy to allow member optometric physicians an opportunity to discuss questions via an interactive network with ongoing communication in New Jersey.

The NJSOP would like all members to have a positive experience and therefore has established the following rules and etiquette guidelines.

By signing up and receiving these emails, you acknowledge that you have read, understand, and agree to follow the rules and etiquette guidelines that have been established. You also acknowledge that you have read and understand the disclaimer and general information printed below.

The NJSOP may moderate, temporarily suspend or terminate a member’s list serve ability if the member violates the rules. If you have any questions, please contact Howard Cooper, NJSOP Executive Director -- Hcooper@njsop.org.

The Rules

- Do not use any patient identifiable information on the lists.
- Do not discuss monetary amounts of reimbursement for procedures or medications.
- Do not post commercial messages on the lists.
- Please be careful when discussing commercial products. Emails posted to this list are available to numerous individuals and are subject to libel and antitrust laws.
- Do not post any abusive, threatening, offensive, defamatory, profane, or illegal materials on the list.
- Do not post any copyrighted materials without the permission of the copyright owner. It will be assumed by NJSOP that with any copyrighted material posted on the list that the posting party warrants and represents that he/she owns the copyright or has received permission from the copyright owner. Additionally, by posting such information on the lists, the posting party grants NJSOP and other list members the nonexclusive right and license to display, copy, publish, transmit, print, and use such information or other material.
- Avoid any activity that could be construed as a violation of the antitrust laws. NJSOP’s policy is to scrupulously comply with all antitrust laws and to prohibit any activity that facilitates price fixing, boycotts, or any other conduct intended to restrict free trade. Do not post any material that:
  - References specific fees charged or paid for professional services
  - Discusses prices, discounts, terms or conditions of sale with regard to medical services, suppliers or other vendors or terms and conditions of provider agreements relating to reimbursement levels, bonus payments, and other price or cost-related items
  - Addresses salaries or terms of employment
  - Attempts to allocate patient markets or encourage collective or coercive activity, including rejection or termination, with regard to third party payors, hospitals, other health care providers, or suppliers
  - Includes information that could otherwise be construed to impose a restraint on trade and inhibit free and fair competition
  - Do not post jokes, humorous stories, or “pass-around” emails.
  - Do not post anything to this list that you would not want everyone to see.
List Serve Etiquette

- Be sure your name and affiliation are listed on emails that you send.
- Include a specific and concise subject line for each email. This will allow others to quickly delete emails that they feel are not relevant.
- When replying, make sure your response is listed at the top of the original email.
- Send a personal message to the individual sender if the email will only relate to the original sender. This includes such messages as “thanks” and “send the information to me too.”
- Allow everyone to express their concerns in a friendly manner. Do not be overly contentious.
- Send all messages relating directly to the functioning of the list to the list administrator. This includes messages such as “remove me from the list” or the list change to Hcooper@njsop.org.
- Try to keep the length of the email to a minimum or warn recipients in the subject line that the body will be long by including the words, “Long Message”.

Disclaimers

The NJSOP Listserve is provided as a benefit to members of the NJSOP. The NJSOP is not responsible for the opinions and information posted on this site. The NJSOP does not guarantee the accuracy or adequacy of any opinion expressed on the lists. Accordingly, the NJSOP does not assume any liability for damages due to reliance on any information contained in messages on the lists.

The NJSOP will not actively monitor the site for inappropriate emails. If a member believes that an email has been sent that is defamatory, abusive, threatening, profane, offensive, or illegal, the member should contact the NJSOP list administrator immediately. The NJSOP will take appropriate action to stop inappropriate emails as notified. This includes the right to moderate, temporarily suspend, or terminate any user who does not abide by the guidelines and rules listed above.
NJSOP CONSTITUTION
[As Revised 09/21/2012]

ARTICLE 1: Name

Section 1. The name of this organization shall be the “New Jersey Society of Optometric Physicians”.

ARTICLE 2: Objectives & Purposes

Section 1. The objectives and purposes of this Association shall be: A) to educate the New Jersey consumer regarding the profession of optometry and the importance of comprehensive care from optometric physicians; (B) to aid in the maintenance, preservation and advancement of the legal standards of qualifications for the practice of the profession and legislative issues of concern to the profession of optometry; (C) to promote research in the profession of optometry; (D) to establish and maintain ethical standards for its membership; (E) to encourage the advancement of optometric education; (F) to establish and maintain a closer professional bond among its members; (G) to maintain an affiliation with American Optometric Association and those local societies of optometric physicians with which this Association is affiliated; and (H) to maintain inter-professional relationships with other health care professions.

ARTICLE 3: Membership

SECTION 1. There shall be eight (8) classifications of membership: (A) active members; (B) associate members; (C) student members; (D) honorary members; (E) life members; (F) privileged; (G) partial practice; and (H) faculty members. Admission to membership shall be according to provisions established by the Board of Directors. Members can unite in the formation of a special section upon the approval of the Board of Directors. The governing of each section shall be subject to the Constitution and Bylaws of the Association.

SECTION 2. ACTIVE MEMBERS shall be those Optometric Physicians who have earned a Doctor of Optometry degree from an ACOE accredited college or school of optometry or its equivalent, and who are approved for Membership by the Board of Directors.
SECTION 3. ASSOCIATE MEMBERS shall be of three categories and may be admitted at the discretion of the Board of Directors. (A) Those holding recognized degrees in non-optometric disciplines. (B) Non-Optometrists having interests consistent with the objectives and purposes of this Association. (C) Military, civil service, research or other optometric physicians who are not primarily in active private practice in New Jersey, who are members of the American Optometric Association, and who wish to affiliate themselves with this Association.

SECTION 4. STUDENT MEMBERS shall be those persons enrolled as students in a school or college of optometry accredited by the Council on Optometric Education and recognized by the New Jersey State Board of Optometrists, and/or those non-practicing optometric physicians who are full-time students in an accredited institution of higher education and who profess an intention of entering or returning to the practice of optometry or to a faculty or administrative position with an accredited school or college of optometry.

SECTION 5. AN HONORARY MEMBERSHIP may be conferred on any person who has contributed distinguished valuable service to the conservation of vision, to the profession of optometry, or to this Association.

SECTION 6. LIFE MEMBERSHIP A Member who has been a member of this Association for 45 years shall be eligible to continue membership as a Life Member of this Association in accordance with rules and regulations adopted by the Board of Directors. Members who provide medical certification of terminal or other serious debilitative illness may request that years of membership requirements be waived for life membership. All such requests for waiver must be made and approved through the member’s affiliate and approved by the Board of Directors. Notwithstanding the requirements set forth in this Paragraph, any member of this Association who is classified as a Life Member as of September 30, 2012, shall retain Life Member status. An affiliated local society shall submit a written nomination to the Board of Directors for approval.

SECTION 7. PRIVILEGED MEMBERS shall be those members, who through sickness, age or financial hardship, are unable to pay full dues. Such members may upon action by the Board of Directors, have their dues waived or reduced for any given year. The Board of Directors shall investigate the need for such a
waiver or reduction of dues. This investigation shall include where necessary, an
evaluation of the member's total earnings in any given year, not just income from
the practice of optometry. Privileged members, in any listing published by the
Association, shall be listed in the same manner as all other members.

SECTION 8. PARTIAL PRACTICE MEMBERS shall be those members who work
twenty (20) or fewer hours per week in compensated optometrically related
activities and whose status as a partial practice member is approved annually by
the Board of Directors.

SECTION 9. FACULTY MEMBERS shall be those members who hold a full time
faculty or administrative position at an accredited school or college of optometry.

ARTICLE 4: DUES

SECTION 1. ACTIVE MEMBERS. (A) The annual dues for active members, except as
hereinafter stated in Article 4, Section 8, shall be in such amounts as prescribed
by the membership at the Congress or General Membership Meeting, of Board of
Directors and shall be payable at such time or times as may be established by the
Board of Directors. (B) Any change in dues to be considered at the Congress or
General Membership Meeting shall require notification to each member by mail
at least thirty (30) days in advance of the meeting and shall require a two-thirds
(2/3) vote of those present and voting for passage. (C) The Board of Directors
may adjust the dues for the cost of living, not to exceed 5%, on a yearly basis
without needing full approval of the general membership. (D) Active members
who fail to pay the required monthly dues in a timely manner may be charged a
late fee at the discretion of the NJSOP Finance Committee.

SECTION 2. The annual dues of an associate or student member of this
Association shall be determined by the Board of Directors.

SECTION 3. The annual dues of a section member shall be recommended by that
section’s membership and approved by the Board of Directors.

SECTION 4. Honorary members shall not be required to pay dues.

SECTION 5. Life members shall not be required to pay dues.
SECTION 6. Dues for privileged members may be waived or reduced for any given year by action of the Board of Directors. Such information shall be forwarded to the American Optometric Association for similar action. Privileged members may be reinstated as active members on payment of the current year’s dues.

SECTION 7. (A) Ascending Dues: The annual dues of a newly degreed member shall be waived for the calendar year in which such member becomes originally degreed. The dues for the following six years shall be on an ascending scale as established by the New Jersey Society of Optometric Physicians (NJSOP) provided that such member continues during the entire period to be a member in good standing of this Association and conforms to the Optometric Oath of the American Optometric Association and the Code of Ethics and Code of Practice of this Association. Thereafter, such member shall pay dues as specified in Article 4, Section 1.

(B) New Member Dues: Any optometric physician who has earned a Doctor of Optometry degree from an ACOE accredited college or school of optometry or its equivalent who has not been a member of this Association and who is accepted for membership for the first time shall be entitled to elect to pay dues on a graduated scale consisting of 50% of full annual dues for the first year of membership, 75% of annual dues for the second year of membership, and dues as specified in Article 4 Section 1, thereafter, except as hereinafter stated in Article 4, Section 8. In the case of an optometric physician who has been degreed less than four years and has not previously been a member of this Association, s/he may elect to pay dues in accordance with the scale set forth above for newly degreed members based on years of licensure.

SECTION 8. Partial practice members shall pay annual dues at the rate of thirty-five percent (35%) of full dues.

SECTION 9. Faculty members shall pay annual dues as required for Special Class Members as established by the American Optometric Association.

SECTION 10. Dues for members shall be as stated in Article 4, Section 1, 6 and 7 plus AOA dues as established by the American Optometric Association.
ARTICLE 5: ASSESSMENTS

SECTION 1. Assessments may be levied upon members by two-thirds (2/3) of the votes cast by those members present and voting at the Congress, General Membership Meeting or Special Meeting. Such assessments shall, when adopted, have the same liabilities for payment as annual dues, provided due notice of such proposed assessments shall have been mailed to each member at least thirty (30) days prior to that meeting.

ARTICLE 6: Fiscal Year

SECTION 1. The fiscal year shall begin January 1 and end on December 31.

SECTION 2. Affiliated local societies shall arrange their fiscal year to coincide with that of the Association

ARTICLE 7: MEETINGS

SECTION 1. There shall be three types of membership meetings: an annual convention, a General Membership Meeting and a Special Meeting.

SECTION 2. The annual convention shall be called a “Congress”. The time, date and location of the Congress shall be determined each year by the Board of Directors for the coming year. The Board of Directors may combine the Congress with the General Membership Meeting.

SECTION 3. The General Membership Meeting shall be held at a time, date and location to be determined by the Board of Directors, at which time a proposed budget for the ensuing year shall be presented to the membership for its approval and adoption.

SECTION 4. A Special Meeting shall be held upon call of the President; at the written request of thirty (30) active members in good standing; at the written request of three (3) or more affiliated local societies; or by a majority of the Board of Directors.

SECTION 5. Notice of all membership meetings shall be mailed to each member at least thirty (30) days prior to the date of the meeting and shall state time, place and purpose.
SECTION 6. The Board of Directors shall hold regular meetings at their discretion. Special meetings of the Board of Directors may be called by the President or by five (5) Directors upon at least two days' notice to each Director and Officer, given by mail, telephone or electronic means.

SECTION 7. All the Powers and authority if this Association, as provided by law, except such as may specifically be delegated by the Constitution and Bylaws, shall be vested in the membership assembled in Congress, Special Meeting, or General Membership Meeting.

ARTICLE 8: Quorum

SECTION 1. At all membership meetings, thirty (30) of the members representing at least five (5) affiliated local societies shall constitute a quorum.

SECTION 2. Fifty percent (50%) of the members of the Board of Directors shall constitute a quorum.

ARTICLE 9: Officers

SECTION 1. The officers of this Association shall be President, President-Elect, Vice-President, Secretary-Treasurer, and Immediate Past President; all of whom, except the Immediate Past President, shall be elected at the Congress or General Membership Meeting for a term of one year, with a maximum of two consecutive terms in any given office.

SECTION 2. The President going out of office shall become Immediate Past President.

SECTION 3. The resignation of an Officer shall be rendered in writing to the Board of Directors.

SECTION 4. In the event of a vacancy in the office of President, the President–Elect shall serve as President for the remainder of the term in office. Such service shall not count towards the Maximum limitation of two terms in office.
SECTION 5. In the event of a vacancy occurring among the other officers, the President shall appoint an active member to fill the vacancy for the remainder of the term in office. Such appointment shall be deemed effective upon majority vote of the Board of Directors.

SECTION 6. The Elections at the General Membership Meeting or the Congress for the officers shall be conducted in the order of President, President-Elect, Vice President, and Secretary-Treasurer, followed by the election of Directors.

SECTION 7. Officers-elect shall take office upon being administered the Oath of Office. Installation of officers need not occur in conjunction with their election. The time and place of installation shall be set by the Board of Directors.

ARTICLE 10: Board of Directors

SECTION 1. The Board of Directors shall be composed of seventeen (17) members, five (5) of whom shall be officers and not fewer than eight (8) who shall be elected as Directors-at-large. One director shall be assigned as liaison to each local society.

SECTION 2. Directors-at-large shall be elected at the Congress or General Membership Meeting, each for a three (3) year term. No person shall be eligible for election to more than two (2) successive three (3) year terms as a Director-at-Large nor to serve more than eight successive years as a Director-at-Large. The number of positions to be elected shall be determined by the Officers of the Association and reported to the Membership thirty (30) days prior to the election.

SECTION 3. In the event of a vacancy occurring among the Directors-at-Large, the President shall appoint an active member to become a Director-at-Large, to hold such position until the next election at a Congress or General Membership Meeting, at which time a director-at-large shall be elected for the remainder of the term. Such appointment shall be deemed effective upon majority vote of the Board of Directors.

SECTION 4. Elections at the General Membership Meeting or the Congress for a directorship having different terms shall be conducted separately in order of longest to shortest terms of office.
SECTION 5. Directors-elect shall take office upon being administered the Oath of Office. Installation of directors need not occur in conjunction with their election. The date, time and place of installation shall be set by the Board of Directors.

SECTION 6. The resignation of a Director-at-Large shall be rendered in writing to the Secretary-Treasurer.

SECTION 7. All past presidents, and currently appointed committee chairs who are not members of the Board, shall serve as ex-officio members of the Board of Directors.

ARTICLE 11: Rules of Order

SECTION 1. All meetings shall be governed by “Roberts Rules of Order—Revised” unless superseded by the Constitution or Bylaws.

ARTICLE 12: Amendments

SECTION 1. This Constitution and attached Bylaws may be altered or amended by two-thirds (2/3) of the votes cast by those members present and voting at the Special Meeting, General Membership Meeting, or Congress, provided the proposed amendment has previously been duly validated for submission by an affiliated local society by a majority of its members and so certified in writing; or by the Board of Directors.

SECTION 2. The proposed amendment shall be received by the Secretary-Treasurer not later than forty-five (45) days before the date of the Special Meeting, General Membership Meeting or Congress when the Amendment shall be considered.

SECTION 3. A copy of the proposed amendment shall be distributed to each member not later than thirty (30) days before the date of the Special Meeting, General Membership Meeting or Congress, together with a notice that the amendment will be adopted, amended or otherwise acted upon. At the discretion of the secretary-treasurer of this Association, delivery of the proposed amendments under this Article may be made by any written means, whether physical, electronic, or digital.
NJSOP BYLAWS

ARTICLE 1: Duties of Officers

SECTION 1. The President shall preside at all membership and Board of Directors meetings; appoint all members to such committees as the need may require, designate the Chairpersons of each committee and certify, together with the Secretary-Treasurer, all official acts of the Association. The President shall call meetings as the need requires; shall be an ex-officio member of all committees and similar subordinate bodies and shall appoint all chairpersons and committee members, who shall serve on the committees as determined by the President. The President shall be responsible for the development of the agenda for all meetings at which s/he presides. The President shall not vote on motions before the Board of Directors except to break a tie vote.

SECTION 2. The President—Elect shall perform all executive functions and other duties as may be assigned by the President or the Board of Directors and shall be responsible for maintaining the Long Range Plan of this Association. In the event of the inability of the President to perform the duties of office, the President-Elect shall assume the duties of the President.

SECTION 3. The Vice-President shall perform all duties as may be assigned by the President or the Board of Directors.

SECTION 4. The Secretary-Treasurer shall be responsible for full and accurate minutes of all membership and Board of Directors meetings; shall require proper registration and identification of all persons before their admission to any membership or Board of Directors meeting; and shall preserve all documents, records and transactions of this Association. The Secretary-Treasurer shall keep a complete accounting of all money received and disbursed in the manner prescribed by the Board of Directors; shall render a financial statement to the Board of Directors whenever requested to do so; and shall make a full report at the time of the Congress or General Membership Meeting, as may be directed by the President or Board of Directors. The Association’s financial records shall be reviewed annually by an accountant or certified public accountant who has been approved by the Board of Directors. The Secretary-Treasurer shall, at the
expiration if his/her term of office, deliver to the successor, or to any person
whom the Board of Directors may designate, all funds, books, records and
property of the Association then in his/her custody or under his/her control. The
President, Secretary-Treasurer and/or any member designated as his/her
representative, and the Executive Director, shall be designated to sign all checks
for this Association, any two (2) of the three (3) signatures being necessary.

ARTICLE 2: Duties of the Board of Directors

SECTION 1. The Board of Directors shall supervise and manage the affairs, funds
and property of the Association and carry out the objectives and purposes of the
Constitution and Bylaws.

SECTION 2. When not inconsistent with the provisions of the Constitution and
Bylaws, the Board of Directors shall act as the supreme governing body during the
interim between the Congress, General Membership Meeting or Special Meeting.
Its acts and decisions shall have full force and effect unless modified or revised by
the Membership at the next Congress, General Membership Meeting or Special
Meeting.

ARTICLE 3: Standing Committees

SECTION 1. LEGISLATION. The Committee on Legislation shall consist of at least
three (3) members. The committee shall meet periodically to review pending
legislation and recommend positions and actions to the Board of Directors. The
committee shall be responsible for coordinating all legislative activities of the
Association and shall report its activities to the Board of Directors and to the
Membership at the Congress, General Membership Meeting or Special Meeting.

SECTION 2. NOMINATIONS. The Committee on Nominations shall be appointed
by the President three months prior to the Congress or General Membership
Meeting and shall consist of at least one (1) member in good standing from each
affiliated local society and three (3) Past Presidents, one of whom will be
appointed chairperson. The committee shall make nominations for Officers,
Directors, AOA delegates and State Board nominees, and shall report to the Board of Directors and to the Membership Assembled.

**SECTION 3. FINANCE.** (A) The Finance Committee shall consist of the Secretary-Treasurer and five additional persons appointed by the President in consultation with the Secretary-Treasurer. It shall be this committee’s responsibility thirty (30) days prior to the General Membership Meeting in December to prepare a tentative budget based on anticipated income and expenses for the ensuing year. (B) The Finance Committee shall exercise fiscal control over the adopted budget and shall act on all requests for supplemental appropriations prior to being submitted to the Board of Directors.

**ARTICLE 4: Voting and Elections**

**SECTION 1.** At all meetings, votes shall be viva voce. The President may substitute voting by ballot.

**SECTION 2.** The Officers and Directors, State Board nominees and AOA delegates, except the Immediate Past President, shall be elected at either the Congress or General Membership Meeting, as determined by the Board of Directors.

**SECTION 3.** Members must have a record of at least two (2) years of continuous membership in this Association to be eligible for nomination and election as officers, directors, and AOA delegates.

**Section 4.** In all elections a simple majority of those present and voting shall be required and, when necessary, balloting shall continue until the candidate or candidates receive a majority.

**SECTION 5.** Additional names may be added to those proposed for election by the Committee on Nominations from the floor of the Congress or General Membership Meeting.

**ARTICLE 5: STATE BOARD NOMINATIONS**

**SECTION 1.** The Membership Assembled at the Congress or General Membership Meeting shall vote on nominees to be recommended to the Governor for appointment to vacancies on the State Board of Optometrists.
SECTION 2. The three (3) names receiving the highest vote, providing they have a majority of the votes cast for each appointment, shall be sent to the Governor as the officially qualified nominees. Voting shall continue until three (3) candidates receive a majority.

SECTION 3. Members must have a record of at least five (5) years of continuous membership in this Association to be eligible for nomination.

ARTICLE 6: AFFILIATIONS

SECTION 1. This Association shall be affiliated with the American Optometric Association.

SECTION 2. Local societies of optometric physicians covering one or more counties in New Jersey are eligible to request affiliation with this Association when their organization meets the requirements established by the Board of Directors.

ARTICLE 7: PRIVILEGES of MEMBERS

SECTION 1. ACTIVE MEMBERS shall hold membership in the American Optometric Association; shall have the privilege of the floor; shall have the right to vote at any membership meeting; shall be eligible to hold office after two (2) years of active membership in this Association; shall be eligible for State Board Nomination after five (5) consecutive years of active membership in this Association; shall be included in any roster of membership; shall receive national and state official optometric publications; shall uphold the Optometric Oath of the American Optometric Association and the Constitution, Bylaws, Code of Practice and Code of Ethics of this Association; and shall enjoy the association of fellow members of their profession and all other benefits and privileges of active membership.
SECTION 2. ASSOCIATE MEMBERS shall be accorded the privilege of the floor, but not the right to vote. Associate members are not privileged to attend meetings of the Board of Directors.

SECTION 3. STUDENT MEMBERS shall be accorded the privilege of the floor, but not the right to vote.

SECTION 4. HONORARY MEMBERS shall be accorded the privilege of the floor, but not the right to vote. Honorary Members are not privileged to attend meetings of the Board of Directors.

SECTION 5. LIFE MEMBERS shall have all privileges of active membership except the right to vote.

SECTION 6. PRIVILEGED MEMBERS shall have all privileges of active membership.

SECTION 7. PARTIAL PRACTICE MEMBERS shall have all privileges of active membership.

SECTION 8. FACULTY MEMBERS shall have all privileges of active membership.

ARTICLE 8: REPORTS

SECTION 1. Each officer and committee chairperson shall report in writing to the membership at the General Membership Meeting and/or the Congress, as directed by the President.

ARTICLE 9: REMOVAL FROM OFFICE

SECTION 1. Any officer or Director may be recommended for removal from office for just cause by a two-thirds (2/3) majority of the votes cast by those members present and voting at the Congress, General Membership Meeting or Special Meeting. In such cases, the Board shall send to such Officer or Director, by certified mail, return receipt requested, a statement of the charges, with fifteen (15) days after receipt thereof to respond to such charges by mailing response, by certified mail, return receipt requested, to the Secretary-Treasurer of this Association. The Board of Directors shall thereafter hold a hearing at which such
Officer or Director shall be given reasonable opportunity to present evidence and to be heard in defense of the charges. The Officer or Director may be suspended or removed from office by a two-thirds (2/3) vote of the Board of Directors.

ARTICLE 10: SUSPENSION AND REMOVAL FROM MEMBERSHIP

SECTION 1. A member who fails to maintain active membership in an affiliated local society or fails to pay dues or assessments to this Association shall be suspended or removed from membership. Removal from membership for reason of failure to pay dues or assessments shall not relieve that member from liability for any unpaid dues or assessments except by action of the Board of Directors.

SECTION 2: A member may be suspended or removed from membership by the Board of Directors by reason of revocation of licensure to practice optometry or upon violation of any State rule or regulation relating to the practice of optometry, or the Code of Practice or Code of Ethics of this Association. In such cases, the Board shall send to such member, by certified mail, return receipt requested, a statement of the charges, with fifteen (15) days after receipt thereof to respond to such charges by mailing a response, by certified mail, return receipt requested, to the Secretary-Treasurer. The Board of Directors may thereafter hold a hearing at which such member shall be given reasonable opportunity to present evidence and to be heard in defense of the charges. The member may be suspended or removed from membership by two-thirds (2/3) vote of the Board of Directors.

ARTICLE 11: RESIGNATION

SECTION 1. Resignation from membership shall be presented in writing by the member to the Board of Directors for action.

SECTION 2. Acceptance of a member’s resignation by the Board of Directors shall not relieve that member from liability for any unpaid dues or assessments except by action of the Board of Directors.

ARTICLE 12: EXECUTIVE DIRECTOR

SECTION 1. The Board of Directors shall engage the services of an Executive Director.
SECTION 2. The Board of Directors shall have the power and authority to enter into a contract with such person to act as Executive Director for a term not exceeding three years.

SECTION 3. The compensation of the Executive Director shall be determined by the Board of Directors within the approved budget.

SECTION 4. The functions and duties of the Executive Director shall be to administer the business and other affairs of the Association; to supervise the staff and operation of the Association; to employ and discharge; and to perform such duties as are ordinarily performed by persons in similar positions, together with such duties as may from time to time be assigned by the Board of Directors. The Executive Director shall be directly responsible to the President.

ARTICLE 13: COMPENSATION AND EXPENSES

SECTION 1. All Officers, Directors, Chairpersons and members of committees or similar subordinate bodies, who may be required to be absent from their place of practice by order of the President or Board of Directors shall be reimbursed for transportation and other expenses as defined and authorized by the Board of Directors.

SECTION 2. No person shall, on behalf of the Association, assume or incur any expenses or liability or enter into any contract or agreement involving the expenditure of money without permission obtained from the Board of Directors.

SECTION 3. The Association shall indemnify and hold harmless each director, officer, committee chairperson or employee, now or hereafter serving this Association, from and against any and all claims and liabilities to which the individual may be or become subject by reason of the individual’s alleged acts or omissions as an officer, director, committee chairperson or employee as aforesaid. The Association shall reimburse such individual for all legal and other expenses reasonably incurred by such individual in connection with defending against such claims or liabilities, provided, however, that no individual shall be indemnified against or be reimbursed for any expenses incurred in defending against any claim or liability arising out of that individual’s own negligence or misconduct. The foregoing right of officers, directors, committee chairpersons
and employees shall not be exclusive of other rights to which they may be lawfully entitled.

ARTICLE 14: RESOLUTIONS

SECTION 1. All resolutions to the Congress or General Membership Meeting, including proposed amendments to the Constitution and Bylaws shall be typewritten and shall be delivered to the Secretary-Treasurer forty-five (45) days prior to the date set for the Congress or General Membership Meeting. These resolutions shall be distributed to the affiliated local societies and Board of Directors at least thirty (30) days prior to the date of the Congress or General Membership Meeting.

CODE OF ETHICS

A. LOYALTY

1. Members shall consider Optometry as a full free and independent profession.
2. Members shall dutifully further the interests of the Association, not only by attendance at meetings and by payment of dues, but by actively supporting its projects.
3. Members shall treat members of this and other professions with becoming respect and shall not use an erroneous diagnosis on the part of a member of another profession as an opportunity for criticism or ridicule.
4. Members shall agree never to knowingly commit or be instrumental in having others do so for them, act or acts which directly or indirectly might jeopardize the profession of Optometry.
5. Members can best show loyalty by their personal conduct and the character of their professional endeavors.

B. DUTIES TO PATIENTS
1. Members shall under no circumstances abuse the confidence of a patient.

2. Members shall do their utmost to keep abreast of the most efficient and effective methods and procedures and shall provide their office with the necessary equipment in order to render maximum visual service to the patient.

3. Member shall refer cases that indicate the need of other than optometric care to a qualified practitioner; the optometric physician and the practitioner cooperating for the best interests of the patient.

4. Members shall aid and consult with fellow practitioners whenever called upon to assist in difficult cases.

**C. DUTIES TO THE PUBLIC**

1. Members should be diligent in enlightening the public regarding visual welfare and optometric service.

2. Members shall endeavor to raise the general standard of competency in Optometry.

3. Members shall do their fair share in cooperating with social, welfare, and public health organizations.

**CODE OF PRACTICE**

1. Members holding an official position in any Optometric organization shall not use such position for advertising purposes or for self-aggrandizement and, further, no person other than this Association or its affiliated local societies shall use the duly registered name and/or logo of this Association in any public advertisement.

2. Members shall not hold themselves forth in such a way as to carry the slightest intimation of inferiority of another optometric physician.
3. Members using the title “Doctor” shall not qualify it in any other way than by the use of the word “Optometrist” or the phrase “Doctor of Optometry” or “Optometric Physician”. Members may however use after their name the “O.D.” designation, legally conferred degrees, or other recognized academic certifications or fellowships.

4. Members actively engaged in the practice of Optometry shall not in any manner conceivably advertise or hold forth themselves as an optician.

5. Members shall not willfully violate the Optometry Law of the State of New Jersey; the Constitution and Bylaws of this Association or the rulings of the New Jersey State Board of Optometrists.

6. Members shall not solicit increased practice in any conceivable manner while engaged in factory or other survey work.

7. Members shall not fail to call to the attention of the proper authority, illegal, corrupt, or dishonest conduct of any member of the health professions.

8. Members shall do nothing inconsistent with the standards of professional conduct and patient care of optometry and other health professions.
NJSOP KeyPerson
Handbook and
Reference Guide

A How to Guide for the Optometric Physician
Dear Colleague,

 Political activism is no longer a matter of choice - it is a matter of survival in today's health care environment. As the challenges of delivering quality health care services mount, optometrists must embrace a larger role in influencing the direction of public policy for the benefit of the patients we serve. NJSOP and its affiliated Political Action Committee - NJOPAC can be of assistance to you.

 Optometry is a legislated profession, like it or not, defined by and existing at the pleasure of the New Jersey legislature. We are fortunate to live in a democracy, with government by the people. We must participate to ensure the future of optometry. If we fail to participate, any worthy opponent can block our efforts to advance or even strip away the privileges earned in the past.

 This handbook is meant to provide you the basic information you need to embrace your role as advocate for the profession, or as we call them KeyPersons. Your personal relationship with an elected official can be the difference in NJSOP's success in Trenton.

 The concept is simple. It is easier to get assistance from a legislator on a vital concern when they see you as a trusted friend or as an active member of the community. At a minimum, we hope this guide provides some education on the role NJSOP KeyPersons play, and demonstrates new ways for you to advance as an advocate.

 Thank you for your advocacy on behalf of the profession.
Introduction

Our profession has enjoyed a long list of legislative victories, but none of those successes would have been accomplished without legislators who listen to and support our position. It is more important than ever that we continue to build relationships with those who protect our interests.

Contacting your legislators is surprisingly easy. Don't worry if you've never done it before—most of us haven't. That's why it's important: most people don't speak up, so each person who does can have an impact. When you do contact your legislator, his or her staff may be surprised to hear you're paying attention, which gives you an advantage.

NJSOP provides all the tools you need to be a productive member of our KeyPerson Network, including legislative alerts, sample letters, phone scripts, talking points and staff support.

We all share in the responsibility to let legislators know where we stand on issues important to our profession. If we don't, no one else will.

Job Description for Optometrists

1. Be the most knowledgeable and skilled clinician you can be, and practice as ethically and professionally as possible by following the association Code of Ethics.

2. Be active in the NJSOP and your local society activities, and network with fellow ODs whenever possible.

3. Give back to your community through volunteer community service and leadership.

4. Develop a relationship of friendship and trust with your state representatives by:
   a. Setting up an introductory get-acquainted meeting and offering to help in any way possible with the ongoing election/re-election process.
   b. Serving as a resource for information relating to optometry, vision and eye health care.
   c. Personally conducting a local fund-raising event for optometrists to meet and contribute to your legislators once or twice each calendar year.
   d. Meeting the legislator's key staff people and offering to help them in any way.

5. Support NJOPAC with contributions and attendance at fund-raising opportunities.

6. Attend NJSOP Legislative Committee meetings to become current on the issues at hand.

7. Consider all the above items as investments in your future as a legislated profession in New Jersey.
How to Introduce Yourself to Your Legislator

1. Refer to Appendix A to locate your home legislative district, then find the names of your state representatives by going to the New Jersey Legislature’s website, http://www.njleg.state.nj.us/, and search “Find your Legislator” in the left hand column.

2. Once you identify your legislators, there will be a link to follow which will provide you with some biographical data, their contact information, the committees they sit on, and the Bills they have sponsored. You can also use a web search engine to find out more information, as many have their own websites. When you meet with the legislator or staff, observe the office and make note of awards, pictures and other prominent items on display. This reveals what the lawmaker is proud of and can serve as reference points for future communications.

3. Contact the legislator’s staff in person or by telephone. Do not use e-mail for this important personal contact. Dress and speak professionally. Politely state that you live in the district and would very much like a brief meeting with your representative. Be friendly but persistent, repeating your call until you speak to a key staffer. State that you are a doctor of optometry, a constituent and a strong supporter interested in helping the legislator. Convince the person that you would very much like to meet the legislator, and that you are sure that he/she will want to speak with you. Offer to meet within the district when he/she is available. NJSOP can provide you with talking points and the NJSOP executive director is willing to join you as well.

4. When you eventually meet, be considerate of the legislator’s time. Make the time and place as convenient as possible, but informal. Be friendly and brief, but emphasize that you ask nothing more than the opportunity to serve his/her need to have resource people for information on issues that come up in the legislature. Ask how you can help with campaign debt retirement or the upcoming re-election campaign. Take notes on his/her campaign leaders whom you can call for an assignment.

5. Tell him/her you appreciate their time and commitment to the people of your community. Close with a sincere thank you and comment that you are proud to have him/her for a legislator. Follow up with a written thank-you letter on your office stationery in the next day or two.

How to Establish a Relationship With Your Legislator

1. Essential to establishing a good relationship with your legislator is gaining the respect and confidence of the staff. Courtesy and a friendly smile can go a long way to opening doors for you. Realize that many of the calls made to the staff people are from unhappy constituents with problems or complaints, so your positive attitude will be well received.

2. You should have two principles in mind at the start of this effort to build a relationship:
value and trust. They must realize that you will become a valuable source of help, both politically and educationally. Tell them that you want to help with fund raising and campaigning as needed. Make them recognize your value as a source of information to help educate them on issues they will need to understand in the future. You must strive to earn their trust by never exaggerating or misrepresenting the facts. Following through on promises and commitments will also help establish a relationship of trust. Remember they must have trusted resource people to advise them on a myriad of issues, and you are helping to fill that need by making yourself available as a source for answers.

3. Although you should show courtesy and respect, be careful not to appear to be awed or intimidated when speaking to a legislator. They are ordinary people doing an important job as public servants, so don't be afraid of them. Once you have established a friendly association, it will be rewarding to both of you. Unfriendly people usually don't win elections, so you will be surprised at how easy it is to get to know your senator or representative. You may even acquire a good friend!

4. Continue to build the relationship by asking what you can do to help at least once a month. Try not to ask for help with your own issues until you feel confident that you have a good rapport with your legislator and have backed up your offer to help him or her. Although it may take a full election cycle to establish a strong rapport, the reward will be the personal satisfaction of knowing you are a trusted advisor and friend.

How to Communicate With Your Legislator

Communication is a two-way process of sending and receiving ideas, opinions and information. In order for your message to be received by your legislator, you need to follow a few guidelines to help you communicate effectively.

You should first consider the method of communication to be used. Is the message urgent? Do you want a written record for review and reference by the recipient? How personal should it be? Should you telephone, fax, e-mail, or write a letter to the legislator? How about a face-to-face meeting? Your choice should be determined by the timing and length of the communication as well as your own personal relationship with the legislator.

Personal meeting:
1. This is probably the most effective method of communicating, but also requires some careful planning. Remember not to rush into issues before you have made a positive impression.

2. Emphasize that you are a constituent from the district and recognize that legislators are usually in their home districts when the legislature is not in session. Try to meet at their convenience at a restaurant or at your office.

3. If you can't arrange a meeting, write a personal letter.
Letters:
1. Use personal or business letterhead with word-processed copy. Sign your name above the typed signature.

2. Identify yourself, your position and your subject clearly in the first paragraph. State how this will affect the patients you serve, not yourself or your profession. If writing about legislation, be sure to refer to the title and bill number.

3. Be brief and to the point, preferably not more than one page.

4. Use your own words; avoid stereotyped phrases and sentences that give the appearance of form letters. Form letters are likely to be ignored or receive form replies.

5. The return address should always appear on the letter as well as the envelope. Too often envelopes are thrown away.

6. Be constructive. State how the bill could be improved if you disagree with its language or purpose. Be reasonable. Don’t ask for the impossible or threaten.

7. Be specific and use verifiable facts to support your points. Your own personal experience is your best supporting evidence.

8. Thank your legislator if they please you with a vote on an issue. Everyone appreciates a complimentary letter and remembers it.

9. Don’t become a constant pen pal. Quality rather than quantity is what counts.

10. Address the letter correctly:

The Honorable (full name)
(Use the District Office Address – Found at: http://www.njleg.state.nj.us

Dear Senator/Assembly (man/woman) (name):

E-mail:
1. High tech communication is not necessarily high touch. Your message will be more personal on your own letterhead and signed in your own handwriting, so use that approach first. Save e-mail until you are on a first-name basis with you legislator and there is a need for speed in your communication.

Fax:
1. Only slightly more personal than e-mail, a fax is appropriate if there are copies of documents or other photocopied items that must be communicated in a hurry, especially if responding to a request for information. Fax messages should be typed whenever possible.
Telephone:
1. Use the telephone only if you have already established a good relationship with your legislator and know him/her well. It is never a good idea to rely on a telephone call alone. Follow up with a fax or email.

2. Remember in some cases, the staff is the pipeline to the legislator. Do not neglect that relationship. Write a note of well wishes at the start of each session. Send a thank you note anytime they assist you. They work hard and are rarely thanked. They will remember you for acknowledging them.

How to Effectively Provide Election Support

For a candidate, an organization may need to be built from scratch. Getting on board early has the greatest impact.

Regardless of the time of the year or where we are in an election cycle, legislators are running for election. They are either working to pay off election expenses from the previous election, planning for re-election, or running for a different office if term limited. Fund raising is always important. Equally important is your contribution of personal time and effort to the legislator’s re-election activities. Here’s how you can help your representative:

1. Start by contacting the chair of their re-election committee. Offer to help in any way you can. Attend a campaign strategy meeting to show your commitment. Even in a non-election year there are many jobs available, so ask for an assignment. Inventory your skills so you are clear on what you want to do. Volunteer to your strengths.

2. Place signs in yards, starting with your own. Get a list of addresses for delivery and pick up signs after the election.

3. Put a bumper sticker on your car endorsing the candidate.

4. Go door to door delivering brochures and asking for support from voters. It’s hard work but very important.

5. Offer to assist with regular mailings to constituents. Help with stuffing, sealing, address labeling, stamping and mailing campaign literature. Get to know the legislator’s staff as you save them some work.

6. Help set up and run a phone bank to contact voters.

7. Write an e-mail or letter to your friends and colleagues urging them to vote for your legislator. Write on your personal stationery or from your personal e-mail address. Send a copy of the correspondence to your legislator.

8. Be sure to register and vote.
9. Hold a fund raiser in your home, your club or a local restaurant. Set up the date with the legislator first. Send letters of invitation to friends and patients. Tell them your legislator needs their support and will meet with the group personally. Most will be eager to attend such a private event.

10. Write a note of congratulations or condolence to your lawmaker after the election. It never hurts to note their achievement or be there for them when they are down.

### Campaign Finance Limitations

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<tr>
<th>Entities Making Contributions</th>
<th>Candidate Committee</th>
<th>Political Committee**</th>
<th>Continuing Political Committee</th>
<th>Legislative Leadership Committee</th>
<th>State Political Party Committee</th>
<th>County Political Party Committee</th>
<th>Municipal Political Party Committee</th>
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<tr>
<td>Individual to:</td>
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<td>Corporation or Union to:</td>
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<td>Association or Group to:</td>
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<td>Candidate Committee to:</td>
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<td>State Political Party Committee to:</td>
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<td>County Political Party Committee to:</td>
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<tr>
<td>National Political Party Committee to:</td>
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No limits, but from January 1st through June 30th of each year, a county political party committee is prohibited from making a contribution to another county political party committee and a county political party committee is prohibited from accepting a contribution from another county political party committee. A county political party committee is subject to other restrictions; see N.J.A.C. 19:25-11.7.

A National Political Party Committee is the principal organization supporting election activities of a State political party committee, which activities include making contributions to that State political party committee pursuant to N.J.S.A. 19:44A-11.4a(2). There shall be no more than a single national political party committee of a political party for each State political party committee.

*NOTE:* The contribution limit to a gubernatorial candidate is $3,400 per election.

**Public Question Political Committee may receive unlimited contributions.
How to Discuss NJ SOP Legislative Initiatives

1. Introduce yourself and state that you represent the NJ SOP and organized optometry.

2. Don't discuss numerous bills or address unrelated issues. Addressing a variety of bills makes it difficult for your legislator to guess your priorities. Discussing side issues diminishes the importance of your primary issue. Keep the agenda focused.

3. Don't engage in excessive praise or scorn. Don't distract legislators from your role as a credible source of information by being overly complimentary or verbally abusive.

4. Don't critique your legislator's value system. Sometimes lawmakers will agree or disagree with your position for reasons different than your own. Don't attempt to alter their value system in a brief meeting.

5. Your representative must realize that you are not just a trusted expert. You are also a constituent who is connected to many more voting constituents at home—your patients. You should discuss issues in a way that will show concern for the health and welfare of those patients. Lawmakers have access to an extraordinary amount of information, but lack the stories that will illuminate the statistics. Tell them detailed, real life examples of how legislation will impact your patients and benefit their constituents. These personal stories make your position accessible and compelling and can be used in floor speeches and news media sound bites.

6. NJ SOP will provide you talking points to enhance your knowledge and your ability to communicate the issues to your legislators.

7. Grassroots advocacy works when the same message is delivered in a number of legislative offices. Although each meeting should be personalized with local stories, it is imperative to keep the overall message and final request exactly the same.

8. Respect the strength of your opposition and be prepared to defend your position. Your opposition's views are probably not easy to dismiss, but they can be debated. Address opposing arguments in a direct but principled manner. If you show disrespect to, or ignore your opposition, you leave their arguments standing intact.

9. Once you have discussed the issues and emphasized the patient health and welfare aspect of the legislation, don't be shy about asking for the legislator's support. Be specific about your request. Do you want a vote in committee to report the bill out favorably? Are you asking for a vote against an amendment to a substitute bill on the floor? They may need some time to consider supporting or opposing legislation, but they will often share important insight into their thought processes. You need to understand how a bill becomes law in order to communicate effectively with you legislator.

10. Legislative victories are often incremental. Significant policy changes can take years of work to achieve. Every legislative meeting is an opportunity to strengthen relationships, deepen understanding, and broaden support. Consider your long term goals when evaluating the success of your efforts.
11. Thank the legislator for taking the time to discuss the issue with you.

12. Remember to send a thank you note thanking them for their time and summarizing the meeting. Be sure to follow up on issues discussed at the meeting. Send any information that the legislator has requested.

Talking Points about Optometry to Help Break the Ice

Primary Eye Care Specialists
1. Doctors of optometry are independent primary health care providers who examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well and diagnose related systemic conditions.

2. Over 70% of primary eye examinations are conducted by optometrists. There are over 1,000 optometrists in New Jersey.

3. Optometrists are classified as primary eye care physicians under Medicare and are skilled at early detection of problems such as glaucoma and diabetic eye disease.

4. Optometrists co-manage with many other professionals such as endocrinologists, neurologists, internists, family physicians, and ophthalmologists.

Cost-effective, accessible quality care
1. Doctors of optometry provide quality medical eye care at lower cost than emergency rooms and ophthalmologists.

2. In some areas of New Jersey, optometrists are the only primary eye and vision care providers.

3. Optometrists are more often found to have office hours on weekends and in the evenings than ophthalmologists.

Helping the uninsured
1. Optometrists, through the VISION USA program, have provided free eye examinations for more than 340,000 people since 1991. Since the program went year-round July 2002, optometrists have provided more than $2 million in free eye care to working Americans who do not have health insurance.

The Do's & Don’ts of Legislative Etiquette

The Do's:
Do state your most important facts first.
Do act and dress professionally. A conservative business suit will enhance your image.
Do explain what an optometrist is and what you do.
Do prepare for and know the issues. Pick no more than three issue to emphasize.
Do use short, precise words and sentences to communicate best.

Do have a printed copy of the legislation under discussion.

Do use printed background material if it is relevant and concise.

Do prepare for and know the issues and the objectives.

Do address the issue directly and tell the legislator the action that you wish them to take.

Do address the legislator appropriately; unless they specifically tell you otherwise, address them as Assemblywoman/Assemblyman Smith or as Senator Smith.

Do admit it if you don't know the answer to a question; you can always get back to them later (promptly!) with the answer.

Do respect their time and don't waste it on trivial conversation.

Do explain your issues from the perspective of the consumer, not from your own special interest perspective.

Do look the legislator right in the eye when talking to enhance your believability. Do come to the point quickly and avoid burying yourself in details.

Do use assertive behavior without being rude or aggressive.

Do tell the truth, even if it hurts.

Do vary your voice, inflection, pitch, emphasis and timing.

Do gesture purposefully, naturally and appropriately.

DO NOT:

Do Not stretch the truth; integrity is everything in the legislative process.

Do Not be late or miss an appointment.

Do Not assume the legislator is familiar with your issues or your concerns; explain everything.

Do Not use technical jargon; it will muddy the issue, confuse the legislator, and cause you to lose the chance to make your point.

Do Not ignore the opposition; tell your legislator the opposing views and neutralize them.

Do Not get overly detailed; stay with the main issues unless specifically asked otherwise.

Do Not overlook possible savings to the State Treasury as well as to consumers.

Do Not make your concerns appear too narrow; remember to consider all viewpoints on the issue (i.e., rich and poor, old and young, black and white, male and female, etc.)

Do Not come in unannounced; make your appointment in advance and then keep it.

Do Not offer anything but appreciation for a legislator's time and consideration.

Do Not pressure a legislator unless you are specifically asked to do so.
Do Not say anything that you would not want to hear played back from a hidden tape recorder.
Do Not trust anybody unless you have a very good reason to do so.

The New Jersey Legislature

The Branches of Government

The government of the State of New Jersey, like that of the United States, is divided into three coequal branches: the legislative, the executive, and the judicial. The principal function of the Legislature is to enact laws. The Executive Branch (the Governor, Lieutenant Governor and State agencies) carries out the programs established by law. The Judiciary (the Supreme Court and lower courts) punishes violators, settles controversies and disputes, and is the final authority on the meaning and constitutionality of laws.

Legislators

The Legislature consists of two Houses: a 40-member Senate and an 80-member General Assembly. The Senate and Assembly chambers are located in the State House in Trenton.

Senators must be at least 30 years old and residents of the state for four years prior to election. Members of the Assembly must be at least 21 and state residents for two years. All legislators must live in the districts they represent.

While legislators spend a considerable amount of their time on legislative matters, service in the Legislature is considered to be part-time, and most legislators also hold other employment.

Legislative Districts

Legislators are elected from 40 legislative districts of substantially equal population. The voters in each district elect one Senator and two members of the General Assembly.

Every ten years, after the Federal census, the boundaries of the 40 districts are redrawn to maintain an equal population in each district. This reapportionment of districts is performed by a bipartisan Apportionment Commission, whose members are appointed by the state chairs of the two major political parties.

Legislative Elections

Legislative elections are held in November of each odd-numbered year. Members of the Assembly serve two-year terms. Senators serve four-year terms, except for the first term of a new decade, which is only two years. This "2-4-4" cycle allows for elections from new districts as soon as possible after each reapportionment.

Interim appointments are made to fill vacant legislative seats by the county committee or committees of the party of the vacating person. The office is on the ballot for the next general election, unless the vacancy occurred within 51 days of the election. Then the appointment stands until the following general election.
Legislative Session

The New Jersey Constitution provides that each Legislature is constituted for a term of two years, split into two annual sessions. Because the Constitution also specifies that all business from the first year may be continued into the second year, the distinction between the two annual sessions is more ceremonial than actual. The two-year legislative term begins at noon on the second Tuesday in January of each even-numbered year. At the end of the second year, all unfinished business expires.

Each House sets its own meeting schedule. A typical session day consists of party conferences around midday followed by open debate and voting activity in the chambers. Occasionally, committee meetings may be held on days when legislative voting sessions occur, but typically committee meetings are held on another day. While both voting sessions and committee meetings are typically on Mondays and Thursdays, committee meetings and public hearings can be held on any day, at the discretion of the committee chair.

Committee meetings and voting sessions are open to the public. No advance arrangements are necessary to gain admission to the meeting rooms or the public galleries of the chambers. Access for joint sessions, however is limited. Joint sessions occur when the Senate and General Assembly meet together, most often for an address by the Governor.

Legislative Organization

Each House elects a presiding officer from among its members - the President of the Senate and the Speaker of the General Assembly.

The President and the Speaker have broad powers within their Houses. They decide the meeting schedules and the daily calendar of bills to be considered, preside over the sessions, appoint committee chairs and members, refer bills to committees for consideration, and direct the business of their Houses. The Houses elect a Senate Secretary and Clerk of the General Assembly, respectively, who supervise the business operations of the two Houses.

Each party in each House also chooses party leaders: the Majority Leader, the Minority Leader, assistant leaders, and "whips." The party leaders help develop party policy on the issues before the Legislature.

Each House establishes a number of standing reference committees to review legislation. Much of the discussion on the merits of a bill takes place in committee. Representatives of interest groups and members of the public are generally given the opportunity to present their views at committee meetings.

Party Influence

When the majority membership of either House belongs to the same political party, that party is said to "control" the House. The presiding officer is a member of the majority party and, in his or her official capacity, able to support the party's policy goals by setting the agenda of the House. Committee chairs are members of the majority party, and committee membership usually reflects the partisan composition of the House.
Legislative Powers

The chief function of the Legislature is to enact laws. A proposal to make a new law, or to change or repeal an existing law, is presented to the Legislature as a bill. To become law, a bill must pass both Houses by a majority vote and be approved by the Governor.

The Legislature can also propose amendments to the New Jersey Constitution. Such an amendment must be passed by a vote of 3/5 of each House (24 votes in the Senate and 48 votes in the Assembly). No action by the Governor is required. If passed, the proposed amendment is placed on the ballot in November for a public vote. An amendment may also be presented to the voters if the Legislature passes it two years in a row by a majority vote.

Additional powers of the Legislature include Senatorial approval of the Governor's appointments of judges and other officials. The Legislature is also empowered to ratify amendments to the U.S. Constitution; appoint the State Auditor; judge the elections and qualifications of its members; and institute and conduct impeachment proceedings against State officials.

At the general election in November 1992, the voters approved a constitutional amendment permitting the Legislature to review administrative rules and regulations.

Forms of Legislative Action

Formal legislative action is expressed through the passage of a bill, or by adoption of a resolution, which expresses the sentiments or opinions of the members. There are three types of resolutions. A joint resolution must pass both Houses and be signed by the Governor. A concurrent resolution must pass both Houses, but is not presented to the Governor. A simple resolution is considered only by the House in which it is proposed.

The Budget Process

The State operates on a fiscal year that begins on July 1 and ends the following June 30. The Governor delivers the annual budget message to the Legislature for the ensuing fiscal year on or before the third Tuesday following the first meeting of the Legislature, except in a gubernatorial inaugural year when it is delivered later.

The proposed budget is then reviewed by the Senate Budget and Appropriations and the Assembly Budget Committees. Committee review of the Governor's budget proposals is conducted through staff research and a series of hearings during which members of the Executive Branch and the public provide testimony. In recent years legislative budget hearings have generally taken place during the months of March, April, and May.

The appropriations committees produce a budget in the form of an annual appropriations bill. As with any other law, the appropriations bill must be passed by both Houses and approved by the Governor (or enacted by overriding a veto). The budget must be signed by July 1.
How a Bill Becomes Law in New Jersey

1. Idea Developed
A legislator decides to sponsor a bill, sometimes at the suggestion of a constituent, interest group, public official, or the Governor. The legislator may ask other legislators in the same House to join as co-sponsors.

2. Bill Drafted
At the legislator's direction, the Office of Legislative Services, a non-partisan agency of the Legislature, provides research and drafting assistance, and prepares the bill in proper technical form.

3. Bill Introduced
During a session, the legislator gives the bill to the Senate Secretary or Assembly Clerk, who reads the bill's title aloud. This is known as the first reading. The bill is printed and released to the public.

4. Committee Reference
The Senate President or Assembly Speaker usually refers the bill to a committee for review, but may send the bill directly to the second reading in order to speed its consideration.

5. Committee Action
When scheduled by the chair, the committee considers the bill at a meeting open to the public. The committee may report the bill to the House as is, with amendments, or by a substitute bill. If not considered or reported, the bill remains in committee.

6. Second Reading
When the bill is reported to the floor (or referred directly without committee review), its title is read aloud for the second reading. The bill is eligible for amendment on the floor. After the bill is given a third reading, the House must vote to return it to the second reading for any further amendments.

7. Third Reading
When scheduled by the President or Speaker, the bill is given a third reading and considered on the floor. The bill may not go through the second and third reading on the same day, except by an emergency vote of 3/4 of the members (30 votes in the Senate, 60 in the Assembly).

8. House Vote
The bill passes when approved by a majority of the authorized members (21 votes in the Senate, 41 in the Assembly) and is sent to the other House. If a final vote is not taken, the bill may be considered at another time or may be returned to a committee by a vote of the House.

9. Second House
The bill is delivered to the second House where it goes through the same process. If the second House amends the bill, it is returned to the first House for a vote on the changes. A bill receives final legislative approval when it passes both Houses in identical form.

10. Governor's Action
After final passage, the bill is sent to the Governor. The Governor may sign it, conditionally veto it (returning it for changes) or veto it absolutely. The Governor may veto single line items of appropriation bills. Bill passed in the last 10 days of a 2-year session may be "pocket vetoed."
11. Law
A bill becomes law upon the Governor's signature or after 45 days if no action is taken. If the House of origin is in recess on the 45th day, the time is extended until it reconvenes. (Different rules apply to bills passed during the last 45 days of a two-year session.) If vetoed, a bill may become law if the Legislature overrides the veto by a 2/3 vote. A law takes effect on the day specified in its text or, if unspecified, the next July 4th.

Committees Important to Optometry

Senate Committees
1. Senate Budget and Appropriations
2. Senate Health, Human Services and Senior Citizens
3. Senate Law and Public Safety
4. Senate Education

Assembly Committees
1. Assembly Budget
2. Assembly Consumer Affairs
3. Assembly Financial Institutions and Insurance
4. Assembly Health & Senior Services
5. Assembly Appropriations
6. Assembly Law and Public Safety
7. Assembly Regulated Professions
8. Assembly Education
9. Assembly Human Services
Appendix A
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Effective for the November 8, 2011 Election
2012 Legislative Districts
(Resdistricting based on 2010 U.S. Census)

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BARNEGAT TWP 09
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BELLEVILLE 29
BELLMAR 05
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BLOOMFIELD 28
BLOOMINGDALE 39
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BOGOTA 37
BOONTON TOWN 25
BOONTON TWP 25
BORDENTOWN CITY 07
BORDENTOWN TWP 07
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BRADLEY BEACH 30
BRANCHBURG 16
BRANCHVILLE 24
BRICK 10
BRIDGETON 03
BRIDGEWATER 23
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BROOKLAWN 05
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BUENA VISTA 02
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CLAYTON 03
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CLINTON TWP 23
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CORBIN CITY 01
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DELAWARE 16
DELANO 07
DELAN 39
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EAST ORANGE 34
EAST RUTHERFORD 36
EAST WINDSOR 14
EASTAMPTON 08
EATONTOWN 11
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EDISON 18
EGG HARBOR CITY 02
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ELK 03
ELMER 03
ELMWOOD PARK 35
ELSINBORO 03
EMERSON 39
ENGLEWOOD CITY 37
ENGLEWOOD CLIFFS 37
ENGLISH TOWN 12
ESSEX FELLS 27
ESTELL MANOR 01
EVESHAM 08
EWING 15
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FAIR LAWN 38
FAIRFIELD TWP
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FAIRFIELD TWP *ESSEX
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FAIRVIEW 32
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FAR HILLS 21
FARMINGDALE 30
FIELDSBORO 07
FLEMINGTON 16
FLORENCE 07
FLORHAM PARK 27
FOLSOM 02
FORT LEE 37
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Appendix A
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Effective for the November 8, 2011 Election
2012 Legislative Districts
(Redistricting based on 2010 U.S. Census)

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MIDDLETOWN 13
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NEPTUNE TWP 11
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PEMBERTON TWP 08
PENNINGTON 15
PENNIS GROVE 03
PENNSAUKEN 06
PENNSVILLE 03
PEQUANNOCK 40
PERTH AMBOY 19
PHILLIPSBURG 23
PILSEN GROVE 03
PINE BEACH 09
PINE HILL 08
PINE VALLEY 08
PISCATAWAY 17
PITT MAN 04
PITTS GROVE 03
PLAINFIELD 22
PLAINSBORO 14
PLEASANTVILLE 02
PLUMSTEAD 12
POHATCONG 23
POINT PLEASANT BORO 30
POINT PLEASANT BEACH 10
POMPTON LAKES 40
PORT REPUBLIC CITY 09
PRINCETON BORO 16
PRINCETON TWP 16
PROSPECT PARK 35
QUINTON 03
RAHWAY 22
RAMSEY 39
RANDOLPH TOWNSHIP 25
RARIAN BOROUGH
*MORSEME COUNTY 16
RARIAN TWP
*HUNTERDON COUNTY 23
READINGTON 16
RED BANK 11
RIDGEFIELD BORO 36
RIDGEFIELD PARK 36
RIDGEWOOD 40
RINGWOOD 39
RIVER EDGE 38
RIVER VILE 39
RIVERSIDE 40
RIVERTON 07
ROBBINSVILLE 14
ROCHELLE PARK 38
ROCKAWAY BORO 25
ROCKAWAY TWP 26
ROCKLEIGH 37
ROCKY HILL 16
ROOSEVELT 12
Report Prepared by:

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2016 – 2019

Strategic Plan

March 2016
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Introduction

The New Jersey Society of Optometric Physicians (NJSOP) held a full day strategic planning session in Princeton, NJ on March 5, 2016.

Board members, several past presidents, three young OD members and staff participated in the session. Participating were:

Dr. George Veliky          Dr. Tamara Petroysan
Dr. William Ference        Dr. Trinae Rosato
Dr. Kenneth Daniels        Dr. Michael Veliky
Dr. Susan D’Emic           Dr. Rodolfo Rodriguez
Dr. Edward Harmer          Dr. Danielle Gaeta
Dr. Dawn Arnold            Dr. Mandy Miskewicz
Dr. Maria Cardona          Ms. Erlinda Rodriguez
Dr. Ray Corbin-Simon       Ms. Sharon Kais
Dr. Jonathan Fishbein      Mr. Howard Cooper
Dr. Todd Gershenow

The resulting strategic plan will guide the organization through April 2019. The five strategic goals are:

1. Advocacy
2. Branding and Awareness
3. Membership Growth
4. Education
5. Career Planning & Solutions

The board will keep the plan top of mind, advancing the initiatives and measuring performance at each board meeting.
Board members were sent several book summaries of recent association management literature in advance of the strategy session. Each contained research and findings relevant to NJSOP's current landscape. Below are a few of the points that were considered throughout the day's session.

The End of Membership as We Know It: Building the Fortune-Flipping, Must Have Association of the Next Century

*By Sarah Sladek*

- The younger generations demand an ROI unlike any generation before them: tangible benefits, accountability, career advantages, professional community and opportunities to serve
- It's not a one-size-fits-all world anymore – seek to be meaningful to someone, not everyone, and the rest will follow
- Members are looking for benefits that add value, not just a basket of products and services
- The under 45 crowd could care less about your history, insurance discounts and annual conference
  - They have three primary objectives – the opportunity to lead, learn and make a difference
- Boomers have been, and in most cases still are, associations' target market. But if you want to grow and sustain growth, your target market needs to shift to Gen X and Y

The Art of Membership: How to Attract, Retain and Cement Member Loyalty

*By Sheri Jacobs*

- What is so unique or valuable that members will pay for membership out of pocket?
- Strive for 3-4 benefits that are high drivers of membership
  - You don’t need to offer a lot of benefits, just meaningful benefits that they can’t obtain elsewhere
  - It’s okay to have just a few core strengths; it is actually an advantage
  - Offerings that don’t provide real & unique value can damage your brand and dilute the perception that membership is essential
- More important than level of engagement is the combination of cost, value and satisfaction
- Focus on audience segments rather than promoting offerings
  - Approach membership categories based on interest/need/motivation/personal preferences
- You need to be open to changing things that may have been around forever
Knowing Y: Engage the Next Generation Now
By Sarah Sladek

- Generation Y (those born between 1982 and 1995) values access more than ownership, are loyal to people not organizations, want more short term opportunities and customization, personalization and innovation

- A successful association will realize the need to put relationships first, not revenue.

- Gen Y could care less about quantity; they look for quality and ROI

- The key to improving recruiting and retention is to improve the membership experience because culture makes a significant difference

- Associations rooted in the past are going to struggle to engage Gen Y. They are technologically savvy and if an association isn’t using technology in every aspect it is alienating this generation.

- Goods and services are no longer enough to differentiate and compete; Gen Y looks for experiences.

- Get Gen Y engaged in advocacy by helping them understand why the efforts are needed and exactly how they can play an important part

Road to Relevance: 5 Strategies for Competitive Associations
By Harrison Coerver and Mary Byers

- Sticking to strengths requires discipline but it’s more important than ever - to compete, to add member value and to respond to the “do more with less” challenge

- To perform in today’s competitive environment, associations must purposefully concentrate resources on key result areas

- Break the long-standing habit of saying yes to virtually everything

- Have a process in place for deliberate and intentional consideration of new products and services

- Strategic fit among many activities is fundamental not only to competitive advantage but also to the sustainability of that advantage
  - Consequences of a product line that lacks fit – competitive exposure, communication challenges, organizational complexity, human capital consequences
  - Associations can move towards strategic fit and capitalize on benefits by offering services suites
Voice of the Customer Results

The following voice of the customer results were gathered:

- Membership Survey (78 responses)
- Vendor Survey (7 responses)
- Board Survey (14 responses)

Membership Survey Findings

Demographic Information

78 individuals responded to the Strategic Planning survey. There are responses across all member types:

<table>
<thead>
<tr>
<th>Private</th>
<th>Group Practice</th>
<th>Solo Practice</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>75.00%</td>
<td>25.00%</td>
<td>4</td>
</tr>
<tr>
<td>Both Settings</td>
<td>100.00%</td>
<td>0.00%</td>
<td>4</td>
</tr>
<tr>
<td>Work Part Time</td>
<td>66.67%</td>
<td>33.33%</td>
<td>3</td>
</tr>
<tr>
<td>Retired</td>
<td>0.00%</td>
<td>100.00%</td>
<td>2</td>
</tr>
</tbody>
</table>

The majority of respondents were male - 54 respondents (69.23%); 64 (83.11%) were in the 31 – 70 age range and all but 7 (10.67%) self-identify as white.

The responses in regards to practice setting were:

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent private practice</td>
<td>76.00% (57)</td>
</tr>
<tr>
<td>OD/MD practice</td>
<td>14.67% (11)</td>
</tr>
<tr>
<td>Retail affiliate practice</td>
<td>5.33% (4)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4.00% (3)</td>
</tr>
<tr>
<td>Yet to be licensed franchisee, 2 locations, 3 associates</td>
<td></td>
</tr>
</tbody>
</table>

Total: 75
Respondents have a long history with the organization:

SWOT Analysis

Respondents rated how effective they feel the Society is in helping them with issues that affect their ability to practice optometry?

Respondents were asked to rate the importance they placed on aspects of the organization’s mission.

The mission statement is the foundation of the organization’s existence and operations. The following objectives made up NJSOP’s most recent strategic plan. Please rate each objective based on the importance (time and resource allocation) you feel it should be given.

<table>
<thead>
<tr>
<th>Answer Options (1 being most important)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Rating Average</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise public awareness about the profession and the scope of services it provides by developing and implementing regular, targeted, systematic communications.</td>
<td>31</td>
<td>14</td>
<td>23</td>
<td>1.88</td>
<td>68</td>
</tr>
<tr>
<td>Find effective ways to energize our membership so that we will measurably increase both current member volunteer engagement in the Society’s activities and continue to expand our overall membership numbers.</td>
<td>17</td>
<td>31</td>
<td>22</td>
<td>2.07</td>
<td>70</td>
</tr>
<tr>
<td>Amplify the Society’s political engagement and PAC influence to better ensure an expanded scope of services and improved regulatory environment.</td>
<td>25</td>
<td>27</td>
<td>23</td>
<td>1.97</td>
<td>75</td>
</tr>
</tbody>
</table>
Respondents were asked to help identify NJSOP’s strengths, weaknesses, opportunities and threats.

**NJSOP invests in multiple communication approaches in order to reach our membership. How satisfied are you with the way NJSOP communicates with you?**

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Extremely Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Unsatisfied</th>
<th>Extremely Unsatisfied</th>
<th>Do Not Use</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listserv</td>
<td>40</td>
<td>32</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>78</td>
</tr>
<tr>
<td>Eye on NJ Magazine</td>
<td>12</td>
<td>43</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>77</td>
</tr>
<tr>
<td>E-newsletter</td>
<td>10</td>
<td>30</td>
<td>24</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>76</td>
</tr>
<tr>
<td>Facebook (social media)</td>
<td>0</td>
<td>13</td>
<td>25</td>
<td>5</td>
<td>0</td>
<td>34</td>
<td>77</td>
</tr>
<tr>
<td>Direct mail</td>
<td>9</td>
<td>36</td>
<td>26</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>77</td>
</tr>
<tr>
<td>Fax</td>
<td>4</td>
<td>11</td>
<td>32</td>
<td>2</td>
<td>0</td>
<td>27</td>
<td>76</td>
</tr>
<tr>
<td>Dues stuffer (mailings)</td>
<td>4</td>
<td>36</td>
<td>26</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td>NJSOP website</td>
<td>13</td>
<td>36</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>76</td>
</tr>
</tbody>
</table>

Members are most satisfied with:
- Listserv (343)
- Direct Mail (269)
- Eye on NJ Magazine (268)
- Website (260)

They are least satisfied with:
- Dues stuffers (254)
- E-newsletter (250)
- Fax (164)
- Facebook (Social Media) (137)
# How well is NJSOP doing? (1 lowest, 5 highest)

<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>3</td>
<td>5</td>
<td>25</td>
<td>27</td>
<td>18</td>
<td>78</td>
</tr>
<tr>
<td>CE Programs</td>
<td>3</td>
<td>3</td>
<td>13</td>
<td>21</td>
<td>38</td>
<td>78</td>
</tr>
<tr>
<td>Newsletter (Eye on New Jersey)</td>
<td>7</td>
<td>2</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td>78</td>
</tr>
<tr>
<td>E-Newsletter</td>
<td>9</td>
<td>9</td>
<td>31</td>
<td>14</td>
<td>15</td>
<td>78</td>
</tr>
<tr>
<td>Listserv</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td>21</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Group buying and Dues Abatement Programs</td>
<td>8</td>
<td>11</td>
<td>28</td>
<td>21</td>
<td>10</td>
<td>78</td>
</tr>
<tr>
<td>Group Insurance Products and Malpractice</td>
<td>4</td>
<td>5</td>
<td>19</td>
<td>29</td>
<td>21</td>
<td>78</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>6</td>
<td>7</td>
<td>17</td>
<td>20</td>
<td>28</td>
<td>78</td>
</tr>
<tr>
<td>Classified Advertising</td>
<td>9</td>
<td>5</td>
<td>24</td>
<td>21</td>
<td>19</td>
<td>78</td>
</tr>
<tr>
<td>Third Party Center</td>
<td>11</td>
<td>5</td>
<td>20</td>
<td>15</td>
<td>27</td>
<td>78</td>
</tr>
<tr>
<td>Mentor Program</td>
<td>15</td>
<td>14</td>
<td>35</td>
<td>10</td>
<td>4</td>
<td>78</td>
</tr>
<tr>
<td>Member Directory</td>
<td>15</td>
<td>6</td>
<td>30</td>
<td>13</td>
<td>14</td>
<td>78</td>
</tr>
<tr>
<td>Member Only Programs</td>
<td>11</td>
<td>6</td>
<td>30</td>
<td>17</td>
<td>14</td>
<td>78</td>
</tr>
</tbody>
</table>

# Valuable member benefit (1 lowest, 5 highest)

<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>4</td>
<td>11</td>
<td>17</td>
<td>18</td>
<td>28</td>
<td>78</td>
</tr>
<tr>
<td>CE Programs</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>18</td>
<td>50</td>
<td>78</td>
</tr>
<tr>
<td>Newsletter (Eye on New Jersey)</td>
<td>8</td>
<td>8</td>
<td>27</td>
<td>23</td>
<td>12</td>
<td>78</td>
</tr>
<tr>
<td>E-Newsletter</td>
<td>9</td>
<td>9</td>
<td>30</td>
<td>18</td>
<td>12</td>
<td>78</td>
</tr>
<tr>
<td>Listserv</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>24</td>
<td>42</td>
<td>78</td>
</tr>
<tr>
<td>Group buying and Dues Abatement Programs</td>
<td>9</td>
<td>6</td>
<td>33</td>
<td>17</td>
<td>13</td>
<td>78</td>
</tr>
<tr>
<td>Group Insurance Products and Malpractice</td>
<td>4</td>
<td>5</td>
<td>14</td>
<td>26</td>
<td>29</td>
<td>78</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>7</td>
<td>5</td>
<td>16</td>
<td>19</td>
<td>31</td>
<td>78</td>
</tr>
<tr>
<td>Classified Advertising</td>
<td>10</td>
<td>8</td>
<td>16</td>
<td>23</td>
<td>21</td>
<td>78</td>
</tr>
<tr>
<td>Third Party Center</td>
<td>11</td>
<td>7</td>
<td>17</td>
<td>14</td>
<td>29</td>
<td>78</td>
</tr>
<tr>
<td>Mentor Program</td>
<td>15</td>
<td>11</td>
<td>32</td>
<td>11</td>
<td>9</td>
<td>78</td>
</tr>
<tr>
<td>Member Directory</td>
<td>12</td>
<td>9</td>
<td>26</td>
<td>18</td>
<td>13</td>
<td>78</td>
</tr>
<tr>
<td>Member Only Programs</td>
<td>11</td>
<td>7</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>78</td>
</tr>
</tbody>
</table>
Members were asked which of NJSOP’s benefits that they utilize.

<table>
<thead>
<tr>
<th>Benefit that I utilize</th>
<th>Yes</th>
<th>No</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>58</td>
<td>20</td>
<td>78</td>
</tr>
<tr>
<td>CE Programs</td>
<td>71</td>
<td>7</td>
<td>78</td>
</tr>
<tr>
<td>Newsletter (Eye on New Jersey)</td>
<td>63</td>
<td>15</td>
<td>78</td>
</tr>
<tr>
<td>E-Newsletter</td>
<td>42</td>
<td>36</td>
<td>78</td>
</tr>
<tr>
<td>Listserv</td>
<td>76</td>
<td>2</td>
<td>78</td>
</tr>
<tr>
<td>Group buying and Dues Abatement Programs</td>
<td>33</td>
<td>45</td>
<td>78</td>
</tr>
<tr>
<td>Group Insurance Products and Malpractice</td>
<td>57</td>
<td>21</td>
<td>78</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>34</td>
<td>44</td>
<td>78</td>
</tr>
<tr>
<td>Classified Advertising</td>
<td>35</td>
<td>43</td>
<td>78</td>
</tr>
<tr>
<td>Third Party Center</td>
<td>34</td>
<td>44</td>
<td>78</td>
</tr>
<tr>
<td>Mentor Program</td>
<td>10</td>
<td>68</td>
<td>78</td>
</tr>
<tr>
<td>Member Directory</td>
<td>33</td>
<td>45</td>
<td>78</td>
</tr>
<tr>
<td>Member Only Programs</td>
<td>47</td>
<td>31</td>
<td>78</td>
</tr>
</tbody>
</table>

Looking at benefits another way, here is a side-by-side comparison of the performance, value and use of each benefit offered by NJSOP. Best practice suggests that more resources should be invested in the areas that are performing well, valued and used and the benefits of low performance, value and use should either by revamped or suspended.

<table>
<thead>
<tr>
<th>Performance (from Highest to Lowest)</th>
<th>Value (from Highest to Lowest)</th>
<th>Use (from Highest to Lowest)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listserv</td>
<td>CE Programs</td>
<td>Listserv</td>
</tr>
<tr>
<td>CE Programs</td>
<td>Listserv</td>
<td>CE Programs</td>
</tr>
<tr>
<td>Group Insurance Products &amp; Malpractice</td>
<td>Group Insurance Products &amp; Malpractice</td>
<td>Newsletter (Eye on New Jersey)</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>Legal Services Plan</td>
<td>Website</td>
</tr>
<tr>
<td>Website</td>
<td>Website</td>
<td>Group Insurance Products &amp; Malpractice</td>
</tr>
<tr>
<td>Newsletter (Eye on New Jersey)</td>
<td>Third Party Center</td>
<td>Member Only Programs</td>
</tr>
<tr>
<td>Third Party Center</td>
<td>Classified Advertising</td>
<td>E-Newsletter</td>
</tr>
<tr>
<td>Classified Advertising</td>
<td>Member Only Programs</td>
<td>Classified Advertising</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-Newsletter</th>
<th>Newsletter (Eye on New Jersey)</th>
<th>Legal Services Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only Programs</td>
<td>Group buying &amp; Dues Abatement Programs</td>
<td>Third Party Center</td>
</tr>
<tr>
<td>Group buying &amp; Dues Abatement Progs</td>
<td>E-Newsletter</td>
<td>Group buying &amp; Dues Abatement Programs</td>
</tr>
<tr>
<td>Member Directory</td>
<td>Member Directory</td>
<td>Member Directory</td>
</tr>
<tr>
<td>Mentor Program</td>
<td>Mentor Program</td>
<td>Mentor Program</td>
</tr>
</tbody>
</table>
Respondents were asked how well they feel NJSOP is serving them and their profession.

### How well do you believe the Society proactively promotes and defends the profession of optometry in New Jersey?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Extremely Well</th>
<th>Very Well</th>
<th>Well</th>
<th>Poorly</th>
<th>Extremely Poorly</th>
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<tr>
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<td>43</td>
<td>29</td>
<td>5</td>
<td>1</td>
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</tbody>
</table>

### How effective do you feel the Society is in helping you with issues that affect your ability to practice optometry?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Extremely effective</th>
<th>Very effective</th>
<th>Somewhat effective</th>
<th>Ineffective</th>
<th>Extremely ineffective</th>
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<td>35</td>
<td>11</td>
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### Trends

When asked where attention needs to be paid, respondent's replied with:

**What business, consumer, and health care trends need we pay attention to in the coming years? (Please choose your top three trends).**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Certification for Optometry</td>
<td>6.4%</td>
<td>5</td>
</tr>
<tr>
<td>Insurance Reimbursement</td>
<td>80.8%</td>
<td>63</td>
</tr>
<tr>
<td>Insurance Restriction on Optometry</td>
<td>84.6%</td>
<td>66</td>
</tr>
<tr>
<td>Electronic Medical Records</td>
<td>6.4%</td>
<td>5</td>
</tr>
<tr>
<td>Education for consumers and health care professionals</td>
<td>51.3%</td>
<td>40</td>
</tr>
<tr>
<td>Encroachment from online vendors</td>
<td>59.0%</td>
<td>46</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. VCP control of the market
2. Educating members to be able to practice medical eye care
3. Encroachment from optical/insurance owned commercial practice
4. Protection and advancement of profession through legislation. Protect examination to include a refraction as a component of a face to face evaluation and management of a patient’s vision and ocular health.
5. State vs. National issues

Insurance related trends are the hottest topics for members.
Industry Partner Survey Findings

Demographics

How long have you been an industry partner of the NJSOP?

- Less than a year
- 1 - 2 years
- 2 - 5 years
- 5 - 10 years

What is your company size?

- Under 25 employees
- 25 - 99 employees
- 100 - 249 employees
- 249 - 500 employees

SWOT Analysis

Please state your level of agreement with the following statements.

- My partnership with NJSOP is an important component of my business growth strategy.
- The NJSOP effectively markets events and sponsorship information to its members.
- When sponsoring an event, NJSOP staff is attentive to my requests and concerns prior to the event.
- My company's partnership with NJSOP has real value and effectively aids in building my relationship within the field.
Board Survey Findings

SWOT Analysis

What does NJSOP do well?
• Advocacy (10)
• CE Events (6)
• Communication (3)
• Member Benefits (1)

What makes NJSOP unique compared to other organizations you belong to?
• Legislative persistence
• Inclusiveness of advocacy efforts (regardless of practice mode)
• The amount of benefits offered (need to be better promoted)
• Tangible relationship with members on a local level
• Resource for questions
• Local CE and events
• Diversity of membership and decision makers
• Visibility to members through various communication channels

What must we do to ensure success?
• Increase membership
• Increase member involvement and awareness
• Increase diversity of membership
• Deliver valuable, relevant benefits to members and prospects
• Recruit and engage younger members
• Increased marketing, PR and branding efforts
• Continue strong advocacy efforts
• Increase the relevancy of and grow the local societies

What should NJSOP do to improve?
• Increased marketing and promotion to students and younger members
• Increased internal and external marketing of benefits and efforts
• More effectively communicating our value proposition to members and non-members
• Building benefits and relationships with employed ODs
• Increased social media presence
• Increase political effectiveness

What should NJSOP do differently?
• More strongly promote active participation by a diversity of members
• More social media engagement
• Gather more member and non-member feedback to stay/become relevant
• Collaborate with neighboring states on coordinated efforts and to gain insights
• Appoint listserv moderators
• Simplify, automate and outsource functions not essential to the mission
• Be more proactive in outreach to primary insurance carriers
• Hold more regular meetings in order to advance pertinent issues
• Educate OD’s on how to connect with local legislators
• Market to non-member ODs
• Implement texting service to reach members on urgent matters
What is one thing we can do to make NJSOP membership more valuable to you?

- More group discounts
- More communication
- Engage and encourage more participation at the committee level to build a bench of future leaders
- Introductory events
- Restore dues abatement program for CL purchases with ABB
- Improve insurance reimbursements
- Conduct more “members only” workshops
- Build up the local societies for greater involvement/networking

What are our external threats?

- Online exams
- Online retailers
- Large optometric groups
- Insurance companies
- Consolidation within the healthcare industry
- Ophthalmology, opticians and physician assistants
- Lack of consumer responsibility
- Online CE opportunities
- Ourselves

What are our external opportunities?

- Scope of practice
- Coordination with other allied professions
- Collaboration with ophthalmology on issues
- Generating members
- Engaging younger generations
- Workforce shortages
- Aging population
- Public education
- Online and social media
- Support from “vendors”

What concerns do you have regarding NJSOP’s abilities to execute its strategic plan?

- Proper follow through and execution
- Time constraints
- Lack of human resources
- Communication to members, conveying urgency
- Board support
- Recruiting and retaining members
- Unified goals for all ODs
- Declining interest among younger generations
- Value proposition to corporate ODs
- Membership engagement
We looked at 11 organizations of similar mission or annual revenue to NJSOP, both in the state of New Jersey and elsewhere. Information was gathered on:

- Ohio Optometric Association
- Virginia Optometric Association
- Michigan Optometric Association
- Indiana Optometric Association
- Connecticut Association of Optometrists
- NJ Veterinary Medical Association
- NJ State Nurses Association
- NJ Podiatry Society
- NJ Association of Mental Health and Addiction Agencies
- NJ Primary Care Association
- NJ Association of Osteopathic Surgeons and Physicians

We looked at:

- Mission
- # of Members
- Dues
- Financial Information
- Key Product & Service Offerings
- Key Differentiators

The competitive analysis results can be found in the addendum.
Key Trends

“A clear understanding of the changing environment is imperative for association leaders to plan effectively and make the best possible strategic decisions.”

NJSOP volunteers were asked to indicate the impact 20+ key trends identified in American Society of Association Executive’s Designing Your Future: Key Trends, Challenges and Choices Facing Association and Nonprofit Leaders will have on NJSOP.

The Top 10 trends (in order of rating) are:

2. Widening generational gap: values, attitudes, behaviors, technoliteracy
3. Social media explosion creating new approaches for engagement, communication, publishing, and marketing
4. Rising life expectancy, aging global populations
5. Funding and chronic diseases shaping future healthcare challenges
6. Growing popularity of online education relative to that of classroom-based courses
7. Changing patterns of U.S. income, wealth, and savings
8. Pay-as-you-go and “freemium” services becoming more prevalent business models
9. Increasing political and economic impact of diversity—minorities one third of the U.S. population
10. Redefining work-life balance
The board spent a few hours brainstorming goals, strategies and priorities. The objective of the exercise is to arrive at 3-7 SMART (Specific, Measureable, Attainable, Relevant and Timely) goals and 3-8 supporting strategies per goal.

Initial Brainstorming
The following ideas were discussed:

* Indicates the initiatives that received significant “votes” when board was asked to prioritize.

Sustainability of the organization
- Membership growth*
  - Non-member survey to determine what would be of value and cause them to join
  - Campaign ideas
    - “I am NJSOP” campaign
    - “Membership in NJSOP is our profession’s insurance”
    - “NJSOP is for ODs like me”
  - Sponsored memberships (i.e. industry partner pays for new graduates membership)
  - New Graduate Summer Bootcamp
  - Member Get a Member Campaign
  - Specific member growth events held at the local societies
  - CE Incentive events (with networking break)
  - Grassroots “Boots on the Ground”
  - Resources and collateral material
- Strengthening local societies*
  - Networking vs. education
  - Volunteer driven
- Volunteer recruitment and development
  - Increase awareness of Committee Days
  - Ensure diversity of volunteers (demographics, practice settings, geography)
- New membership types/offerings*
  - Levels (e.g. gold, silver, bronze)
  - Focused on benefit (e.g. education, networking or discounts)
  - Career stage
    - New graduate
    - Year 1 – 6 Professionals
    - Tenured professionals
    - Approaching retirement/retired
  - Practice setting
- Increasing non-dues revenue
- New programs and services
  - Managed care consultant
  - Health benefits/options
  - Patient education materials/references
  - Marketing tools for all practice settings
  - Grants
  - Online education opportunities (free or low cost CEs)
  - Young Professional Network
  - Career Planning Services (all stages)*
    - Debt education/assistance
• Retirement strategy
• Young OD development
• Facilitating connections (selling practice, finding a partner)
• Resume building opportunities (mentorships, workshops)

Advocacy and Awareness
• Continue involvement in “Your Eyes Campaign”
• Non-member outreach
  o Success/messaging
  o Legislative issues
• Leveraging local societies to promote advocacy efforts
• Message – Repeat (must deliver the same message multiple times, in multiple formats)
  o Text blasts
  o Email blasts
  o Voicemail blasts (Ringclear)
• Academic/Schools
  o NJSOP Student Associations at New England, SUNY and PCO
  o Educate on membership during exit process
  o Assist with program development/materials
  o Mentor opportunities
  o Shadow program
  o Career planning
  o New Graduate Sub Committee
  o Focus on NJSOP social responsibility initiatives
• Improve NJSOP’s online presence and brand*
  o Website
  o Social media
  o Online community (beyond the listserv)
• Marketing and branding tools for the members (elevator speech)
• Communication on state and national advocacy efforts (legislative)*
• Member testimonials regarding their career path (NJSOP is for ODs like me)
• Collaborations with related organizations
• Insurance and industry issue communication

Education
• Ensure varying formats are offered*
  o Workshops
  o Online
  o Local
  o In-Person
  o Sponsored sessions
  o Discussion groups/topics
  o Networking activities
  o Cutting edge topics
  o Demographic focused education (age, gender, practice setting, speciality)
  o Career transitions

Community
• ROI regardless of practice setting – deliver targeted benefits
• Career planning/transitions*
  o “Customize your career through NJSOP”
“Practice the way you want to”

• Young Professional Collaboration Platform
  • Case studies
  • Career planning
  • Listserv functionality
  • Publishing opportunities
  • Non-traditional/group mentoring
  • ODY Forum (e.g. Google hangout)
  • Promote and build engagement in social responsibility initiatives

Strategic Priorities
The following strategic priorities emerged after the board “voted” at the conclusion of the idea brainstorming.

1. Advocacy
   a. Communicating efforts to non-members
   b. Continue legislative advocacy efforts
   c. Advocate on members’ behalf on insurance and industry issues
   d. Leverage local societies
   e. Communicate importance of scope of practice efforts

2. Branding and Awareness
   a. Online and social media presence
   b. Communicating benefits vs. offerings
   c. Communicating value to ALL ODs regardless of demographics (NJSOP is for all ODs)

3. Membership Growth
   a. Strengthen local societies
   b. Expand membership offerings (membership types)
   c. Developing new member benefits by career phase
   d. Leverage relationships with local schools
   e. Sustained non-member outreach efforts

4. Education
   a. Offering various education formats
   b. Education should appeal to all demographics (i.e. career phase, practice setting)
   c. Offer segmented opportunities

5. Career Planning and Solutions
   a. Benefits & services to target stages of career transition
   b. Business skill development
   c. Programs and services (e.g. debt education)
   d. New Graduate Ambassadors & Training Programs
NJSOP Strategy on a Page

Vision: NJSOP will be the best and most trusted resource in eye care and will be recognized by legislators, health care policy makers, the profession and the public as the sole advocate for all NJ optometric physicians.

Mission: Foster a community that advocates for the profession and serves member optometric physicians throughout all phases of their career in providing excellent eye care to the public.

Advocacy
- Communicating Efforts to members & non-members
- Legislative influence
- Insurance & industry issue efforts
- Leveraging local societies
- Communicate importance of scope of practice efforts

Branding & Awareness
- Online and Social Media Presence
- Communicating benefits vs. offerings
- Communicating value to ALL ODs regardless of demographics

Membership Growth
- Delivering value to drive growth
- Strengthening local societies
- Developing new member benefits by career phase
- Leverage relationships with local schools
- Sustain non-member outreach efforts

Education
- Offering various formats
- Education focused on demographic needs
- Segmented opportunities

Career Planning & Solutions
- Services to target stages of career transitions
- Business skill development
- Programs & services
- New Graduate Ambassadors & Training Programs
Current Mission and Vision

Mission: To advocate for the profession and serve NJ optometric physicians in meeting the eye care needs of the public.

Vision: NJSOP will be the best and most trusted resource in eye care and will be recognized by legislators, health care policy makers, the profession and the public as the sole advocate for all NJ optometric physicians.

What the Mission and Vision Should Convey

Vision
What future do we want to create?

- Provides a picture of the future you want to seek
- Communicates organizational intent/strategic direction
- A shared vision is a vision that many people are truly committed to, because it reflects their own personal vision
- Should be inspirational and easy to remember

Mission
The mission statement should answer these essential questions:

- Why does NJSOP need to exist?
- What do we strive to accomplish?
- What means will we utilize to accomplish our aims?
- What values and benefits sustain our efforts?
- For whose benefit does the organization exist?
- To what end are we working?

Proposed Revisions to the Mission
The board proposed a revised mission statement, which needs to be affirmed by the board at its next meeting (decision need on optional wording in parenthesis).

(Foster/Promote/Sustain) a community that advocates for the profession and serves member optometric physicians (in/throughout) all phases of their career in (serving the eye care needs of/providing excellent eye care to) the public.
Implementing the Plan

What are our Measures of Success?
As the action plan develops, the board needs to set metrics to measure success. Be careful not to set too many metrics - measure only what is necessary and important to determine the success of the plan.

Suggested metrics include:
- Membership Growth Numbers, by demographic
- Advocacy “wins” per year
- Website analytics
- Social media engagement
- Financial growth
- Education offering participation
- Member satisfaction

What Resources do we have available to execute the plan?
- Issue call for volunteers with Strategic Plan communication
- 9 local YP reps & others (1-6 year members)
- Industry partner will support Bootcamp
- New and seasoned ODs to participate in bootcamp (task force)
- Membership Committee
  - Identify career phases
  - Benefits by career phase
  - Non-member survey
  - Recommendations for other committee on new programs and services
- Legislative Committee
- Technology – staff or consultant
- Marketing plan – staff or consultant
- Collaboration – Board and Executive Director

The Traction Method
*Traction – Get a Grip on Your Business by Gino Wickman*

What is your 3-Year Picture?
With life and business moving as fast as it does in the 21st century, there is little value in detailed strategic planning beyond a three-year window. This step greatly improves the one-year planning process. With the three-year picture clearly in mind, you can more easily determine what you have to do in the next 12 months to stay on track.

What is your 1-Year Plan?
Bring your long-range vision down to the ground and making it real. That means deciding on what must get done this year. Remember, less is more. Most companies make the mistake of trying to accomplish too many objectives per year. The EOS approach is going to force you to focus on a few goals rather than too many. By doing that, you will actually accomplish more. That is the power of focus.

What are your Quarterly Rocks?
Once your one-year plan is clear, you need to narrow your vision all the way down to what really matters: the next 90 days. You should determine what the most important priorities are in the coming quarter. Those priorities are called Rocks. Quarterly Rocks create a 90-Day World for your organization, a powerful concept that enables you to gain tremendous traction. How do they work? Every 90 days your leadership team comes together to establish its priorities.
for the next 90 days based on your one-year plan. You discuss and ultimately conclude what has to be executed in the next quarter to put you on track for the one year plan, which in turn puts you on track for the three-year picture, and so on.

NJSOP’s 3 Year Picture (Future Date: April 2019)
What Does it Look Like?

• Advocacy
  o We’ve expanded the scope of practice
  o We are hosting a Day on the Hill in Trenton
  o Vision insurance is universal
  o We’ve addressed online competition (it is impacting patient safety)

• Branding and Awareness - We are fully leveraging technology (web, social media, tools)

• Membership Growth
  o Every new graduate joins NJSOP, no exceptions
  o NJSOP has a lower average age of members
  o We have a vibrant and active Young OD network
  o We’ve increased the number of dues paying members by 20% (currently 560 dues paying members; 20% would be 112 new members over the next 3 years)
    • 10% growth of currently licensed ODs
    • 10% of newly licensed ODs
  o We offer tiered membership offerings - Pick your benefits, Group rate
  o We have more robust local societies
  o We have strong relationships with the 3 area schools

• Education - We are providing education for all career levels

• Career Planning and Solutions
  o Members have clarity on all of the career options available to them
  o There is an optometric service group available

NJSOP’s One Year Plan (Future Date: April 2017)
What are our Goals for the Year?

• Advocacy
  o Message advocacy efforts to non-members
  o Build collaborations

• Branding and Awareness
  o Conduct a Website Redesign Needs Assessment (here is a great document from the Association Forum of Chicagoland that may be helpful).
  o Develop an internal and external marketing plan/branding campaign

• Membership
  o New Graduate Ambassadors & Training
    • Regional meet ups
    • Boots on the Ground
    • Local Societies
    • Sub-Committee/Task Force
Benefits by Career phase
  - Provide materials for local societies
  - Conduct a non-member survey
  - Promote social responsibility initiatives to appeal to Young ODs

NJSOP’s 90 Day Rocks (Future Date: July 1, 2016)
What are our most important priorities in the next 90 days?

The board needs to set the 90 Day Rocks at its March 23rd board meeting.

Suggestions are:

- Communicate strategic plan to interested stakeholders and issue call for volunteers
- Form New Graduate Ambassador Task Force
- Develop and distribute non-member survey (ask no more than 10 questions to gather feedback on what they would value)
- Research membership type options/determine budgetary impact
- Identify external resources for website needs assessment and marketing plan development, prepare RFPs
### Action Plan & Dashboard

<table>
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<th>Priority</th>
<th>Objectives</th>
<th>90 Day Rocks</th>
<th>Activities Completed</th>
<th>KPIs</th>
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<td>Continue and strengthen NJSOP’s legislative efforts</td>
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<td>Leverage local societies to communicate initiatives</td>
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<td></td>
<td>Communicate importance of scope of practice efforts</td>
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<td><strong>Branding &amp; Awareness</strong></td>
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<td>Expand membership offerings (membership types)</td>
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<td>Develop new member benefits by career phase</td>
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<td>Implement sustained non-member outreach efforts</td>
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<td>Offer segmented opportunities</td>
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<td>Offer benefits and services to target stages of career transition</td>
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<td>Business skill development offerings</td>
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<td>New programs and services (e.g. debt education)</td>
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<td></td>
<td>New Graduate Ambassador &amp; Training Program</td>
<td>Form New Graduate Ambassador Task Force</td>
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<td>New Grad Task Force</td>
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Incorporating the Plan into Day-to-Day Governance

There are several things NJSOP can do to ensure that the plan remains a living, breathing document.

First, board meetings should be structured in such a way that the plan always remains top of mind. Here is an example of a strategic agenda.

- The strategy on a page and action plan should be included in every board packet
- Give considerable thought to what strategic issues are placed on the agenda. It is important that the issues are truly big issues with strategic implications.
- Strategic issues should be the first items on the agenda. The objective of this change is to engage the board in strategic dialogue right away and minimize the time the board spends talking about the past.
- Strategic agendas often contain "reflection" items — agenda items that are intentionally used to carve out time for dialogue. The board agrees up front, before the dialogue begins, that no decisions are going to be made. The sole purpose of the strategic reflection items is to have a dialogue on the issues.
- Operational status reports should be handled via a consent agenda to allow significant time for strategic issues.
- Consider assigning a strategic plan “owner”, who will ensure it remains an organization-wide focus.

This article on Becoming a More Strategic Board may be helpful.

Second, tie your strategic plan to your budget by creating a strategic budget. Without appropriate resources dedicated to the prioritized goals and objectives of the plan, it will be difficult, if not impossible, to advance the plan. Commit targeted resources to the agreed upon prioritized goals and objectives of the strategic plan. Conversely, make reductions in areas that are not in your strategic plan. This will move resources to programs and services that the board has identified as priorities and reduce resources for items that are not identified as priorities.

Finally, committee activities should also tie to the strategic plan. Here is an example of a committee metric report, which can tie the tactical work of the committees to the strategic plan.

Communicating to Stakeholders

The following individuals should be informed about the strategic plan. The level, depth and frequency of communication varies by stakeholder.

- Committee volunteers
- Local societies
- Members
- IRC – Vendors
- Non-members
- Schools
- Future members (students)
- Other organizations – partners
- Legislators
- Public awareness
Addendum

Member Survey Open Ended Responses

Respondents were asked if they have any suggestions for making these services more valuable to your practice.

1. Maybe open list serve for a limited time like a 3 month trial to non member OD's to see the benefits of our online discussions may help show how valuable being a member is.
2. Please help me with my families health insurance
3. Not applicable as I am not in practice anymore
4. the group insurance rates are much higher than competitors for same product. I switched a few years ago and saved thousands. Should shop them more frequently to save members money.
5. Think we need to focus at increasing member benefits that would help employed and corporate ods
6. Board certification was a waste that alienated me and I imagine others. Also, it seems the same twenty docs are on the list serv. Some of them talk in a way that’s alienating. "If you don’t contribute to PAC, ..."
7. Many programs are limited due to the low level of member engagement despite a strong leadership group.
8. Limit the amount of reply-all emails sent on the listserv without substance. Highlight one different service each month in an email newsletter to remind us it is available.
9. I would like to see lower premiums on the Insurance products.
10. not really but I would like to see a more effective mentor program
11. none
12. None.
13. Focus on State vs. National issues
14. 1. Member only programs can be expanded to "life" issues not only eyecare. 2) Third Party and Leg Update (where - when appropriate) on actions via email blasts so that members know what our actions are. 3) Advertise all members services on a more regular basis via email and facebook
15. More work on increasing insurance reimbursement would be great.
16. No
17. I find the website hard to navigate sometimes. Often takes a while to find what I’m looking for. Just took me quite a while just to find the list of membership benefits
18. No

Respondents were asked if there are other programs or services you would like to see us offer in the future?

19. more members only and make the cost to nonmembers MORE
20. Better health insurance for us sole proprietorships
21. Collaborate with AOA’s consumer awareness program. We had Seymour Clearly, then it was changed. Any marketing kid can tell you consistent message is investment worthy.
22. Suggest when we have a new member set 1 on 1 meeting at ce or have dr go to new member- review benefits, groups how to become active in njso.p. Then see interest in mentor? Leadership private practice, by etc
23. your surveys should not make it mandatory to answer questions like rating a service that I’m unfamiliar with :)
24. Dues/Fees are a little high by year 3.. maybe a longer graduated scale would attract more member. also have more doctors listings for coverage/fillin days on your classified page (maybe as a free member benefit) so that new grads can use this page as a way to network and eventually use NJSOP as a resource that they will contribute to .
25. Need to run more incentive programs to increase membership and boost PAC contributions
26. electronic CE
27. There will be some big challenges to Optometry in the future. Maybe a committee on protecting Optometry’s interests from online glasses, contacts, eye examinations etc
28. If The njso.p leadership was interested in what the rank and file believes they would not have voted for BC since the membership was strongly against
29. no
30. Consider lowering CE costs to NJSOP members so that ALL NJ ODs would join NJSOP because the CE would be such a cost effective great deal.
31. Business development resources
32. Practice Management
33. Financial Counseling member only 2) New OD - Mentor on Practice Development and Options (Members only seminar) 3) Increase Specialty Member only programs 4) Cooperative Advertising and Seminars with other professions - Dental - Chrio - Pod... 5) Involve Non Members in limited communications on activities of NJSOP email blasts
34. Health insurance if allowed
35. more CE programs in northern nj would be great.
36. Online CE courses
37. No
38. No
## Competitive Analysis Details

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<tr>
<th>Org</th>
<th>Mission</th>
<th># of Mbrs</th>
<th>Dues</th>
<th>Financial Info</th>
<th>Key Product &amp; Service Offerings</th>
<th>Key Differentiators</th>
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</table>
| New Jersey Society of Optometric Physicians | To advocate for the profession and serve NJ optometric physicians in meeting the eye care needs of the public. | 667       | NJSOP: 1st: $106.20, 2nd: $159.30, 3rd: $265.50, 4th: $531.00, 5th: $796.50, 6th: $1062.00 | $1.26M Dues - $848K (67%) | Listserv  
At the State level monitors the activities of policymakers who have the ability to impact our practices, patients and profession. Inc. Medicaid  
The latest information impacting the profession with a subscription to Perspectives, the OOA’s quarterly publication  
OA website  
OA blog  
Legislative and Third Party updates  
Assistance on third-party payer issues  
Guidance on legal and regulatory compliance  
Discounts on the purchasing of supplies and materials, debt collection services, workers compensation premiums and credit card services  
Discounted rates on insurance products, including health and professional liability coverage  
High quality continuing education opportunities at the premier eye conference in the Midwest, the annual EastWest Eye Conference  
Continuing education opportunities at the local level at Zone meetings  
Ohio Optometric Foundation  
Ohio Optometric Political Action Committee (OOPAC) | Listserv  
CE programs  
Eye on New Jersey |
| Ohio Optometric Association | To promote high quality optometric care for the residents of Ohio, preserve and advance the profession of optometry, serve as an advocate for patients and members, and serve as the principal resource for public health information regarding the eyes and vision. | 1,000     | AOA: $898  
OOA: $720  
2016 Gov't Affairs Assmt: $240 | $1.85M Gov't contrib - $372K (20%)  
CE programs - $761K (41%)  
Dues - $591K (32%)  
Fees & Other - $126K (6%) | At the State level monitors the activities of policymakers who have the ability to impact our practices, patients and profession. Inc. Medicaid  
The latest information impacting the profession with a subscription to Perspectives, the OOA’s quarterly publication  
OA website  
OA blog  
Legislative and Third Party updates  
Assistance on third-party payer issues  
Guidance on legal and regulatory compliance  
Discounts on the purchasing of supplies and materials, debt collection services, workers compensation premiums and credit card services  
Discounted rates on insurance products, including health and professional liability coverage  
High quality continuing education opportunities at the premier eye conference in the Midwest, the annual EastWest Eye Conference  
Continuing education opportunities at the local level at Zone meetings  
Ohio Optometric Foundation  
Ohio Optometric Political Action Committee (OOPAC) | EastWest Eye Conference  
Foundation  
OOPAC |
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<tr>
<th>Organization</th>
<th>Mission Statement</th>
<th># of Members</th>
<th>Dues</th>
<th>Financial Info</th>
<th>Key Product &amp; Service Offerings</th>
<th>Key Differentiators</th>
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<tr>
<td><strong>Michigan Optometric Association</strong></td>
<td><strong>Mission</strong>&lt;br&gt;Statement: To advance and support optometry in serving Michigan's eye care needs.&lt;br&gt;<strong>Vision</strong>&lt;br&gt;Statement: The recognized authority for vision and primary eye care in Michigan.&lt;br&gt;<strong>Tagline:</strong> Benefiting optometrists and their patients for more than a century.</td>
<td>1,300</td>
<td>MOA&lt;br&gt;1st: $80.00 2nd: $160.00 3rd: $400.00 4th: $600.00 Full: $800.00</td>
<td>Revenue: $883K&lt;br&gt;Dues: $455K&lt;br&gt;Program: $374K&lt;br&gt;Pubs: $6K</td>
<td>Receive the official publication, <em>The Michigan Optometrist</em> Magazine.&lt;br&gt;Exclusive MOA member benefits with <em>Think About Your Eyes, AOA MORE</em> and AXA retirement planning services.&lt;br&gt;Keep up-to-date with Email alerts including the <em>LookAround newsletter, legislative updates, event registration alerts and MORE!</em>&lt;br&gt;Access to exclusive member content on the <a href="http://www.themoa.org">www.themoa.org</a>&lt;br&gt;Access to the <em>MOA Membership Guide</em> which contains the Michigan Rules of Optometry and contact information for all MOA members.&lt;br&gt;Build relationships with state legislators through MOAPAC.&lt;br&gt;Become a part of <em>Grassroots Optometry (GO!)</em> which organizes local political involvement for optometrists.&lt;br&gt;Become media trained and help educate the public about eye health and optometry through <em>public relations efforts.</em>&lt;br&gt;Michigan Foundation for Vision Awareness (MFVA)&lt;br&gt;</td>
<td>MOAPAC&lt;br&gt;Grassroots Optometry (GO!)&lt;br&gt;MFVA</td>
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<td><strong>Indiana Optometric Association</strong></td>
<td>TheIndiana Optometric Association is the professional association representing the interests of Indiana Optometrists and the patients they serve.</td>
<td>700</td>
<td>Affiliate Associate Member: $150&lt;br&gt;Individual Associate Member: $400</td>
<td>Revenue: $1.2M&lt;br&gt;Dues: $496K&lt;br&gt;Conf: $146K&lt;br&gt;Educ: $133K&lt;br&gt;Spon: $41K</td>
<td><strong>Advocacy</strong> - The Indiana Optometric Association is the voice of Indiana optometrists in venues where state laws and policies are made which could impact the profession or the patients it serves.&lt;br&gt;<strong>Professional Education</strong> - Continuing education courses offered by the IOA are of the highest quality in Indiana. Update your skills and knowledge and stay current with the newest techniques, medicines and procedures while fulfilling your continuing education requirements.&lt;br&gt;<strong>Practice Resources</strong> - Publications produced by the IOA and AOA are the best resources for the latest information on practice management, clinical research and general information specific to optometrists. Changes and developments occur daily. AOA and IOA publications will keep you informed on all of these issues.&lt;br&gt;<strong>Get Answers</strong> - The IOA and AOA provide a vast network of hundreds of experts to assist you with questions concerning treatment protocols or complex treatment issues. In addition, the AOA’s International Library, Archives and Museum of Optometry (ILAMO) have the resources necessary to support your clinical and educational research needs.&lt;br&gt;<strong>Explore Career Options</strong> - the IOA Associateship Program and the AOA Practice Resource Network can help!&lt;br&gt;<strong>Discounts and More!</strong> <a href="https://www.ioa.org">Click here to see their latest offerings.</a></td>
<td>Spring convention&lt;br&gt;Practice resources&lt;br&gt;IOA Associateship Program</td>
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<td>Virginia Optometric Association</td>
<td>Extremely long mission/goals found here</td>
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<td>VOA</td>
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<td>Only VOA members are sent updates on issues including HIPAA, Rx authority, policies, corporate practice laws, insurance code updates and more. Only the VOA monitors legislation, regulations, policy changes, and attorney opinions and promptly communicates the information to the membership. Virginia Optometric Association Political Action Committee (VOPAC) Only VOA members receive classified ads sent to all of the members to find employees, equipment, and more. Only VOA members get to affiliate with a local society. Only VOA members receive email and mailing addresses to all of the members in the state. Discounts at the VOA Annual Conference and VOA Fall Conference to learn from top optometric educators Discounts to our Coding Seminar and Rx Authority Update Seminars Discounts to SECO and AOA Conferences Educational forums for your paraoptometric, including testing and certification and opticianry education VOA is an informational resource for doctors VOA provides an award winning newsletter with valuable practice information, timely practical news, updates, and classified ads VOA handles patient and consumer complaints against members VOA provides assistance through a Peer Review Committee for any member who is audited by any state agency VOA is an information resource to members with Board of Optometry related issues, sanctions, or hearing AVIS Car Rentals Block Buying Group Croft Benefit Services First Financial Merchant Services IC System Optometric Business Solutions Optima Health</td>
<td>VOPAC Newsletter</td>
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<td>Org</td>
<td>Mission</td>
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<td>Financial Info</td>
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<td><strong>Connecticut Association of Optometrists</strong></td>
<td>Advancing the Profession of Optometry</td>
<td>350</td>
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<td>Automatic membership in the American Optometric Association</td>
<td>Managed Care Consultant</td>
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<td>Revenue: $877K</td>
<td>Free Publications</td>
<td>Mentorship program</td>
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<td>Dues: $496K</td>
<td>CAO E-Newsletter, published quarterly</td>
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<td>Meetings: $188K</td>
<td>AOA News, published monthly</td>
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<td>Endorsements: $35K</td>
<td>AOA First Look, published daily</td>
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<td>Publications: $5K</td>
<td>Free Website Access</td>
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<td>Mbr Serv: $4K</td>
<td>Legislative Lobbyist Services</td>
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<td>Managed Care Consultant - The CAO contracts with CPR, a managed care consulting firm. On behalf of the CAO membership, CPR meets regularly with HMO’s and PPO’s offering both commercial and Medicare/Medicaid programs, to ensure appropriate positioning for optometrists as medical eye care providers. Access to the CAOLIST</td>
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<td>Marketing</td>
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<td>Practice &amp; Employment Opportunities</td>
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<td>Continuing Education</td>
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<td>CAO Annual Education Conference</td>
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<td>Optometry 2020 - educ series that offers 4 hr CE sessions throughout the year. Mentoring/Young OD Program</td>
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<td>Endorsed Vendor / Benefit Programs</td>
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<td><strong>NEW JERSEY VETERINARY MEDICAL ASSN</strong></td>
<td>The New Jersey Veterinary Medical Association was founded in 1884 and is a professional association representing the state’s licensed veterinarians. The NJVMA is dedicated to advancing the veterinary profession in New Jersey.</td>
<td>Number of FT Veterinarians on Staff 1 $225 2-4 $585 5-8 $1,350 9-14 $2,700 15 or more $4,950</td>
<td>Budget: $674K</td>
<td>One-stop source for questions on New Jersey practice Credit Card Processing (through Retail Council Services Corp.)</td>
<td>Fee student membership and mentorship</td>
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<td>Assets: $1.03M</td>
<td>Care Credit Annual Meeting</td>
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<td>Animal Hall of Fame</td>
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<td>Liaison with State Board of Veterinary Examiners</td>
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<td>Representation on NJ Animal Welfare Federation, on Domestic Companion Animal Council and on Animal Emergency Working Group (formerly AEPARC)</td>
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<td>Legislative Committee and Regulatory Review</td>
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<td>Political Action Committee (grass roots network and contributions to key legislators)</td>
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<td>Representation in AVMA House of Delegates</td>
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<td>Public Relations activities Website</td>
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<td>Membership Directory</td>
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<td>Annual Report</td>
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<td>Weekly eGram</td>
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<td>Mentoring of students and new grads</td>
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<td>Annual Holiday party</td>
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<td>Group Health Benefits Program</td>
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<td>Safety Group Insurance Program (property casualty)</td>
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<td>Sponsorship of Atlantic Coast Veterinary Conference (ACVC)</td>
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<td>Constituent Association Support</td>
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<td><strong>NEW JERSEY STATE NURSES ASSOC</strong></td>
<td>The mission of the New Jersey State Nurses Association is to promote the profession of nursing; advance the practice of nursing and advocate for nurses.</td>
<td>Regular Member: $218 Student Member: $50</td>
<td>Budget: $850k</td>
<td>Career Center Career Resources Events Insurance Programs Legal Services Practice Consultation Professional Tools eNewsletters Electronic Job Flash Scholarship Opportunities ANA Benefits</td>
<td>CE Foundation Advocacy Institute</td>
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<td>NEW JERSEY PODIATRY SOCIETY</td>
<td>Purpose is to advance the profession of Podiatric Medicine in the state of New Jersey; to advance and promote the art and science of Podiatry; to elevate and maintain professional standards; to safeguard the integrity of its membership; to establish mutual relationships and understanding between the podiatric and other medical professions; to inform and establish a credible relationship with the public.</td>
<td>NJPMS is a chapter of APMA</td>
<td>Dues are determined on a sliding scale in relation to practice status and number of years in practice, along with other factors.</td>
<td>Budget: $885k</td>
<td>Discounts on products such as footwear, hosiery, and insoles that have been awarded the APMA Seal of Acceptance. Member Affinity Programs</td>
<td>Product discounts Physicians’ Recovery Network</td>
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<tr>
<td>NEW JERSEY ASSOCIATION OF MENTAL HEALTH AND ADDICTION AGENCIES INC. (NJAMHAA)</td>
<td>NJAMHAA’s mission is to promote the value of its member organizations by providing advocacy, visibility and professional development to facilitate their economic viability.</td>
<td>180 community agencies who employ 98,000 professionals</td>
<td>Individuals: $250 Students: $100 Provider Dues: Based on Budget Size</td>
<td>Total Revenue: $1,666,801 Total Functional Expenses: $1,539,250 Net Income: $127,551</td>
<td>Advocacy and legislative support to members and the community at large. Education for the public, as well as leaders and legislators.</td>
<td>Forums for Exchange - Wide variety of committees, practice groups, councils and conferences, Associate Member Councils -- Links to Top Business Leaders</td>
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<tr>
<td>NEW JERSEY PRIMARY CARE ASSOCIATION INC (NJPCA)</td>
<td>The NJPCA’s primary goal is to provide for the expansion and provision of quality, cost-effective and efficient primary healthcare through community health centers while seeking new and expanded revenue sources for these services.</td>
<td>23 Community Health Centers 129 satellite community-based ambulatory healthcare facilities</td>
<td>HEALTH CENTER MEMBERSHIP ORG MEMBERSHIP INDIVIDUAL MEMBERSHIP</td>
<td>Total Revenue: $1,911,175 Total Functional Expenses: $1,882,398 Net income: $28,777</td>
<td>Advocacy Education and training of Health Center employees Consultation, advice and guidance to Health Centers’ leadership</td>
<td>Commitment to the patient and quality care through Health Centers.</td>
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<tr>
<td>Org</td>
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<td>New Jersey Association of Osteopathic Surgeons and Physicians (NJ AOPS)</td>
<td>To unite osteopathic physicians; promote public health; give voice to the interests of the osteopathic profession; maintain high standards of ethics, practice and osteopathic education; and promote scientific research for the advancement of treatment methodologies, in concert with the goals of the American Osteopathic Association. NJ AOPS works to promote first class quality education, continuously moving forward with experienced leadership and support through visionary advocacy</td>
<td>1900 Medical Professionals, 5,000 osteopathic physicians (D.O.’s) and osteopathic medical students</td>
<td>Organizational Members: $500 Individual Membership: Based on years of practice and county of location Faculty Membership: $500 Associate Membership: $100 Resident Membership: $25.00 Student Membership: $0 Retired Membership: Based on County Location Other Member types also Available</td>
<td>Assets: $1,138,726 Income: $701,809 Expenses: $735,235 Liabilities: $135,291</td>
<td>Advocacy Free Education (CME) Regional Conference (1200 Attendees)</td>
<td>Complex membership pricing based on time in practice and location (county) Offers large regional conference hosting 1200 participants each year.</td>
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The Sarbanes-Oxley Act and Implications for Nonprofit Organizations

BoardSource and INDEPENDENT SECTOR wish to thank Dan Moore, Vice President for Public Affairs, GuideStar; Tom Hyatt, Principal, Ober Kaler; and Paul Nelson, President, Evangelical Council for Financial Accountability, for sharing their professional insights and expertise on this document.
The American Competitiveness and Corporate Accountability Act of 2002, commonly known as the Sarbanes-Oxley Act, was signed into law on July 30, 2002. Passed in response to the corporate and accounting scandals of Enron, Arthur Andersen, and others of 2001 and 2002, the law's purpose is to rebuild public trust in America's corporate sector. The law requires that publicly traded companies adhere to significant new governance standards that broaden board members' roles in overseeing financial transactions and auditing procedures.

While nearly all of the provisions of the bill apply only to publicly traded corporations, the passage of this bill should serve as a wake-up call to the entire nonprofit community. If nonprofit leaders do not ensure effective governance of their organizations, the government may step forward and also regulate nonprofit governance. Indeed, some state attorneys general are already proposing that elements of the Sarbanes-Oxley Act be applied to nonprofit organizations.

Nonprofit leaders should look carefully at the provisions of Sarbanes-Oxley and determine whether their organizations ought to voluntarily adopt particular governance practices. This report will review those provisions and assess their relevance to nonprofit organizations.

Finally, it is important to note that two provisions of Sarbanes-Oxley apply to all corporate entities, including nonprofit organizations. This report will also review those features of the bill that require immediate nonprofit compliance.

**Main Provisions of the Sarbanes-Oxley Act**

With two notable exceptions, the Sarbanes-Oxley Act affects only American publicly traded companies and regulates what boards must do to ensure auditors' independence from their clients. The Act also creates and defines the role of the Public Company Accounting Oversight Board, a new entity empowered to enforce standards for audits of public companies. The Act explains processes for selecting competent audit committee members and for ensuring that adequate reporting procedures are in place. In addition, it calls for regulations, and closes most of the loopholes, for all enterprises — for-profit and nonprofit — relating to document destruction and whistle-blower protection.

The following sections cover each of the major provisions of the new law and discuss their relevance to nonprofit organizations. In addition, BoardSource and *Independent Sector* offer recommendations for how nonprofit leaders should implement various provisions of the new law.

**Independent and Competent Audit Committee**

**Summary of Sarbanes-Oxley Provision**

The Sarbanes-Oxley Act requires that each member of a company's audit committee be a member of the board of directors and be independent. "Independence" in the Act is defined as not being part of the management team and not receiving any
compensation (either directly or indirectly) from the company as a consultant for other professional services, though board service may be compensated.

In addition, companies must disclose whether they have at least one "financial expert" serving on the audit committee. If they do not have such an expert, they must disclose the rationale behind that decision. Who qualifies as a "financial expert" is still being debated. The Securities and Exchange Commission (SEC) proposes a definition that relies on an individual's education and experience as a public accountant, auditor, or principal accounting officer. At present, however, the company's board seems to retain the final right to establish specific qualifications for a financial expert.

The audit committee is directly responsible for hiring, setting compensation, and overseeing the auditor's activities. It sets rules and processes for complaints concerning accounting and internal control practices.

Relevance to Nonprofit Boards

While not all nonprofits conduct outside audits, most nonprofit boards have established one or more financial committees (e.g., finance, audit, and/or investment). In those organizations that undertake annual audits, particularly medium to large nonprofit organizations, the board is likely to have a separate audit committee or subcommittee. It is good practice for nonprofit organizations to take steps to ensure the independence of the audit committee. While most nonprofit board members serve as volunteers without any compensation and staff members do not participate as voting members, all nonprofit organizations should review their practices to ensure the independence of the audit committee. Also, many states provide additional liability protection for volunteer directors that may be lost if the directors are compensated for their service.

Because of recruitment priorities to create a well-balanced and diverse board, financial savvy may be challenging for nonprofit boards. Nonprofit organizations need to ensure that board members of the audit committee have the financial competency to understand financial statements, evaluate accounting company bids to undertake auditing, and make sound financial decisions as part of their fiduciary responsibilities. A nonprofit that has a limited number of financial experts on its board may struggle with filling the treasurer's position, a finance committee, and an audit committee.

Recommendations

While no standard guidelines mandate when a nonprofit organization should undertake a full audit, the board is responsible for assessing the potential benefits and costs of an audit. Generally, nonprofits that have budgets of more than $500,000 and that receive federal funds are required to conduct an annual audit. Some state laws have lower thresholds. In addition, participating in the Combined Federal Campaign requires an audit at $100,000. Smaller nonprofits, for whom an audit would be an unreasonable financial burden, should choose a review or at least have their financial statements compiled by a professional accountant. The boards of nonprofit organizations that forego an audit should evaluate that decision periodically.
All nonprofit organizations that conduct outside audits, particularly medium to large organizations, should have an audit committee and should separate the audit committee from the finance committee.

The audit committee should be composed of board members who are not compensated for their service on this committee and do not have a financial interest in or any other conflict of interest with any entity doing business with the organization. Most nonprofit organizations have volunteer board members. Nonprofit organizations that do compensate board members should not compensate audit committee members for their additional service. In addition, all nonprofits should ensure that no members of staff, including the chief executive, serve on the audit committee, although it is reasonable to have the chief financial officer provide staff support to the audit committee.

The audit committee should ensure that the auditing firm has the requisite skills and experience to carry out the auditing function for the organization and that its performance is carefully reviewed.

The audit committee should meet with the auditor, review the annual audit, and recommend its approval or modification to the full board. The full board should review the annual audit and the audit committee’s report and recommendations. Ideally the full board meets with the auditor before formally accepting or rejecting the audit.

At least one member of the audit committee should meet the criteria of financial expert and have adequate financial savvy to understand, analyze, and reasonably assess the financial statements of the organization and the competency of the auditing firm.

Orientation of board members should include financial literacy training.

To support the accounting field and help ensure that nonprofit boards have available financial expertise, professional accreditation and membership organizations of accountants should require CPAs to participate in a pro bono nonprofit board service program.

**Responsibilities of Auditors**

**Summary of Sarbanes-Oxley Provisions**

The Sarbanes-Oxley Act requires that the lead and reviewing partner of the auditing firm rotate off of the audit every five years. This does not necessarily mean that the auditing firm must be changed, although that may be the most direct way to comply with this requirement.

In addition, the Act prohibits the auditing firm from providing any non-audit services to the company concurrent with auditing services. This prohibition applies to bookkeeping, financial information systems, appraisal services, actuarial services, management or human resource services, investment advice, legal services, and other expert services unrelated to the audit. The board’s audit committee may, however, pre-approve
certain services (not included in the above categories), such as tax preparation, which can then be carried out by the auditing firm. In addition, the pre-approval requirement is waived for non-auditing services if the value of the non-auditing services is less than five percent of the total amount paid by the organization to the auditing firm for auditing services.

The Act also requires that the auditing firm report to the audit committee all “critical accounting policies and practices” that are used by the organization, discussed with management, and represent the preferred way management wants these policies and practices treated. These critical accounting practices include methods, assumptions, and judgments underlying the preparation of financial statements according to generally accepted accounting principles (GAAP) and assurance that any results would be disclosed in case of changed assumptions.

Relevance to Nonprofit Boards

Changing auditors (partner or firm) every five years is presently considered good practice for all organizations, nonprofit and for-profit alike. The rationale: Auditing firms may grow accustomed to the financial procedures within one organization after a certain number of years, and bringing in a new firm helps ensure that all proper financial practices are closely examined.

Nonprofit organizations would be well served to adopt the Sarbanes-Oxley rule of preventing auditing firms from providing non-auditing services. This provision precludes a conflict of interest between the auditing firm and the client. At a minimum, the application of the rule should be considered in each case. At the same time, certain services can be pre-approved by the audit committee, and there is no reason why tax services and preparation of the Form 990 or 990-PF (for private foundations), for example, could not and should not be undertaken by a nonprofit’s auditing firm. This can also ensure that certain economies are achieved for the nonprofit client organization.

Finally, the provisions about disclosure to the audit committee of critical accounting policies and discussions with management also seem to fall well within the bounds of good practice. Greater disclosure of these internal control practices and management’s views on them will foster more informed judgments by the audit committee, enhanced oversight by the board, and greater transparency. The critical accounting practices would include, among other things, processes for segregation of duties, policies to use restricted funds for intended purposes, processes to review off-balance sheet transactions, and procedures for monitoring inventory fluctuations. In addition, the audit committee may be an effective committee for overseeing implementation and enforcement of the governing body’s conflict of interest policy.

Recommendations

Nonprofits should ensure that the auditor or auditing firm, or at least the lead and reviewing partners, are rotated every five years.

Nonprofit organizations should be cautious when using their auditing firms to provide
non-auditing services except for tax preparation, which should be approved in advance, while the firm is contracted to provide auditing services.

Audit committees should require auditing firms to disclose to the audit committee all critical accounting policies and practices used within the organization as well as share with the audit committee any discussions with management about such policies and practices.

CERTIFIED FINANCIAL STATEMENTS

SUMMARY OF SARBANES-OXLEY PROVISIONS

The chief executive and the chief financial officers must certify the appropriateness of financial statements and that they fairly present the financial condition and operations of the company. There are criminal sanctions for false certification, but violations of this statute must be knowing and intentional to give rise to liability.

In addition, to avoid conflicts of interest, the CEO, CFO, controller, and chief accounting officer cannot have worked for the auditing firm for one year preceding the audit.

RELEVANCE TO NONPROFIT ORGANIZATIONS

Any CFO who is responsible for generating timely and accurate financial statements for the company or organization should feel comfortable about certifying document integrity.

In a for-profit company, a positive bottom line is the CEO’s responsibility. Business acumen, capacity to interpret financial statements in detail, and skillfulness in convincing the board and shareholders that the corporation is meeting all expectations are obvious characteristics in a manager. Likewise, a nonprofit chief executive may be handicapped without adequate financial skills. He or she may be hired, however, primarily for other qualities. Nonprofit CEOs may excel in fundraising, knowledge of the organization’s field of interest, or a variety of other skills. Lack of superior financial prowess must be complemented by a skillful financial officer; without it, the organization cannot convince donors and funders that their money is properly managed. Nevertheless, it is still the responsibility of the CEO to ensure good stewardship of the organization’s resources.

Under Sarbanes-Oxley, CEO and CFO certification carries with it the weight of the law, but part of the underlying rationale is to ensure that both the CEO and CFO know and understand the financial statements. For a nonprofit organization, CEO and CFO sign-off on financial statements would not carry the weight of law, but it would signal the importance that the CEO, in particular, attaches to understanding the nonprofit’s financial condition.

For nonprofit organizations, a key financial document is the Form 990 or 990-PF. The form requires a signature from an officer of the organization. Research from a number of studies reveals that the accuracy of these forms leaves much to be desired.
Many of the errors in the Form 990 relate to failures to complete all forms, including Schedule A. Other problems include presenting an inaccurate report on fundraising costs, therefore distorting the financial picture of the organization's operations. Thus, it is critical that nonprofit organizations examine their financial systems, policies, and reporting to help improve the accuracy and completeness of these forms.

There is, in all likelihood, considerably less staff movement in the nonprofit world between accounting firms and client organizations than there is in the for-profit world. Furthermore, because nonprofit executives do not receive lucrative stock options, the relevance of possible conflicts of interest from an auditor joining the executive staff of a nonprofit client is correspondingly less.

RECOMMENDATIONS

CEOs and CFOs, while they need not sign off on the financial statements of the organization, do need to fully understand such reports and make sure they are accurate and complete. Signing off on the financial statements provides formal assurance, however, that both the CEO and the CFO have reviewed them carefully and stand by them.

The CEO and CFO should review the Form 990 or 990-PF before it is submitted to ensure that it is accurate, complete, and filed on time.

Regardless of whether the CEO and CFO certify the financial report, the board has the ultimate fiduciary responsibility for approving financial reports. Just as the financial and audit reports are reviewed and approved by the audit committee and the board, the Form 990 or 990-PF should also be reviewed and approved.

INSIDER TRANSACTIONS AND CONFLICTS OF INTEREST

SUMMARY OF SARBANES-OXLEY PROVISION

The Act generally prohibits loans to any directors or executives of the company.

RELEVANCE TO NONPROFIT ORGANIZATIONS

Nonprofits are currently highly regulated with respect to financial transactions that take place within the organization. Private inurement, excessive personal benefit, and self-dealing all cause serious penalties for any nonprofit that steps out of line. "Intermediate sanctions" laws specifically address compensation and excess benefit transactions with "disqualified" individuals, generally meaning board members and executive staff.

Providing private loans to insiders — the specific item included in the Sarbanes-Oxley Act — is not a common practice in the nonprofit sector. However, when it has occurred, it has caused problems either from the perception of a conflict of interest or because it has not been appropriately documented as part of executive compensation. In addition, in some states, nonprofit law expressly prohibits loans to directors and officers.
RECOMMENDATIONS

Because the practice of providing loans to nonprofit executives has been a source of trouble in the past and because this practice is specifically prohibited under Sarbanes-Oxley and in some states, it is strongly recommended that nonprofit organizations not provide personal loans to directors or executives.

If such loans are provided, they should be formally approved by the board, the process for providing the loan should be documented, and the value and terms of the loan should be disclosed.

To guide the board and staff in independent decision making, the organization must have a conflict of interest policy with disclosure and this policy must be enforced without fail.

DISCLOSURE

SUMMARY OF SARBANES-OXLEY PROVISION

The Sarbanes-Oxley Act requires a number of disclosures, including information on internal control mechanisms, corrections to past financial statements, and material off-balance sheet transactions (adjustments). The Act also requires companies to disclose information on material changes in the operations or financial situation of the company on a rapid and current basis.

RELEVANCE TO NONPROFIT ORGANIZATIONS

While many of the transactions the new law requires publicly traded companies to disclose do not apply to nonprofit organizations, they should nevertheless provide their donors, clients, public officials, the media, and others with an accurate picture of their financial condition. Current law already requires tax-exempt organizations to make their Forms 990 or 990-PF freely available to anyone who requests them. These informational reports, as mentioned before, need improvements both in accuracy and in timeliness of disclosure. One way to achieve that objective is through electronic filing, something the Internal Revenue Service is currently pursuing and the nonprofit community generally endorses.

RECOMMENDATIONS

The Internal Revenue Service should ensure that — as planned — it is prepared to receive electronically filed Forms 990 and 990-PF by FY2005.

Nonprofit organizations should improve the timeliness, accuracy, and completeness of the Forms 990 or 990-PF by filing electronically when that is available to them.

Nonprofits should not rely on automatic extensions for filing Forms 990 and 990-PF without cause.

Audited financial statements should be easily accessible for review.
Two provisions of the Sarbanes-Oxley Act apply to all corporations be they nonprofit or for-profit. Thus, all nonprofit organizations need to understand these two provisions and comply with them.

**Whistle-Blower Protection**

**Summary of Sarbanes-Oxley Provision**

The Sarbanes-Oxley Act provides new protections for whistle-blowers and criminal penalties for actions taken in retaliation against whistle-blowers. The Act protects whistle-blowers who risk their careers by reporting suspected illegal activities in the organization. It is illegal for a corporate entity — for-profit and nonprofit alike — to punish the whistle-blower in any manner.

**Relevance to Nonprofit Organizations**

Nonprofits must start by protecting themselves. They must eliminate careless and irresponsible accounting practices. A nonprofit organization would benefit from an internal audit that brings to light weak spots and installs processes that are not vulnerable to fraud and abuse. Written policies that are vigorously enforced by executive staff and the board send a message that misconduct is not tolerated.

An organization must develop procedures for handling employee complaints. A nonprofit must establish a confidential and anonymous mechanism to encourage employees to report any inappropriateness within the entity’s financial management. No punishment for reporting problems — including firing, demotion, suspension, harassment, failure to consider the employee for promotion, or any other kind of discrimination — is allowed. Even if the claims are unfounded, the nonprofit may not reprimand the employee. The law does not force the employee to demonstrate misconduct; a reasonable belief or suspicion that a fraud exists is enough to create a protected status for the employee.

**Recommendations**

Nonprofits must develop, adopt, and disclose a formal process to deal with complaints and prevent retaliation.

Nonprofit leaders must take any employee complaints seriously, investigate the situation, and fix any problems or justify why corrections are not necessary.

**Document Destruction**

**Summary of Sarbanes-Oxley Provision**

The Sarbanes-Oxley Act addresses destruction of litigation-related documents. The law makes it a crime to alter, cover up, falsify, or destroy any document (or persuade someone else to do so) to prevent its use in an official proceeding (e.g., federal investigation or bankruptcy proceedings). The Act turns intentional document destruction into a process that must be monitored, justified, and carefully administered.
Relevance to Nonprofit Organizations

Common sense dictates that individuals, nonprofit organizations, and companies regularly need to store or otherwise dispose of unnecessary and outdated documents and files. Like their for-profit counterparts, nonprofit organizations need to maintain appropriate records about their operations. For example, financial records, significant contracts, real estate and other major transactions, employment files, and fundraising obligations should be archived according to guidelines established by the organization. Because of current technology, electronic files and voicemail can complicated as we come to understand the relevance of the delete button as a permanent method of file removal.

Recommendations

A nonprofit organization should have a written, mandatory document retention and periodic destruction policy. Such a policy also helps limit accidental or innocent destruction.

The document retention policy should include guidelines for handling electronic files and voicemail. Electronic documents and voicemail messages have the same status as paper files in litigation-related cases. The policy should also cover back-up procedures, archiving of documents, and regular check-ups of the reliability of the system.

If an official investigation is underway or even suspected, nonprofit management must stop any document purging in order to avoid criminal obstruction charges.

Conclusion

The Sarbanes-Oxley Act has now been in force for over a year. During these months of intense corporate governance scrutiny, the Act has also forced the nonprofit sector to analyze its board practices and methods of operation. Individual organizations have begun to identify loopholes — and figure out how to eliminate them. Watchdog agencies and other nonprofit field-building organizations are reconsidering assumptions and standard operating procedures in an effort to identify guidelines, standards, and best practices in the sector.

Regardless of whether this critical self-analysis is prompted by a set of potential laws that could ultimately govern the actions of nonprofit organizations, we have heard the wake-up call. For all of us in the sector, the Sarbanes-Oxley Act has caused a renewed realization that nonprofit organizations rely on — and must protect — the indispensable and unequivocal confidence and trust of our constituents. Self-regulation and proactive behavior will always prove more powerful than compulsory respect of laws.

Additional Resources

Press Release from the Office of New York State Attorney General
www.oag.state.ny.us/press/2003/mar/mar12a_03.html.

Summary of the Sarbanes-Oxley Act
www.aicpa.org/sarbanes/index.asp.
Recommendations from the National Association of Corporate Directors Concerning Reforms in the Aftermath of the Enron Bankruptcy
www.nacdlonline.org/nacd/enron_recommendations.asp


www.alliance1.org/Home/SOX_final_8-03.pdf


New Jersey Society of Optometric Physicians

Financial Statements

December 31, 2018 and 2017
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New Jersey Society of Optometric Physicians

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Independent Auditors' Report

Board of Trustees
New Jersey Society of Optometric Physicians

We have audited the accompanying financial statements of New Jersey Society of Optometric Physicians, which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New Jersey Society of Optometric Physicians as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Iselin, New Jersey
September 16, 2019

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## New Jersey Society of Optometric Physicians

### Statements of Financial Position

December 31, 2018 and 2017

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<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$176,080</td>
<td>$157,278</td>
</tr>
<tr>
<td>Investments, at fair value</td>
<td>783,178</td>
<td>857,954</td>
</tr>
<tr>
<td>Dues receivable, net of allowance for doubtful accounts</td>
<td>3,201</td>
<td>2,633</td>
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<tr>
<td>Other receivables</td>
<td>22,066</td>
<td>25,845</td>
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<tr>
<td>Prepaid expenses</td>
<td>20,383</td>
<td>10,452</td>
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<tr>
<td><strong>Total current assets</strong></td>
<td><strong>1,004,908</strong></td>
<td><strong>1,054,162</strong></td>
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<tr>
<td><strong>Property and equipment, at cost, net</strong></td>
<td><strong>140,977</strong></td>
<td><strong>160,055</strong></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$1,145,885</strong></td>
<td><strong>$1,214,217</strong></td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
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<tr>
<td>Accounts payable and accrued expenses</td>
<td>$59,996</td>
<td>$82,340</td>
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<tr>
<td>Due to American Optometric Association, affiliate</td>
<td>131,623</td>
<td>133,097</td>
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<td>Due to New Jersey Optometric PAC, affiliate</td>
<td>135</td>
<td>1,076</td>
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<td>Dues received in advance</td>
<td>23,621</td>
<td>25,986</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>215,375</strong></td>
<td><strong>242,499</strong></td>
</tr>
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</table>

| **Net Assets**       |               |               |
| Without donor restrictions | 930,510       | 971,718       |
| **Total liabilities and net assets** | **$1,145,885** | **$1,214,217** |

See notes to financial statements
## Changes in Net Assets without Donor Restrictions

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues and gains:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member dues</td>
<td>$503,303</td>
<td>$495,927</td>
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<tr>
<td>Membership services</td>
<td>216,320</td>
<td>206,358</td>
</tr>
<tr>
<td>Educational programming registration</td>
<td>201,488</td>
<td>173,900</td>
</tr>
<tr>
<td>Advertising and sponsorships</td>
<td>67,826</td>
<td>46,300</td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>26,780</td>
<td>17,666</td>
</tr>
<tr>
<td>Investment fees</td>
<td>(9,197)</td>
<td>(8,148)</td>
</tr>
<tr>
<td>Net realized and unrealized gains (losses) on investments</td>
<td>(92,800)</td>
<td>99,002</td>
</tr>
<tr>
<td><strong>Total revenues and gains without donor restrictions</strong></td>
<td><strong>913,720</strong></td>
<td><strong>1,031,005</strong></td>
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<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td><strong>Expenses and losses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership services</td>
<td>407,478</td>
<td>391,340</td>
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<tr>
<td>Educational programming</td>
<td>155,729</td>
<td>153,035</td>
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<tr>
<td>Publication of Optometry and NJSOP News</td>
<td>22,676</td>
<td>21,414</td>
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<tr>
<td>General and administrative expenses</td>
<td>369,045</td>
<td>383,987</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>954,928</td>
<td>949,776</td>
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<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (decrease) in assets without donor restrictions</td>
<td>(41,208)</td>
<td>81,229</td>
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</table>

## Net Assets without Donor Restrictions

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>971,718</td>
<td>890,489</td>
</tr>
<tr>
<td>End of year</td>
<td>$930,510</td>
<td>$971,718</td>
</tr>
</tbody>
</table>

*See notes to financial statements*
### New Jersey Society of Optometric Physicians

**Statements of Cash Flows**  
**Years Ended December 31, 2018 and 2017**

<table>
<thead>
<tr>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ (41,208)</td>
</tr>
<tr>
<td>Adj. to reconcile change in unrestricted net assets to net cash provided by (used in) operating activities:</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>20,121</td>
</tr>
<tr>
<td>Net realized and unrealized losses (gains) on investments</td>
<td>92,800</td>
</tr>
<tr>
<td>Change in operating assets and liabilities:</td>
<td></td>
</tr>
<tr>
<td>Dues receivable</td>
<td>(568)</td>
</tr>
<tr>
<td>Other receivables</td>
<td>3,779</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(9,931)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>(22,344)</td>
</tr>
<tr>
<td>Due to American Optometric Association, affiliate</td>
<td>(1,474)</td>
</tr>
<tr>
<td>Due to New Jersey Optometric PAC, affiliate</td>
<td>(941)</td>
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<tr>
<td>Dues received in advance</td>
<td>(2,365)</td>
</tr>
<tr>
<td>Net cash provided by (used in) operating activities</td>
<td>37,869</td>
</tr>
</tbody>
</table>

| **Cash Flows from Investing Activities** |               |
| Purchase of equipment                      | (1,043)       | (18,889) |
| Proceeds from sale of investments          | 138,570       | 539,729  |
| Purchases of investments                   | (156,594)     | (584,897) |
| Net cash used in investing activities      | (19,067)      | (64,057) |

Net increase (decrease) in cash and cash equivalents:  
$18,802 $115,839

**Cash and Cash Equivalents, Beginning**  
157,278 273,117

**Cash and Cash Equivalents, Ending**  
$176,080 $157,278

*See notes to financial statements*
1. Nature of Operation

New Jersey Society of Optometric Physicians (the "Society") is a not-for-profit professional society of optometrists who practice throughout New Jersey. The Society is dedicated to advancing the profession of optometry and serving optometrists in meeting the eye care needs of the public by providing continuing education and other professional services to optometrists. The Society's primary recurring sources of revenues are membership dues, fees for membership services and educational programming registrations.

The Society evaluated subsequent events for recognition or disclosure through September 16, 2019, the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP 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 reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Recent Accounting Pronouncements

In August 2016, the FASB issued Accounting Standards Update ("ASU") 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. The new guidance is intended to improve and simplify the current net asset classification requirements and information presented in financial statements and notes that is useful in assessing a not-for-profit organization's liquidity, financial performance, and cash flows. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017 with early adoption permitted. ASU 2016-14 is to be applied retroactively with transition provisions. Management has adopted ASU 2016-14 on the Society's financial statements and reclassified the 2017 financial statements to conform to ASU 2016-14.

In November 2016, the FASB issued ASU 2016-18, Statement of Cash Flows (Topic 230): Restricted Cash. The amendments in this update require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period an end-of-period amounts shown on the statement of cash flows. ASU 2016-18 is effective for fiscal years beginning after December 15, 2018. ASU 2016-189 is to be applied retroactively with transition provisions. Management is currently evaluating the impact of adopting ASU 2016-18 on the Society's financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less at the time of purchase.
The Society maintains cash balances in several financial institutions located in New Jersey. The balance is insured by the Federal Deposit Insurance Corporation ("FDIC") up to $250,000. At December 31, 2018 and 2017, the Society had uninsured cash balances of $4,806 and $5,471, respectively.

Dues Receivable

The Society's dues receivable are primarily from membership dues. Dues receivable are reported at their net realizable value. Accounts are written off when they are determined to be uncollectible based upon the aging of the receivable. The allowance for doubtful accounts is estimated based upon a periodic review of individual accounts. The Society does not require collateral or other security to support dues receivable. At December 31, 2018 and 2017, there was no allowance recorded against the dues receivable.

Investments and Investment Risk

Investments in mutual fund securities with readily determinable fair values and all debt securities are measured at fair value in the statement of financial position and are classified as current as there are no restrictions on the use of assets by the Society. Investments in certificates of deposit are recorded at face value, plus accrued interest income and are classified based upon the maturity date. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in unrestricted net assets, unless the income or loss is restricted by donor stipulation or law and the restriction is not satisfied in the year the income is recognized.

The Society's investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair value reported in the statement of financial position is subject to various risks, including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying statement of financial position could change materially in the near term.

Property and Equipment

Property and equipment is recorded at cost. The Society capitalizes assets or groups of similar related assets when the aggregate cost is equal to or greater than $1,000 and when the estimated useful life is greater than one year. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets.

Impairment of Long-Lived Assets

In accordance with Financial Accounting Standards Board ("FASB") authoritative accounting guidance, long-lived assets, such as furniture, fixtures and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the sum of the expected future undiscounted cash flows is less than the carrying amount of the asset, a loss is recognized for the difference between the fair value and carrying value of the asset. Management has determined that an impairment did not exist in 2018 and 2017.
Revenue Recognition

Revenue is primarily earned from the membership dues, educational program fees, and member service income. Membership dues are recognized ratably throughout the year. Educational program fees are recognized when the specific event occurs. Member service income is recognized when service is provided by the Society.

Dues received in advance represent membership dues received in advance of the applicable year.

Allocation of Costs and Expenses

Costs and expenses incurred for or attributable to a specific program or supporting service are charged directly to that category. Costs and expenses that apply to more than one category are allocated.

Income Taxes

The Society is an organization described in Internal Revenue Code, Section 501(c)(6) and is therefore generally exempt from income taxes under Section 501(a).

The Society accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined there were no tax uncertainties that met the recognition threshold in 2018 or 2017.

Net Assets

Net assets, without donor restrictions, arise from membership dues, membership services, annual membership meetings, and other inflows of assets that are not subject to restrictions, which fund the general operations of the Society. The Society does not have any net assets as of December 31, 2018 and 2017 that were subject to donor restrictions.

Liquidity

The Society has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, cash in excess of daily requirements is invested in short-term investments. Financial assets available within one year consist of cash and cash equivalents of $176,080; investments of $783,178; and dues and other receivables of $25,267 as of December 31, 2018. To help manage unanticipated liquidity needs the Society has a line of credit in the amount of $100,000 which it could draw upon. None of the Society’s net assets are subject to donor or contractual restrictions as of December 31, 2018 that make them unavailable for general expenditure within one year of the balance sheet date.

Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. These expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated salaries and benefits, which are allocated on the basis of estimates of time and effort of the respective personnel.

Reclassifications

Certain items in the 2017 financial statements have been reclassified to conform to their presentation in the 2018 financial statements.
3. **Investments**

   The composition of investments, at fair value, is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutual fund securities</td>
<td>$493,331</td>
<td>$528,801</td>
</tr>
<tr>
<td>Exchange traded funds</td>
<td>$289,847</td>
<td>$329,153</td>
</tr>
<tr>
<td>Total investments</td>
<td>$783,178</td>
<td>$857,954</td>
</tr>
</tbody>
</table>

4. **Fair Value Measurements**

   The Society measures its investments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

   - **Level 1** - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities available at the measurement date.
   
   - **Level 2** - Inputs are unadjusted quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, inputs other than quoted prices that are observable, and inputs derived from or corroborated by observable market data.
   
   - **Level 3** - Inputs are unobservable inputs which reflect the reporting entity's own assumptions on what assumptions the market participants would use in pricing the asset or liability based on the best available information.

   In determining fair value, the Society utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

   Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2018 and 2017.

   - **Mutual funds**: Valued based on quoted market prices in active markets.
   
   - **Exchange Traded funds**: Valued based on quoted market prices in active markets.
The table below segregates all financial assets as of December 31, 2018 and 2017 measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.

<table>
<thead>
<tr>
<th>Level One Assets as of December 31,</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bond funds</td>
<td>$ 233,921</td>
<td>$ 212,610</td>
</tr>
<tr>
<td>International funds</td>
<td>116,688</td>
<td>109,058</td>
</tr>
<tr>
<td>Small growth equity funds</td>
<td>5,324</td>
<td>23,570</td>
</tr>
<tr>
<td>Large/mid growth equity funds</td>
<td>166,451</td>
<td>217,132</td>
</tr>
<tr>
<td>Small/mid cap value equity funds</td>
<td>18,015</td>
<td>47,598</td>
</tr>
<tr>
<td>Large/mid blend equity funds</td>
<td>22,368</td>
<td>25,016</td>
</tr>
<tr>
<td>Large/mid cap value equity funds</td>
<td>127,436</td>
<td>121,646</td>
</tr>
<tr>
<td>Multi equity funds</td>
<td>24,115</td>
<td>25,022</td>
</tr>
<tr>
<td>Master limited partnership fund, energy</td>
<td>44,290</td>
<td>51,211</td>
</tr>
<tr>
<td>Managed futures/commodities funds</td>
<td>24,570</td>
<td>25,091</td>
</tr>
<tr>
<td>Total</td>
<td>$ 783,178</td>
<td>$ 857,954</td>
</tr>
</tbody>
</table>

At December 31, 2018 and 2017, the Society did not have any assets whose fair value was measured using Level 2 or Level 3 inputs.

5. Property and Equipment

Property and equipment consist of the following:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>Estimated Useful Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office condominium</td>
<td>$ 234,772</td>
<td>$ 234,772</td>
<td>20 Years</td>
</tr>
<tr>
<td>Office condominium improvements</td>
<td>70,920</td>
<td>70,920</td>
<td>20 Years</td>
</tr>
<tr>
<td>Office equipment</td>
<td>66,924</td>
<td>65,881</td>
<td>5 - 7 Years</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(231,639)</td>
<td>(211,518)</td>
<td></td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>$ 140,977</td>
<td>$ 160,055</td>
<td></td>
</tr>
</tbody>
</table>

Depreciation expense was $20,121 and $19,843 for the years ended December 31, 2018 and 2017, respectively.

6. Retirement Plan

The Society has a 401(k) Savings Plan ("Plan") for qualified employees. The terms of the Plan define qualified employees as those over 18 years of age and employed for twelve consecutive months with at least 1,000 hours of service. The Society matches the same percentage of the employee contribution up to maximum of 7 percent. The 401(k) expense, reflecting the Society's matching contribution, was $24,104 and $23,585 for the years ended December 31, 2018 and 2017, respectively.
7. Related Party Transactions

The Society is affiliated with the American Optometric Association ("AOA") and the New Jersey Optometric Political Action Committee ("PAC") through their missions in promoting the interest of optometric physicians. As of December 31, 2018 and 2017, the Society owed $131,623 and $133,097, respectively, to the AOA for member dues collected by the Society on the AOA's behalf. As of December 31, 2018 and 2017, the Society owed the PAC $135 and $1,076, respectively, for contributions collected by the Society on the PAC's behalf.

8. Commitments

Line of Credit

In April 2010, the Society secured a commitment from its bank for a line of credit in the amount of $100,000, which expires on April 27, 2020. Borrowing, if any, will be paid in one payment of all outstanding principal plus all accrued interest on the expiration date. All borrowings bear interest at the Prime Rate plus 150 basis points which equaled 7.00 percent at December 31, 2018. The Society executed a security agreement, granting the bank a security interest in all of the Society's real property. There were no outstanding borrowings under the line of credit at December 31, 2018 or 2017.

Equipment Leases

In December 2014, the Society entered into an operating lease for a new copy machine. The equipment rental charge for the copier will be $6,846 each year through the end of the lease term in December 2019.

In February 2016, the Society entered into an operating lease for a new postage meter. The equipment rental charge is $120 per month payable on a quarterly basis and. The term of the lease is for 63 months and commenced July 1, 2016. The lease expires in September 2021.

Future minimum rentals to be paid on these non-cancelable leases exclusive of renewal options are as follows:

<table>
<thead>
<tr>
<th>Years ending December 31:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$ 8,286</td>
</tr>
<tr>
<td>2020</td>
<td>1,440</td>
</tr>
<tr>
<td>2021</td>
<td>1,080</td>
</tr>
<tr>
<td></td>
<td>$ 10,806</td>
</tr>
</tbody>
</table>

Equipment rental expense included in general and administrative expenses totaled $9,914 and $10,429 for the years ended December 31, 2018 and 2017, respectively.
## Ordinary Income/Expense

<table>
<thead>
<tr>
<th>Income</th>
<th>Jan 1 - Oct 17, 19</th>
<th>Budget</th>
<th>$ Over Budget</th>
<th>2020 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dues &amp; Non-Seminar</strong></td>
<td>829,277.59</td>
<td>960,000.00</td>
<td>-130,722.41</td>
<td>970000.00</td>
</tr>
<tr>
<td><strong>Members Recruitment &amp; Benefits</strong></td>
<td>1,250.00</td>
<td>0.00</td>
<td>1,250.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>TBTS</strong></td>
<td>143,037.50</td>
<td>119,000.00</td>
<td>24,037.50</td>
<td>142800.00</td>
</tr>
<tr>
<td>** IRC**</td>
<td>129,000.00</td>
<td>130,000.00</td>
<td>-1,000.00</td>
<td>130000.00</td>
</tr>
<tr>
<td><strong>TPC Seminars</strong></td>
<td>1,500.00</td>
<td>20,500.00</td>
<td>-19,000.00</td>
<td>25000.00</td>
</tr>
<tr>
<td><strong>Winter CE Seminar Income</strong></td>
<td>36,382.50</td>
<td>46,000.00</td>
<td>-9,617.50</td>
<td>46000.00</td>
</tr>
<tr>
<td><strong>Summer CE Income</strong></td>
<td>32,222.50</td>
<td>26,000.00</td>
<td>6,222.50</td>
<td>31000.00</td>
</tr>
<tr>
<td><strong>Snow School CE Income</strong></td>
<td>7,720.00</td>
<td>14,000.00</td>
<td>-6,280.00</td>
<td>16000.00</td>
</tr>
<tr>
<td><strong>Members Only CE Income</strong></td>
<td>500.00</td>
<td>1,000.00</td>
<td>-500.00</td>
<td>500.00</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td>155,272.67</td>
<td>111,000.00</td>
<td>44,272.67</td>
<td>120000.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,336,162.76</td>
<td>1,427,500.00</td>
<td>-91,337.24</td>
<td>1481300.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>1,079,210.04</th>
<th>1,426,182.00</th>
<th>-346,971.96</th>
<th>1478230.00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4014 - AOA Dues Paid</strong></td>
<td>393,359.21</td>
<td>460,000.00</td>
<td>-66,640.79</td>
<td>460000.00</td>
</tr>
<tr>
<td><strong>Board Meetings Expense</strong></td>
<td>6,722.21</td>
<td>8,750.00</td>
<td>-2,027.79</td>
<td>13950.00</td>
</tr>
<tr>
<td><strong>AOA / Misc Meeting Expenses</strong></td>
<td>14,715.98</td>
<td>23,000.00</td>
<td>-8,284.02</td>
<td>22000.00</td>
</tr>
<tr>
<td><strong>IRC</strong></td>
<td>901.82</td>
<td>2,000.00</td>
<td>-1,098.18</td>
<td>1200.00</td>
</tr>
<tr>
<td><strong>TBTS Expense</strong></td>
<td>19,551.84</td>
<td>106,400.00</td>
<td>-86,848.16</td>
<td>112800.00</td>
</tr>
<tr>
<td><strong>Member Recruitment and Benefits</strong></td>
<td>70,403.60</td>
<td>84,100.00</td>
<td>-13,696.40</td>
<td>98150.00</td>
</tr>
<tr>
<td><strong>Third Party Center Exp</strong></td>
<td>163.46</td>
<td>550.00</td>
<td>-386.54</td>
<td>450.00</td>
</tr>
<tr>
<td><strong>TPC Seminars Expenses</strong></td>
<td>206.64</td>
<td>10,150.00</td>
<td>-9,943.36</td>
<td>15300.00</td>
</tr>
<tr>
<td><strong>Legal &amp; Legislative Program Exp</strong></td>
<td>57,709.74</td>
<td>88,050.00</td>
<td>-30,340.26</td>
<td>86550.00</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td>470,165.34</td>
<td>587,432.00</td>
<td>-117,266.66</td>
<td>616420.00</td>
</tr>
<tr>
<td><strong>Winter CE Seminar</strong></td>
<td>19,652.50</td>
<td>29,800.00</td>
<td>-10,147.50</td>
<td>22310.00</td>
</tr>
<tr>
<td><strong>Clinical Care Center Expenses</strong></td>
<td>167.18</td>
<td>450.00</td>
<td>-282.82</td>
<td>450.00</td>
</tr>
<tr>
<td><strong>Summer CE Expenses</strong></td>
<td>15,811.57</td>
<td>15,500.00</td>
<td>311.57</td>
<td>17650.00</td>
</tr>
<tr>
<td><strong>Snow School CE Exp</strong></td>
<td>9,281.84</td>
<td>10,000.00</td>
<td>-718.16</td>
<td>10600.00</td>
</tr>
<tr>
<td><strong>Members Only CE Expenses</strong></td>
<td>397.11</td>
<td>0.00</td>
<td>397.11</td>
<td>400.00</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>1,079,210.04</td>
<td>1,426,182.00</td>
<td>-346,971.96</td>
<td>1478230.00</td>
</tr>
</tbody>
</table>

**Net Ordinary Income**               | 256,952.72         | 1,318.00     | 255,634.72   | 3070.00      |
NJSOP Antitrust Policy

It shall be the policy of the Association to be in strict compliance with all Federal and State antitrust laws, rules, and regulations. Therefore:

I. These policies and procedures apply to all membership, board, committee, and other meetings of the Association, and all meetings attended by representatives of the Association.

II. Discussions of prices or price levels is prohibited. In addition, no discussion is permitted of any elements of a company’s operations which might influence price such as:
   a. Cost of operations, supplies, labor, or services;
   b. Allowance for discounts;
   c. Terms of sale including credit arrangements; and,
   d. Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost of efficiency is merely incidental.

III. It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.

IV. Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.

V. It is the Association’s policy that all meetings attended by representatives of the Association where discussion can border on an area of antitrust sensitivity, the Association’s representative request that the discussion be stopped and ask that the request be made a part of the minutes of the meeting being attended. If others continue such discussion, the Association’s representative should excuse himself from the meeting and request that the minutes show that he left the meeting at that point and why he left. Any such instances should be reported immediately to the President and staff of the Association.

VI. It is the Association’s policy that a copy of these Antitrust Compliance Policies and Procedures be given to each officer, director, committee member, official representative of member companies, and Association employees annually and that the same be read, or understood, at all meetings of the membership of the Association.
Guidelines

DON'Ts

1. Do Not--in fact or appearance--discuss or exchange information with actual or potential competitors regarding any of the following matters, either at NJSOP or Local Society sponsored meetings or social gatherings:
   a. Individual company prices, price changes, price differentials, mark-ups, discounts, warranties, allowances, credit terms, costs, production levels, capacity, sales, etc.
   b. Plans of individual companies concerning the design, production, distribution or marketing of particular products, including proposed territories or customers.
   c. Division or limitation of sales to particular territories, customers or classes of customers.
   d. Refusal to sell to or purchase from, or termination or modification of sales or purchase arrangements with representatives, distributors, or other third parties, or prices or terms of sale or resale by customers.
   e. Industry pricing policies, price levels, price changes, differentials and/or changes in industry production, capacity or inventories.
   f. Matters relating to actual or potential individual suppliers or customers that might exclude them from any market or of influencing the business conduct of firms toward such suppliers or customers.
   g. Limiting or eliminating competition in any way, or efforts to create a monopoly.

2. Do not discuss or exchange information regarding the above matters during social gatherings incidental to NJSOP or Local Society sponsored meetings, even in jest.

3. Do not meet without Local Society leaders or counsel present.

DOs

1. Before meetings, prepare and have counsel review agendas of particular items to be discussed at meetings and adhere to the agenda unless additional matters for discussion have been approved in advance by NJSOP or Local Society leaders or counsel.

2. Ensure that draft meeting minutes are promptly prepared after each meeting, reviewed by counsel, and then circulated to members present at the meeting to determine that the minutes accurately reflect the proceedings.

3. Protest any discussions or meeting activities which appear to violate the antitrust laws or the NJSOP Antitrust Compliance Policy and Guidelines; disassociate yourself from any such discussions or activities and leave any meeting in which they continue. Be sure that NJSOP staff and counsel are made aware of any such activities.

4. Provide Local Society leaders and staff with a copy of this checklist and have a copy available for reference at all Local Society sponsored meetings.
**Antitrust Basics**

AOA Presentation by Elizabeth Ortemo-Vinesen

Harvey Richman, OD, FAAO
NJSOP President Elect
Local Society Liaison

**Fundamentals**
- Antitrust laws have been called the "Magna Carta of free enterprise."
- Promote free competition and ensure that improper conduct does not intervene to deny any business the full opportunity to compete.

**What triggers antitrust scrutiny?**
Two or more independent entities acting in combination to make an agreement that has either an anti-competitive purpose or effect.

**Associations**
- AOA is made up of competitors.
- You are competitors.
- Every member of the AOA is a competitor with every other member: this makes anything the AOA does susceptible to antitrust problems.

**Biggest AOA Dangers**
1. **Price Fixing = Always illegal!**
   - What is it?
     - Group negotiation of fees or other terms with a third party payer.
     - Exchanging information on fees charged.
     - Agree on payment for supplies or services.
     - Act to reduce the output of services.

2. **Boycotts**
   - When a group of competitors suggests or agree to refuse to deal with a payer, supplier, or competitor because of pricing or some other consideration.
   - Understand the difference between discussions of access v. pricing.
Other Don'ts:

- Enter into contracts, combinations, and conspiracies in restraint of trade.
- Enter into exclusive dealing or tying arrangements.
- Allocate market share.
- Agree to not compete with a competitor.

Avoiding Danger in AOA Meetings or Events

- Agendas
- Minutes
- Knowledge
- Counsel

If nothing else, remember:

- Doctors should never engage in any discussions with competitors (one or more other doctors) about pricing, terms, mark-ups, profit margin, or discounts, regardless of a perceived public benefit.

Noerr-Pennington

- Legal doctrine in antitrust law.
- Allows antitrust behavior that would normally be illegal when used in good faith government lobbying.

A special note about new optometry schools

- Hot topic
- Suggesting or attempting to restrict supply of optometrists is NEVER okay.
- Reducing supply = raising prices
- AOA cannot and will not engage in such discussions. It is absolutely illegal.

Questions?

- eaortmann-vincenzo@aoa.org

Jim Schragger, NJSCOP Legal Counsel
# 2020 Meeting Schedule

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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NJSOP Board of Directors</td>
<td>25th 12:30 PM - 3:30 PM NJSOP Office</td>
<td>20th 12:30 PM - 3:30 PM NJSOP Office</td>
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<td>3rd 5:00 PM - 8:00 PM Location TBD</td>
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<td>Finance Committee</td>
<td>25th 10:00 AM - 12:00 PM NJSOP Office</td>
<td>20th 10:00 AM - 12:00 PM NJSOP Office</td>
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<td>3rd 3:00 PM - 4:45 PM NJSOP Office</td>
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<td>Legislative Committee</td>
<td>11th 3:00 PM - 5:00 PM NJSOP Office</td>
<td>8th 3:00 PM - 5:00 PM NJSOP Office</td>
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<td>2nd 10:00 AM - 11:30 AM NJSOP Office</td>
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<td>Third Party Center (TPC)</td>
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<td>Member Recruitment &amp; Benefits Ctr. (MRBC)</td>
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<td>8th 10:00 AM - 11:30 AM NJSOP Office</td>
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<td>3rd 10:00 AM - 11:30 AM NJSOP Office</td>
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<td>Clinical Care Center</td>
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<td>8th 11:30 AM - 1:00 PM NJSOP Office</td>
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<td>Industry Relations Committee (IRC)</td>
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<td>AOA Meetings</td>
<td>16th - 18th Prez Council Hector, TX</td>
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<td>24th - 28th Optometry's Mtg Washington, DC</td>
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<td>NJSOP Sponsored Continuing Education &amp; Meetings</td>
<td>25th Snow School Kalahari Resort Mount Pocono, PA</td>
<td>16th 12:00 PM - 2:00 PM Mintz Fdnt School Award Select NJSOP</td>
<td>1st Winter CE East Windsor, NJ</td>
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<td>7th-8th Summer CE The Breakers Spring Lake, NJ</td>
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<td>9th Managed Care and General Membership Mtg Battleground CC Manalapan, NJ</td>
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<td>Misc/Other Meetings</td>
<td>16th NJSBO Newark, NJ</td>
<td>15th NJSBO Newark, NJ</td>
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<td>17th NJSBO Newark, NJ</td>
<td>19th NJSBO Newark, NJ</td>
<td>23rd - 26th Vision Expo West Las Vegas, NV</td>
<td>7th - 10th AAO Meeting Nashville, TN</td>
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<td>9-13: Board of Trustees</td>
<td>1-2: Volunteer Meeting</td>
<td>7-9: AOA on Capitol</td>
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<td>Meeting August, TX</td>
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<td>17-19: Presidents' Council</td>
<td>20-24: SECO New</td>
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<td>La Jolla, CA</td>
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<td>27-29: SGRC/TPC National Conference Dallas, TX</td>
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<td>10-13: GWCO Congress Portland, OR</td>
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<td>23-26: AAO Meeting Orlando, FL</td>
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<td>Dates TBA: Board of Trustees</td>
<td>4-8: SECO Atlanta, GA</td>
<td>Dates TBA: Board of</td>
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<td>Meeting TBA</td>
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<td>24-28: Optometry’s</td>
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2020 NJSOP Committee Chairs & Liaisons

(Effective 11/27/19)

Local Society President Liaison – Dr. Todd Gershenow

Finance Committee – Dr. Jesus Barrios

Clinical Care Center (CCC) – Dr. George Veliky
   Continuing Education Committee – Dr. George Veliky
      CE Event Chairs: Snow School-Dr. Dan Kohansby; Winter CE-Dr. Ken Daniels; Summer CE-Dr. Dawn Arnold; Therapy by the Sea – Dr. George Veliky; Managed Care – Dr. Charles Fitzpatrick
   Vision Rehabilitation Committee (CCC subcommittee) – Dr. Jonathan Fishbein
   Vision Therapy – (CCC Subcommittee) - Dr. Tamara Petrosyan/Dr. Maria Richman
   Pediatrics – (CCC subcommittee) - Dr. Tamara Petrosyan
   MOC Task Force – (CCC subcommittee) Dr. Susan D’Emic

Third Party Center (ECBC) – Dr. Charles Fitzpatrick

Member Recruitment and Benefits Center (MRBC) – Dr. David Kong
   Young OD Task Force – (MRBC subcommittee) Dr. Tamara Petrosyan
      Young Advocates – Dr. David Kong/Danielle Gaeta/Vitto Mena
   Mentoring Task Force – Dr. Moshe Roth and Dr. Trinae Rosato
   Paraoptometric Resource Committee – Linda Rodriguez, CPO/Dr. Maria Richman
   Public Relations Committee – Dr. David Kong/Dr. Edward Melman/Dr. Yujie Chang
   Student Association Liaison – Katie Van Hise

Industry Relations Committee - Dr. George Veliky

Legislative Committee –Dr. Michael Veliky

NJ Optometric Political Action Committee (PAC) – Dr. David Mellish

AOA Liaisons
   InfantSEE – Dr. Tamara Petrosyan
   TPC/RUC – Dr. Charles Fitzpatrick
   Vision USA – Sharon Kais