



Senate Bill 314: Significant Changes to Optometry Act

The Board has completed a major milestone in the Sunset Review process with the passage of Senate Bill 314: reauthorization of the Optometry Board for the next 12 years. Senate Bill 314, effective September 1, 2017, also makes several changes to the Optometry Act. The new law keeps the Optometry Board as an independent board. [[Link to SB 314](#)]

Major Changes in the Law for Licensees

- All licensees must be fingerprinted in order to renew
- The National Practitioners Databank will be queried for all licensees at each renewal
- Prescription Monitoring Program requirements
- License renewal fee increase

Major Changes for Applicants

- Application process to be on-line
- Affidavits and notarization no longer required
- Self query from National Practitioners Databank required

Major Changes Regarding Disciplinary Action

- Anonymous complaints cannot be accepted
- Identifying information in complaint will be redacted when sent to respondent licensee
- Mental / physical health examinations permitted
- Modern language regarding ability to discipline for mental / addiction impairment

Licensed Optometrists

Fingerprints

Section 14 of Senate Bill 314 requires the Board to fingerprint all licensees. A five year period is allowed. Since applicants have been fingerprinted since 2008, only optometrists licensed prior to this date need to submit fingerprints. Each year prior to renewal, one-fifth of the licensees who have not been fingerprinted will be notified by mail that fingerprints must be taken before a license will be renewed. Instructions will be included, but basically an in-state licensee will make an appointment with an authorized company to take the fingerprints electronically. There is a fee for this process. This is a one-time requirement.

National Practitioners Databank (NPDB)

The Board is required to check the NPDB at each renewal to determine if the licensee has been disciplined in another state.

In This Newsletter

Senate Bill 314.....	1	New Laws.....	6
Prescription Monitoring Program	2	Peer Assistance	7
Practice Pointers	3	Renewing License	8
EMR Issues.....	3	Office Inspections	8
Decorative Contacts.....	3	50 Years of Practice	9
Optometrists' Websites (ADA)	4	New Licensees	10
Previous Newsletters.....	4	E-Mail and Website	12
New Rules	4	Continuing Education	12
Disciplinary Actions	5		



continued from page 1

Instead of requiring each licensee to obtain a self query from the NPDB, the Board itself will submit each license to the NPDB. SB 314 specifically allows the Board to discipline a optometrist because of discipline in another state.

Prescription Monitoring Program

See important information in the article on this page.

Renewal Fee Increase

Sunset legislation increased the operating requirements for the Prescription Monitoring Program at the Pharmacy Board which necessitates a fee increase of \$5.29 for active Optometric Glaucoma Specialists. Queries to the NPDB will require a \$2.36 renewal fee increase for all licensees, including active Optometric Glaucoma Specialists.

Disciplinary Action

Anonymous Complaints

Senate Bill 314 prohibits the investigation of anonymous complaints. In addition, the Board is not permitted to identify the complainant when sending a copy of the complaint to the optometrist complained of.

Mental or Physical Examination

New Section 351.5014, Submission to Mental or Physical Examination, allows the Board to order a mental or physical exam when evidence points to the inability to adequately practice.

Modern Language

Where as the current Optometry Act authorizes disciplinary action if the optometrist "is a habitual drunkard; is addicted to the use of morphine, cocaine, or other drugs having similar effect; [or] has become insane;" the modern replacement authorizes disciplinary action if the optometrist "has developed an incapacity that prevents or could prevent the applicant or license holder from practicing optometry or therapeutic optometry with reasonable skill, competence, and safety to the public."

Prescription Monitoring Program

NOTICE

Optometric Glaucoma Specialists are **required** to access the Prescription Monitoring Program database when prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol (beginning September 1, 2019)

Optometric Glaucoma Specialists **may** access database when prescribing or dispensing Controlled Substances (effective now)

Texas pharmacists are required to submit all prescriptions for controlled substances to a database that is maintained by the Texas State Board of Pharmacy. House Bill 2561 made several changes to the Prescription Monitoring Program, the most important to optometrists being the "Notice" above.

To comply with the above "Notice" requirement, an Optometric Glaucoma Specialist must be able to access the database. This will require registration with the Pharmacy Board. Information concerning registration and related items is available on this website: <http://www.pharmacy.texas.gov/PMP/> The requirements in the above "Notice" are effective September 1, 2019, however the database can be accessed now. An exception to the requirement to access the database exists if the patient has been diagnosed with cancer or is receiving hospice care, which must be noted on the prescription.

House Bill 2561 also imposes duties on the Pharmacy Board and the Optometry Board. Rules must be adopted that define potentially harmful prescribing or dispensing patterns or practices. Both boards are required to monitor prescribing patterns, and if a potentially harmful pattern is detected, notify the Optometric Glaucoma Specialist. Disciplinary action may be imposed.

The August 2016 Newsletter describes the basis for the new emphasis on the Prescription Monitoring Program. Comments by legislators during committee hearings spoke to significant issues with opioid abuse and the need to combat that abuse.

I have practiced Optometry for 51 years in Port Arthur. In 1965, when I first began practicing, we did exams to fit glasses and hard contact lenses. The best changes for my practice came with diagnostic drugs and then therapeutic drugs. It expanded the scope of Optometry and allowed us to better care for our patients.

The worst changes have been the control by our federal government and third party providers.

The advice I have for our younger Optometrists is to be involved in the politics of our profession. Join TOA and AOA, join their boards, become an officer and be a leader in our wonderful profession. That was my philosophy while I practiced. I helped organize a new state association when it was needed. I served on the Texas Optometry Board for 12 years. Yes, you have time to do these things.

I no longer see patients, but serve as administrator for 2 large practices. I am 74 years old now and I have learned to play keyboard in a rock and roll band. I plan to be a rock star at age 75.

Life is great!

Office Practice Pointers

- Electronic Medical Records
- Decorative Contacts
- Practice Websites and ADA Compliance
- Information in Previous Newsletters

Electronic Medical Records

The Board requests patient records during office inspections, and when investigating a complaint regarding medical care. The majority of records submitted to the Board are now Electronic Medical Records. Since the best proof of the examination results obtained, the diagnosis, and treatment provided is that which is documented in the patient record, an optometrist will want to be able to establish that the patient record is accurate and complete. This applies to complaints investigated by the Board as well as

malpractice lawsuits.

However, the Board has seen several issues with EMR that bring the accuracy and completeness into question. Even one "error" in an EMR can cast doubt on the accuracy of the rest of the information in the record.

The most common issues are:

- pre-populated or "pull down" information is exactly the same on each of the five different records examined by the Board, even though such similar test results would be highly unlikely -- very common issue
- the same information is repeated verbatim across records of different exams for the same patient. For example, using the same date for all the office visits, and using the same presenting symptoms repeated verbatim from an earlier exam are a common errors seen by the Board
- inability to print out a complete record which has the same information as the EMR
- EMR does not contain information that would have been attached to paper records – for example, an auto refractor tape may have been stapled to the paper record in the practice, but after switching to EMR the test is not recorded in the patient record -- quite common
- doctor states that practice just started using EMR and did not realize that records did not have all the information from the exam. Was doctor checking the EMR to make sure that it was complete, or was the practice waiting until a board inquiry was received before noticing the error?
- a copy and/or information regarding releasing prescriptions is not in the record
- office has not figured out a method to accurately and completely transfer patient supplied information to EMR

A search on the Internet (emr issues lawsuits) will find many articles discussing EMR and malpractice lawsuits.

Decorative Contacts

More information will be provided in the 2018 Professional



continued from page 3

Responsibility Course, but the Board would like to pass on information received at the national meeting of state optometry boards. The presentation by the FDA at the meeting emphasized the need for optometrists to report adverse events regarding decorative contacts to:

<http://www.fda.gov/Safety/MedWatch/default.htm>

Practice Websites and ADA Compliance

Recently several health professionals, including at least one optometrist, have received letters demanding a payment, which if not paid, will result in the letter writer suing the health professional because the practice website is not ADA compliant. Because of actions by the courts, this particular letter writer may no longer be engaged in this practice.

However, an optometrist practice is most likely subject to the Americans with Disabilities Act, which would include the practice's website. Search the Internet, and there are many articles discussing the need for websites to be ADA compliant, although there appears to be some difference of opinion regarding the actual standards that must be met. The W3C Web Content Accessibility Guidelines have been cited by the ADA in some instances as a standard. The Internet articles advise health professionals to contact their web designer to obtain assurances that the website is ADA compliant.

Information in Previous Newsletters

The following topics may still be of interest. Please note that much of the information is on the website: "[Main Information Page](#)"

Child Abuse: doctors duty to report ([2015 Newsletter](#))

Controlled Substance Permits: DPS Permit repealed, DEA Permit required to possess, administer or prescribe controlled substances ([2016 Newsletter](#))

Deaf Patients: ADA may require doctor to hire interpreter [at least one phone call about this every month] ([2015](#))

Disruptive Patients: ([2016](#))

Family Violence: reporting requirements ([2015](#))

Internet & Social Media: see also "Disciplinary Matters" in this Newsletter ([2015](#))

Letting License Expire: ([2015](#))

Recording of Subsequent Patient Contact: ([2016](#))

Release of Contact Lens Rx to Dispenser: ([2016](#))

State Law Protecting Personal Identifying Information: see also "Disciplinary Matters" in this Newsletter ([2016](#))

Visual Acuties: recording in patient record ([2016](#))

New Rules

The board amended Rules 271.2 and 273.8 this past year, both amendments in response to the passage of Senate Bill 314 (page 1 of this newsletter). [Rule 271.2](#) makes changes to the application process. The amendment to [Rule 273.8](#) describes the fingerprinting process for those licensed before 2008.

The board is proposing to amend [Rule 273.4](#), also in response to the passage of Senate Bill 314. To address the opioid abuse problem, new legislation is adding additional duties for the Texas State Board of Pharmacy, the operator of the Prescription Monitoring Program. This will require additional personnel and database programming. The Optometry Board, along with other health profession licensing boards, is required to pay the additional costs of the program. Therefore the Board is proposing to raise the license renewal fee for Optometric Glaucoma Specialists by \$5.29.

An additional renewal fee increase of \$2.36 is proposed for all licensees. Senate Bill 314 requires the Board to check the National Practitioner's Databank at each license renewal for reports of discipline in other states. The NPDB charges for this service (there is almost a \$2.00 savings compared to the charge for an optometrist to self-query and submit to the Board).

The Board is also proposing to amend Rule 277.1 concerning the confidentiality of complainants and the requirement that all complainants be identified. This proposed amendment and new Rule 277.11 are also in response to Senate Bill 314. Rule 277.11 sets out the procedure for a physical or mental examination.

Disciplinary Matters

License Suspension

The Board and then applicant for license entered into an Agreed Order suspending the license for one year, with the period of suspension probated. The Board alleged that the applicant was arrested for Driving While Intoxicated in October 2015. At the arrest the Board alleged that the applicant possessed eight and one-half pills classified as Controlled Substances requiring a prescription for which the applicant did not possess. The Agreed Order required the applicant to be evaluated by the Peer Assistance Program, and enter into a support agreement with the Program requiring regular monitoring. The now licensed optometrist failed to meet these requirements of probation. After an Administrative Hearing, the Board entered a default order revoking probation and suspending the license for one year. Thomas Koepke, O.D., 8869T. Texas Optometry Act [§351.501\(a\)\(15\)](#), [Board Rule 277.3](#).

License Probation

The Board and optometrist entered into an Agreed Order suspending the license for two years, with the period of suspension probated. The Board alleges that after a diagnosis of severe demodex (mites) infestation, the doctor did not meet the required standard of professional care and judgment when the doctor improperly applied tea tree oil to the patient and failed to accurately diagnose and treat the subsequently presenting corneal abrasions. The Board also alleges that the inconsistent and incomplete patient records would not permit another optometrist to identify the examination performed and the results obtained. The Board further alleges that the doctor did not meet the required standard of professional care and judgment when he failed to accurately and fully record in the patient records the examination findings and the treatment provided. An administrative penalty of \$2,500 is part of the Agreed Order. Crosby Wallace, O.D., 5527TG. Optometry Act [§351.360](#), [§351.501\(a\)](#) and [Board Rule 277.7](#).

Letter Agreements

A licensee, and in a separate action, an optician, attended an

Informal Conference in Austin with three Board Members. After the conference and a vote of the Board, the respondents entered into a Letter Agreement.

Misrepresentation on Application

The Board alleges that the optometrist in applying for a license did not accurately answer the application question concerning the failing of a licensing exam. The optometrist stated that she was unclear of the meaning of the question, but instead of consulting the Board, she consulted fellow students. The examination failed was one of the examinations required for licensure. The Letter Agreement imposed a penalty of \$250. Optometry Act [§351.501\(a\)](#)

Dispensing of Eyeglasses Without a Prescription

The owner of an optical entered into Letter Agreement requiring the owner to cease and desist dispensing eyeglasses without a prescription. An employee of the owner is alleged to have dispensed eyeglasses to a customer who stated she needed the glasses immediately, requesting that the prescription be the same as that of glasses made for another customer of the optical. The Letter Agreement requires the owner to insure that employees are properly trained and supervised. The Investigation-Enforcement Committee did investigate whether the optical possessed equipment to measure vision. Optometry Act [§§351.002](#) and [351.251](#).

Administrative Penalties

Patient Record Deficient

Optometrist allegedly did not record required follow-up contact lens examination in the patient record. Administrative penalty of \$300. Optometry Act [§351.501\(a\)](#) and [Board Rule 277.7](#).

HIPPA Violation

Optometrist's office allegedly posted personally identifiable health information on Internet business review site. The patient's name was specifically posted with information about the patient



continued

visit in response to a posted review. Penalty of \$500. Section [181.154](#) of the Health and Safety Code.

Misrepresentation on Application

Applicant allegedly did not disclose arrests and convictions when applying for license. Applicant allegedly assumed arrests and convictions had been expunged. Penalty of \$500. Optometry Act §[351.501\(a\)](#)

Professional Identification

Administrative penalties were issued for allegedly failing to comply with the professional identification requirements of the law (see below and the [February 2012 Newsletter](#)). Occupations Code §[104.003](#), Board Rule §[277.6](#).

Incorrect Identification on Rx

One doctor received an administrative penalty for allegedly failing to correctly identify as an optometrist on prescriptions written by the doctor. The doctor's business card also contained incorrect identification. Administrative penalty of \$300.

No Identification on Office Door

Two doctors allegedly practiced in offices that did identify the doctors on signs prior to entry into the offices. Administrative penalty of \$300 for each doctor. Optometry Act §[351.362](#).

Each newsletter contains a list of doctors issued fines for failing to use the proper professional identification. Most of these violations are discovered during office inspections by the Board. State law requires an optometrist to use one of the following:

- John Smith, O.D., or
- John Smith, Doctor of Optometry, or
- John Smith, Optometrist, or
- Dr. John Smith, Optometrist

A therapeutic optometrist must use one of the above identifications, or any of the following:

- Jane Smith, Therapeutic Optometrist, or
- Dr. Jane Smith, Therapeutic Optometrist

Control by Optical; Advertising

Seven doctors were assessed an administrative penalty for allegedly allowing a leasing optical to control the practice. Four doctors allegedly permitted a leasing optical to post signs such that there was no public thoroughfare leading to the entrance of the optometrists' practices. Administrative penalties of \$300 to \$600. Two optometrists allegedly allowed a leasing optical to post optical advertising on the optometrists' practices. Administrative penalties of \$300. One doctor allegedly placed the name of the leasing optical on the doctor's business card. Administrative penalty of \$300. The Optometry Act, in regulating the relationship of dispensing optician and an optometrist, prohibits solicitation for one by the other. The Act also prohibits a lessee doctor from allowing an a lessor optical to provide advertising services. Optometry Act §§[351.364](#), [351.408](#), [351.459](#) and [351.501\(a\)](#).

New Laws

The following laws that affect the practice of optometry were passed in the 85th Legislative Session.

[Senate Bill 314](#): See page 1 of the Newsletter.

[House Bill 2933](#): Creates a new volunteer military license to allow out-of-state licensees in the military or previously in the military to provide charity care in Texas.

[House Bill 3675](#): Amends Government Code with this language: "The [Health and Human Services Commission] shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services to recipients in a region include in the organization's provider network each optometrist, therapeutic optometrist, . . . and an institution of higher education . . . in the region who: (1) agrees to comply with the terms and conditions of the organization; (2) agrees to accept the prevailing provider contract rate of the organiza-



tion; (3) agrees to abide by the standards of care required by the organization; and (4) is an enrolled provider under Medicaid." In addition, the bill adds this language to the Government Code: ". . . [Health and Human Services Commission] shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services to recipients in a region include in the organization's provider network each optometrist, therapeutic optometrist, . . . and an institution of higher education . . . in the region who: (1) agrees to comply with the terms and conditions of the organization; (2) agrees to accept the prevailing provider contract rate of the organization; (3) agrees to abide by the standards of care required by the organization; and (4) is an enrolled provider under Medicaid."

Impaired Optometrists

The Peer Assistance Program has been set up by the Board to offer optometrists a pathway to recovery that remains confidential as long as treatment progresses in a satisfactory manner. During treatment, the Program, which is operated independently of the Board, only reports the number of persons in the program. The Board does not receive any identifying information if the doctor or student is complying with Program requirements. The Program is very similar to the programs utilized by physicians, nurses, dentists, veterinarians, and pharmacists.

Impairment includes alcohol and drug dependency as well as mental health issues. The program is also available to Texas optometry school students.

Information is available on the Board's website (click on the red box below) or the impaired doctor or student can call the Program directly at: **1-800-727-5152** *Colleagues of impaired optometrists may also use this service to assist in finding help for the impaired doctor.*

HELP impaired professional
drugs • alcohol • mental health
Peer Assistance Link

50 James Winter, O.D.

I graduated from Pacific University in 1967 and joined the practice of Earl Hildreth, O.D., in Lubbock for my first year of practice. Dr. Hildreth was an excellent mentor and friend.

From 1969 through 1973 I was on the faculty of UHCO. This was a tremendous experience and time of personal and professional growth. I'm sure I learned more than my students.

I started my solo independent practice in 1969 in Seabrook and specialized in pediatric care with an emphasis on the treatment and management of binocular vision problems, vision therapy and developmental vision. By the late 1970's the practice had evolved into a general practice with an emphasis on contact lenses, including specialty fittings. This was followed by the addition of medical optometry in the mid 1980's. I have always appreciated the opportunities in optometry and the ability and necessity to explore new avenues of interest. It is like having several careers within one profession. At the current time I am fascinated and challenged by orthokeratology and myopia control.

I have thoroughly enjoyed the practice of optometry for the past 50 years. I never felt like I was actually working and I still look forward to going to work every day. There is never a day I don't learn something new or gain a different perspective on something I thought I knew. I also enjoy working with patients who have become good friends over the years. I am amazed at the number of patients I have taken care of for over 40 years that I am still seeing. I especially enjoy teaching my philosophies and technical skills related to patient care and vision care to my staff.

I am concerned about future generations of optometrists having the independence and opportunities that I have had. I am concerned about the encroachment of insurance companies and their influence on our decisions on providing lenses and frames as well as taking a portion of our income. I am also concerned about the commercial internet companies who are influencing patients in ways that may be harmful to them. I think an oversupply of optometrists is forcing many optometrists into certain forms of corporate optometry that may affect their independence and potentially the optimum vision care of patients.

However, I cannot think of any profession that I would have preferred over optometry with a great blend of satisfaction, creativity independence and "good feeling" from helping people. I do not have any immediate plans to retire, but I would like to have a new optometrist join the practice with the goal of taking over the practice in the future.

License Renewal

Fee Changes:

- Active optometric glaucoma specialist: **\$224.50** (see "New Rules," page 4)
- All others \$211.36 (see "New Rules," page 4)

Continuing Education

- Submitting certificates to the Board as soon as received speeds up the process immensely

Notice to Renew:

- Postcard is mailed to address in database. Everyone must renew whether the postcard is received or not.

Start of Renewing Period:

- Instructions on website starting first week in November

Deadline:

- On-line renewal system allows a January 1, 2017, renewal without a late fee, *but only if system is operational on that day. The Board cannot guarantee that the on-line renewal system will be operational at all times*

Fingerprints:

- One fifth of doctors licensed before 2008 will be required by state law to submit fingerprints. See page 1.

Query to NPDB:

- A query will be run for all doctors renewing as required by state law. See page 1.

Doctors waiting until the last minute to renew may find it very stressful to complete all requirements in a timely fashion

Office Inspections

The Board has been conducting inspections of doctors' offices for over forty years. The number of inspections conducted is one of the required performance measures submitted to the Texas Legislature each year. Inspections are conducted under the authority of Optometry Act §[351.1575](#).

The Board investigator inspected offices in Corpus Christi, Victoria, Portland, Beeville, Aransas Pass and Kingsville this year. A number of the offices were not in compliance with the requirements of state law. For some of the violations it is normal for the Board to impose an administrative penalty (fine), but some violations may require stronger disciplinary penalties.

50 Melville H. Rockoff, O.D.

I opened my first practice in February 1964, a chair, a stand, a phoropter and a keratometer, a small selection of frames, a dispensing desk, and small reception area. I struggled for a year and finally realized that private practice was not going to pay my bills.

I went to work for TSO. Working in a commercial practice opened my eyes to the vast division in optometry between the so-called professional optometrist and the commercial optometrist. I was shunned by my former colleagues and was even called a prostitute to my profession. I was denied membership in the Texas Optometric Association, American Optometric Association, and the local county society. However that didn't stop me, together with some of my fellow commercial optometrists we formed the Texas Association of Optometrists and fought for equal rights.

Courts ruled that advertising was not a barrier to professional practice. The face of optometry in Texas changed. Thinking back at it now, I can't believe how far Optometry has come. The divisions have almost disappeared. The TAO disbanded and its members were welcomed into the TOA and other professional organizations.

When I began practice all we had were lenses and prisms, today we have therapeutics, glaucoma management, Lasik and cataract co-management. The number of practice tools has exploded. Using an analogy: black-and-white television to iPhone. What's the future? Anybody's guess, but I'll bet it's more fun than we can possibly imagine.

I was asked what thoughts do I have for today's optometrist, I can only say maintain your core principles. Keep up with the ever changing face of technology and remember the worst that can happen is progress.

I was asked what philosophy principles guided me at my practice. One important thing stands out, the patient always comes first.

53 years and counting, I'm thinking about hanging it up, however I haven't quite made up my mind. If I continue I will maintain at least a three day a week schedule and hope to be able to maintain my physical or mental capabilities. Thanks for a great ride.

50 Larry Carl Smith, O.D.

WOW! 50 YEARS. What a ride. It seems like only yesterday that Dr. N.J. Rogers was grading my keratometry skills while testing for my license in 1967 (We would meet again). This was a tumultuous time for the Texas Optometry Board. The good "professional" board members vs. the bad "commercial" board members. Huge disputes over who was the Board president. The strikeouts on my license can attest to that.

You see, in the 60's and 70's (and beyond) there were two classes of O.D.'s. The first class (professional) O.D.'s were all those O.D.'s in private practice. The second class (commercial) O.D.'s were those who practiced with TSO, Pearle Vision, Royal Optical, Luck Optical, etc. There was a great deal of disdain shown toward the "commercial" O.D.'s. The discrimination went so far that for any O.D. who became employed at any of the above mentioned "commercial" practices, he or she (including myself) would be required to resign their membership in our "professional" associations which included the local, state, and national associations (Harris County Optometric Society, Texas Optometric Association, and the American Optometric Association). One week after accepting a job with Dr. Nate Rogers (TSO), the Harris County Optometric Society (HCOS) sent Dr. Julian Spring to my office to inform me that I was no longer welcome in the HCOS and that I must resign my memberships. Of course this also meant that I could no longer be a member of the TOA and the AOA. The same treatment was repeated many times with many other O.D.'s including my wife, Virginia Bougher, O.D.

To this day, the unfairness of these actions has stayed with me. To say it was hurtful would be a huge understatement. These were the darkest years for both myself as well as for Texas Optometry.

This discrimination did lead to the founding of the Texas Association of Optometrists, which I am proud to be a lifetime charter member. With the TAO we had our own state association, state conventions, and local association meetings. We now enjoyed an optometric professional association free of any discrimination.

A big thank you to Tom Annunziato, past TOA president, for calling for an end to the two tier system of classification of O.D.'s.

The best change I have seen over the years has been a gradual shift in attitudes regarding those O.D.'s who chose/choose to practice in a Commercial setting.

The worst change, without a doubt, would be the loophole in the Texas Optometry Act that permits a Stooze Ophthalmologist to hire dozens of O.D.'s to work for him or her performing eye exams in a corporate owned one door store. How long will it be before Luxottica, Walmart, Vision Works, Costco, and Sams Clubs hire their own stooze.

In my fourth year of optometry school, Dr. Al Romano gave me this sage advice which I now pass on to you: "Pay yourself first." What great advice. Only I took it to mean "write the first check to me." Wrong. After becoming a little older and much wiser I now know that he meant, "Pay into your retirement account first." That one piece of advice can make you a millionaire many times over. Those of you in your 20's, 30's 40's and even 50's, have time working for you. The time value of compound interest is truly a financial miracle. Put away \$50, \$100, \$150 or more a month into a low fee no load mutual fund before you pay even one bill. 50 years from now you will thank Larry Smith for making you rich.

My last and most important piece of advice: Think Dentistry. Way too many optometrists and many more on the way.

Would I do anything differently. Do I have any regrets. You bet I do but I'm not telling.

Be Honest with your patients and be honest with yourself.

I am currently semi-retired, practicing three days a week in my very own "PROFESSIONAL PRIVATE PRACTICE" with my wife Dr. Virginia Bougher in Cedar Park and doing as little as I can possibly can get away with. (Pease don't tell Virginia). I will bring you an update for my 75 years of practice in 2042.

50 Years of Practice

Doctors actively licensed for 50 years or more were invited to submit comments. This issue has the most recent comments. Comments have been edited by the editor due to space issues. Publication is not an endorsement of the comments.

Information for New Licensees

(also a refresher for current licensees)

Suggestions from the Board

Read the Newsletter every year (the Board assumes that all licensees read the Newsletter). Important information regarding optometry practice, including new laws and rules, recent disciplinary actions, and common issues can be found in each [Newsletter](#).

Telephone or e-mail the Board if you have a question (but check the website first -- the website might have just what you are looking for)

- On the website, look first in the [Main INFORMATION Page](#) which has information on maintaining patient records, treating minors, responsibilities to deaf patients, disability license plates, controlled substances prescription requirements, and partnerships, for example. This page also links to pages that have links to Medicare, Medicaid and HIPAA resources.
- The [Texas Optometry Act](#) is on the website. A [PDF booklet](#) is also on the website which includes an index.
- All the [Board Rules](#) are also on the website. Again, a [PDF booklet](#) with index is available.

Your license *expires* on January 1, 2018*

- Usually during the first week in November all licensees are mailed a postcard to the address on file with the Board (state law requires that this address be current). You must renew your license even if you do not receive the postcard announcing that licenses can be renewed.
- Instructions for renewing will be on the website starting November 1. Almost all licensees renew on the Internet.
- You are exempt from continuing education to renew for 2018 (if you were first eligible for a license in 2017).

* *Recent licensees who are veterans, spouses of veterans, or military service members may have a different expiration date*

Drug prescribing authority: start with the [website](#)

Office Inspections: Your office may be inspected by the Board's investigator. See information on page 8.

50 James A. Pyeatt, O.D.

I graduated from UHCO in 1964, and have practiced in many different Optometric settings:

- Two years in downtown Dallas with Dr. Joe Reeves. It was a professional practice, located in the Wilson Building. The income was low, but I learned and enjoyed the patients.
- Served two years in US Army at Fort MacArthur Army Hospital, San Pedro, California. I went in as a Second Lieutenant and left service as a Captain. Again, a great learning experience.
- Chose to start a practice in Lewisville, population 6,000 in 1968. I was the first OD in Lewisville and stayed there for about 7 years.
- Worked for Maury Ray, OD in Dallas area, in more of a commercial environment. My experience with Dr. Ray lasted over 20 years.
- Went to Contact Lens Centers in Dallas area, employed by Drs. Kay Willis Wegman and Charles Wegman. This practice is a well-run, professional, efficient setting. I spent 10 years in their offices.
- In the last 7 to 8 years, I have been semi-retired, working two days a week for Gene Bennett, OD in Tyler. Again, a professional practice with staff and patients that make it a pleasure. My wife and I live on Cedar Creek Lake, about an hour's drive to Tyler.

I have practiced Optometry in the same manner, in all of these various settings, to the best of my abilities. And I still enjoy the patients.

When I first started practicing Optometry, we were not trained therapeutically. We fit rigid contact lenses and referred out all medical problems. We had no tonometers, perimeters, no retinal pictures, OCTs and such. My mentor in 1964 to 1966 used his finger to judge pressures and also did not charge an exam fee if glasses were not needed or if the Rx was not changed.

BEST CHANGE in the practice of Optometry: ODs working now side-by-side with MDs.

WORST CHANGE in the practice of Optometry: Not going to full professional fees with materials at or near cost.

MY ADVICE to younger Optometrists: Use all of your education and skills. Enjoy your profession and helping people. Making money is not the answer to find happiness. Family is most important.

50 Carl Childress, O.D.

My experience with Optometry began long before entering the Optometry College at the University of Houston. In fact, I had the fortunate opportunity of traveling throughout the nation with my parents, Drs. Raymond C. and Mary E. Childress, hearing presentations and meeting many of the foremost Optometrists and Scientists in the field of vision.

I chose a path which was forged by my grandfather, Dr. T. C. Ragan, who practiced in Greenville, Texas and was one of the first Optometrists licensed to practice in the state. He attended Optometry school at Needles Institute of Optometry (later Northern Illinois College of Optometry) which was located on an uncle's property in Kansas City.

My mother began working with him at the age of sixteen which is when I also began working with my parents and helping in their Vision Therapy practice. Later, mother became the second woman Optometrist in Texas having graduated from Texas College of Optometry in Dallas which was the charter school for the University of Houston, College of Optometry. My father graduated from Northern Illinois College of Optometry and began practicing in Longview in 1937 and my mother married him and joined him in his practice in 1939. I joined my parents in practice in 1968 and I am the eighteenth Optometrist in the family!

My practice in Optometry has been greatly influenced by the extraordinary benefits received from so many brilliant Optometrists who kindly offered their time and expertise in mentoring me. I found learning goes well beyond graduation through the willingness of others to share their knowledge and wisdom and this is sometimes of greater benefit than the education in Optometry school. It is vital that practicing Optometrists willingly accept and put into use new information given to us through teaching and research. If we truly apply skills and knowledge taught by our predecessors while continually integrating new research and technological advances within the field of Optometry, each of us is better equipped to provide excellent care for our patients.

Whether we agree with each other or not, collaborating ideas and methods with colleagues is extremely important for the healthy growth of our profession and for providing the best Optometric care for each individual patient. My greatest disappointment has been to observe the general lack of knowledge in binocularity, functional vision, and Vision Therapy. This lack of knowledge is, in my view, a direct result of the emphasis placed on therapeu-

tics while neglecting the essential foundation of good binocular vision. While our larger scope of practice has been long overdue, it should never displace our uniquely empirical understanding of functional vision. In that same light, keeping the highest integrity and striving to provide the best quality care should be the goal of each of us no matter the focus of our individual practices.

This year my practice in Longview celebrated its 80th year anniversary! However, my first year joining my parents was the year the government decided to draft only those physicians who were Optometrists! And of course my name was drawn. Fortunately my parents held down the practice while I served two years on active duty in Newport, Rhode Island, and twenty-eight years in the Naval Reserves. As an Optometrist, I served for seven years as Assistant Division Surgeon for the 4th Marine Division, set up the first HIV testing for the entire U.S. Marine Corps, was the Commanding Officer of Fleet Hospital Eleven, a five hundred bed mobile tent hospital, and was awarded the Legion of Merit Medal. I retired as a Navy Captain in 1999. And though my time as a Naval Officer was incredible, it does not compare to the enjoyment and satisfaction I receive from serving the thousands of patients, young and old alike, that have come from over the world to my practice to receive vision care.

My Optometry career has been an extraordinary adventure filled with tremendous opportunity. I had the privilege of having the first low vision patient legally licensed to drive in Texas; was invited to join Dr. Donald Korb in the first extended wear contact lens presentations and, thirty-five years ago, was on his initial team studying Meibomian Gland Dysfunction. I was privileged to serve my peers in Optometry as Chancellor of Beta Sigma Kappa, President of the Southwest Council of Optometry and President of the American Optometric Foundation (now known as American Academy of Optometry Foundation).

Currently, I have returned to my greatest passion and that is Vision Therapy. Every day I see patients from infants to eighty year olds who have Traumatic Brain Injury, Autism, Strabismus, Convergence Insufficiency, ADD/ADHD, Dyslexia, Stroke, and many other anomalies that only Vision Therapy can resolve. I am thankful for the opportunities that Optometry has afforded me but I am especially thankful that every day I see the lives of patients and their families positively changed to ensure their success in the future. It is my desire to see that all Optometrists recognize the worth, better yet, the absolute necessity of excellent functional vision and that we all work together as a team to ensure the best possible outcome for our patients.

Continuing Education

Submission to Board:

- CE certificates can be mailed to the Board, faxed (512-305-8501), or e-mailed (e-mail address on home page of website). An OE Tracker transcript can be printed, signed and submitted to the Board. OE Tracker does not report CE to the Board. Some, but definitely not all, courses provide an attendance list to the Board. Please do not assume that every course will do so.

Submitting certificates to the Board as soon as received and not waiting until the end of the year speeds up the process immensely!

Posting on Website:

- CE hours cannot be posted on the website until the Optometry Board approves the course. CE hours are presented for approval at the February, April, August or November meetings. The [website](#) always contains a current list of Board approved courses.

Professional Responsibility Courses:

- Because of school schedules, check with the University of Houston and the Rosenberg School of Optometry (UIW) for availability in late December.

Penalty Fees for Late CE

- Penalties of \$210.36 will be imposed if all CE is not taken in 2017.

Request for Health Exemption

- Exemption request must be submitted no later than 11/3/17

Requirements:

- Detailed information on CE requirements is on the website: www.tob.texas.gov.

New E-mail Address / Website

The Board's current e-mail system has been discontinued by the Department of Information Resources. Board staff have new e-mail addresses: "@tob.texas.gov" The easiest way to contact the Board by e-mail is to use the e-mail address on the first page of the website.

Shortly after publication of this Newsletter, the revised website will go public. The website should be easier to navigate, easier for staff to update, and much easier to verify a license and disciplinary status. The link addresses will change, but the on-line 2017 Newsletter will be revised to incorporate the new links.