



# TEXAS OPTOMETRY BOARD

# NEWSLETTER

August 2019  
VOL XXVII NO I

Texas Optometry Board, 333 Guadalupe St, Ste. 2-420, Austin, TX, 78701; 512-305-8500 (fax: 512-305-8501)

## New Laws

The Texas Legislature meets every other year for 140 days. The following new or amended laws will be of interest to optometrists. Action on new statewide CE requirements will not be necessary to renew for 2020, but may be required to renew for 2021. *This is not an exhaustive list of legislation that may affect licensees.*

### Required Human Trafficking Course

House Bill 2059: Beginning with the 2021 license renewal, all health care practitioners (including optometrists) “. . . shall successfully complete a training course [approved by the executive commissioner of the Health and Human Services Commission] on identifying and assisting victims of human trafficking as a condition for renewal of a license issued to the health care practitioner . . .” At least one of the approved courses must be available on the Internet, and the list will be published on the website of the Health and Human Services Commission.

### Electronic Controlled Substances Prescription

House Bill 2174 requires all prescriptions for a Controlled Substance to be an electronic prescription. There are some narrow specific exceptions. Doctors may be able to apply to the Board for a yearly waiver once the Board is able to establish rules. Electronic prescriptions must comply with federal standards.

### New Required CE

House Bill 2174 requires newly licensed optometric glaucoma spe-

cialists to take a two hour CE course on prescribing and monitoring controlled substances within a year of license. Current optometric glaucoma specialists will need to take the course by September 1, 2021. The Board will provide information on approved courses in consultation with the Pharmacy Board. In addition, House Bill 3285 requires “[a] prescriber or dispenser whose practice includes the prescription or dispensation of opioids [to] annually attend at least one hour of continuing education covering best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and



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**HELP** impaired professional  
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◀ other treatments.” This will be a requirement to renew for 2021. The Pharmacy Board is required to establish the content of this course.

### Revocation of License

House Bill 1899 requires the Board to revoke a license if the doctor is convicted of a crime (or placed on deferred adjudication) which requires registration as a sex offender; a felony where the doctor used force or threat of force to commit the crime; or a crime that is a sexual assault, an aggravated assault, an aggravated sexual assault, or injury to a child, elderly individual, or disabled individual if committed during the treatment of a patient.

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## Registration w/ PMP

Every Optometric Glaucoma Specialist who prescribes or will prescribe a Controlled Substance must register with the Prescription Monitoring Program (PMP) at the Pharmacy Board. Register here:

<http://www.pharmacy.texas.gov/PMP/>

Beginning March 1, 2020, an Optometric Glaucoma Specialist shall not prescribe or dispense a Schedule III, IV, or V opioid without first consulting the Prescription Monitoring Program.

A doctor *cannot* consult the PMP without first registering with the Pharmacy Board. The original 9/1/2019 deadline requiring the use of the PMP has been extended to 3/1/2020.

An Optometric Glaucoma Specialist may prescribe or dispense an analgesic that is classified as a Schedule III, IV, or V Controlled Substance. Tylenol® No.3 is an example of an analgesic that is a Controlled Substance and an opioid.

State law directs the prescriber to consult the Prescription Monitoring Program prior to prescribing or dispensing an opioid to ascertain what controlled substances, if any, have previously been prescribed to the patient. With this information at the doctor’s disposal, a determination on safe prescribing may be made by consulting the guidelines in Board Rule §280.10. The rule also lists the narrow exceptions to the requirement to first consult the Prescription Monitoring Program.

Use the <http://www.pharmacy.texas.gov/PMP/> link for information on an advanced analytics and patient support tool called NarxCare and information on integrating the PMP into a doctor’s electronic medical record software. Other information on the PMP is available as well.

Doctors must also, of course, possess a valid DEA registration to prescribe or dispense a Controlled Substance.

The Board is required to check information in the Prescription Monitoring Program and is authorized to initiate disciplinary action if the prescriber is engaging in prescribing conduct that violates state law.

House Bill 3284 requires the Board to establish penalties for the improper disclosure or use of information in the PMP.

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## Important Changes to CE Requirements

In April the Board adopted changes to Board Rule §275.1 to increase the number of diagnostic / therapeutic hours required for license renewal. Starting in 2020, all licensees will be required to obtain 12 diagnostic / therapeutic hours out of the required 16 hours. The proposed rule changes were published in the March 8, 2019, issue of the *Texas Register* for comments from licensees. Licensees will therefore not be able to renew their license for 2021 unless they have submitted **12** diagnostic / therapeutic hours.

See the following article on proposed changes to the license renewal period. If the Board approves the change to a two year license period, changes will be required in the amount of CE necessary to renew for a two year period. Therefore every two years licensees will need to submit 32 hours of approved CE in order to renew their license, but the license will be effective for a two year period. Extreme caution should be observed not to wait until the last minute to obtain the required 32 hours of CE.

***There are no changes in the CE requirements to renew a license for 2020.***

However, the change requiring 12 diagnostic / therapeutic hours will need to be considered for CE obtained in 2020 for 2021 renewal.

## Proposed Two Year License Renewal

The Board has proposed changes to allow license renewal every two years versus the current annual renewal. See amendments to Board Rules §273.4, §273.8, §273.14, §275.1, and §275.2, all to be published in the Texas Register. If adopted, these are the requirements:

- All licenses will have a two year expiration date once a staggered renewal system is established.
- CE can be taken at anytime during the two year period prior to license renewal.
- A total of 32 hours must be submitted to the Board in order to renew a license. This includes 24 hours of diagnostic / therapeutic and two hours of Professional Responsibility.
- The fee for license renewal will be adjusted to cover the two year period.

Starting with license year 2021, the Board will use this process to begin the staggered two year renewal period:

### Year 1 (renewals starting November 2020 for 2021 license)

- 1/2 of current licensees will be notified that the license will be renewed for a two year period (normal hours of CE will be required to initially renew)
- 1/2 of current licenses will renew for one year (normal CE will be required to renew)

### Year 2 (renewals starting November 2021 for 2022 license)

- Holders of a two year license will not need to renew, but should be aware that 32 hours of CE must be submitted prior to December 31, 2022
- The remaining holders of a one year license will be notified that the license will be renewed for a two year period (normal hours of CE will be required to initially renew)

### Year 3 (renewals starting November 2022 for 2023 license)

All licensees now have two year licenses. Thirty-two (32) hours of CE must be submitted before these licenses can be renewed.

## Counting Down to 100 Years

Years	Months	Days
2	3	16

Prior to 1921, state law did not regulate or specifically authorize the practice of optometry. That year the Texas Court of Criminal Appeals (*Baker v. State*) affirmed a criminal conviction of an optometrist for the practice of medicine after the optometrist performed an eye examination. The court's opinion held:

The power of the Legislature to put the optometrists in a separate class, as it has done dentists and nurses, is without question. The expediency of doing so is a matter of policy with which the courts are not concerned. Until it is done, or the optometrist, as defined in the evidence herein, is expressly exempted from the operation of the Medical Practice Act, he, in our judgment, is required thereby to obtain from the state a license showing that he possesses the knowledge requisite to the pursuit of the practice of medicine.\*

Not long after the court's decision, the original Optometry Act was passed, with an effective date of November 15, 1921. The Act put optometrists in a separate class, defining the practice of optometry and creating the Texas State Board of Examiners in Optometry. The new state law required the Governor to appoint five Board Members, who upon meeting for the first time were to license themselves. Currently practicing optometrists were required to register within a short time frame and take an examination consisting of "(a) The limitations of the sphere of optometry, (b) The necessary scientific instruments used, (c) The form and power of lenses used, (d) A correct method of measuring presbyopia, hypermetropia, myopia and astigmatism, [and] (e) The writing of formulas and prescriptions for the adaptation of lenses in aid of vision."

A preliminary Board Meeting was held in Dallas on October 22, 1921. Officers were elected. The first regular Board Meeting was held on November 21 and 22, 1921. By-laws were adopted at the meeting. At the February 13, 1922, Board Meeting, an examination schedule was approved starting June 8, 1922, setting examinations in Dallas,

◀ Galveston, San Antonio, Sweetwater, and Fort Worth. Minutes for the Eighth Regular Meeting list the meeting location as “In route to Sweetwater, Texas . . .,” while the November 19, 1923, meeting was “. . . called to order by President Georgia in his room at the Driscoll Hotel.”

The Optometry Act was subsequently amended twice in the same decade. Significant parts of the original legislation, especially as amended in 1925, survive in the current Optometry Act almost a hundred years later. For example, Section 11 of the original Act set the requirements for the licensing examination: “Said examinations shall consist of tests in practical, theoretical, and physiological optics, in theoretical and practical optometry, and in the anatomy, physiology, and pathology of the eye as applied to optometry.” Compare that to the current language of Section 351.256: “(a) The examination must consist of written or practical tests in subjects regularly taught in recognized accredited colleges of optometry, including: (1) practical, theoretical, and physiological optics; (2) theoretical and practical optometry; and (3) the anatomy, physiology, and pathology of the eye as applied to optometry.”

A brief history of the Optometry Board is on the [website](#). A copy of the original Optometry Act is also on the [website](#). A detailed history of optometry in Texas may be found in *Optometry in Texas, 1900 - 1984*. Written by Weston Pettey, O.D., the book was published by Nortex Press in 1985.

\* After passage of the Optometry Act the Court of Criminal Appeals vacated the conviction.

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## Expedited License Renewal

The Optometry Act does not provide for an expedited license renewal procedure.

However, licensees can expedite the process by using the following guidelines:

1. **Submit CE certificates as soon as they are received** (do not wait until the end of the year to submit to the Board)
2. Especially at the end of the year, consider only taking **CE that is on the Board’s approved list**: [List of Approved Courses](#)
3. If you are in the group of licensees\* that must obtain fingerprints,

## obtain the fingerprints as quickly as possible

\* One fifth of doctors licensed before 2008 will be required by state law to submit fingerprints. These doctors will be sent a letter with the requirement - an updated address with the Board is essential to receive this notice.

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## 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](#) 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.*

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## Office Practice Pointers

- Reporting Illegal Sales of Contact Lenses
- Submission of Continuing Education
- Professional Identification

## Reporting Illegal Sales of Contact Lenses

Complaints of illegal dispensing can be made to the [Attorney General](#), the Optometry Board, local police or sheriff, or the federal government:

Report adverse events to the FDA: <https://www.fda.gov/medical-devices/contact-lenses/contact-lenses-report-problem>

Report illegal sales on Internet: <https://www.fda.gov/safety/report-problem/reporting-unlawful-sales-medical-products-internet>



Report illegal dispensing to the FDA: 877-382-4357  
 Report illegal dispensing to the FTC: <https://www.ftccomplaintassistant.gov/GettingStarted?NextQID=275&Url=%23%26panel1-9>

Detailed reporting information on [AOA Website](#)

### Submission of Continuing Education

Submit proof of continuing education as soon as you receive the certificate. If the course is approved, you will receive immediate credit and there will not be a delay when you choose to renew. If the course is not approved, this will give Board staff the necessary time to obtain information on the course so that it can be approved.

During November and December staff enter hundreds of courses each day (almost 22,000 entries in 2018). Many of these courses were taken during the first part of the year and not submitted until months after the course was taken. If the course was not approved, this resulted in a significant delay for the doctor trying to renew. As a reminder, a list of approved courses is posted on the website.

CE certificates may be mailed, faxed (512-305-8501) or e-mailed (e-mail address on first page of website).

### Professional Identification

State law specifically defines the professional identification an optometrist may use in Section 104.003 of the Occupations Code. A refresher is printed in each Newsletter. However, just in the last two years, the Board took disciplinary action against 18 doctors who did not comply with Section 104.003. These violations were discovered primarily during office inspections. The correct identification was not present on prescriptions, office signs or business cards. Websites and other advertising also require the correct professional identification.

#### Only permitted identification:

- 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

State law also requires doctors to post their name so that it is visible prior to entry into the office. In the last two years, six optometrists were disciplined for failing to comply with this requirement.

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## Disciplinary Matters

### License Probation

Licensee and Board entered into an Agreed Order in which Board alleges that licensee pleaded guilty to a misdemeanor charges of Medicaid Fraud and Theft by Insurance Fraud in Montana District Court. The Agreed Order imposes an 83 month suspension which is probated. Therefore licensee may practice during the period of probation. Gary White, O.D. 4599TG. Optometry Act §[351.501\(a\)\(1\), \(3\), \(11\)](#).

Board and licensee entered into an Agreed Order in which Board alleges that licensee failed to meet the required standard of care when treating patient who exhibited symptoms of glaucoma. Board alleges that action should have been taken to lower intraocular pressure in a more timely manner and that return appointments should have been scheduled sooner. One year suspension, probated, and a six month suspension of optometric glaucoma specialist certification. Licensee must take and pass optometric glaucoma specialist certification course before suspension is satisfied. Shawn Johnston, O.D. 9042TG. Optometry Act §§[351.360; 351.501\(a\)\(2\), \(8\), \(13\)](#).

Board alleges that optometrist did not comply with Agreement requiring optometrist to timely submit a \$2,000 administrative penalty and 20 patient records for review. The licensee and Board entered into an Agreed Order suspending license for 18 months with the entire period of suspension probated for 18 months. \$500 penalty, additional education, and submission of patient records. 5817TG. Terrisa Drake, O.D. Optometry Act §[351.501](#).



Board alleges that patient records prepared by the optometrist and submitted to the Board during an inspection of her office did not accurately and completely record examination procedures required by state law and Optometry Board Rules. An Agreed Order imposes a suspension of three months with the entire period of suspension probated for a one year period. \$1000 penalty and additional education. 7745TG Liching Han, O.D. Optometry Act §[351.501\(a\),\(8\)](#), Board Rule §[277.7](#)

### **Informal Conference**

Five licensees were required to attend an Informal Conference in Austin with the Investigation - Enforcement Committee and entered into Letters of Formal Agreement.

#### Name Not Posted at Entrance to Practice

The Board alleges that during an office inspection by the Board's investigator, the doctor's name was not posted so that it was visible prior to entering the practice. The doctor stated that she did not own the practice. The requirements of the Optometry Act apply to each licensee. Administrative Penalty of \$150. Optometry Act §[351.362](#).

#### Inadequate Patient Records

The Board alleges that patient records did not record examinations procedures required by the Optometry Act and Board Rules. The Agreement alleges that some entries were incorrect. The agreement requires the doctor to submit patient records for review. Optometry Act §[351.353](#); Board Rule §[277.7](#)

#### Misrepresentation on Application for License

Two licensees were assessed \$250 penalty for each doctor. The Board alleges that the applicants failed multiple license examinations but answered "no" to the application question: "Have you failed an optometric examination in any jurisdiction?" Optometry Act §[351.501\(a\)\(1\)](#).

#### Failure to Disclose Criminal Arrests and Convictions

Board alleges that doctor did not disclose arrests and convictions

on application and subsequently did not disclose conviction as required by Board Rule. Letter of Formal Agreement requires submission of \$1,500 penalty and additional Professional Responsibility Course. Optometry Act §[351.501\(a\)](#). Board Rules §§[273.8](#) and [277.5](#).

### **Administrative Penalties**

#### Patient Record Deficient

After examining patient records obtained by the investigator during an office inspection, the Board alleged that the records of two doctors did not record all of the examination findings required by Optometry Act §[351.353](#). Administrative penalties of \$300 - \$400. An administrative penalty of \$250 was assessed for the alleged failure of the doctor to accurately record an examination finding. Optometry Act §[351.002](#); Board Rule §[277.7](#)

#### Failure to Report Convictions

Two applicants allegedly did not disclose arrests and convictions when applying for license. The Board alleges that the applicants stated under oath that they had not been charged with or convicted of a crime. Penalty of \$300 each. Optometry Act §[351.501\(a\)](#) A licensee allegedly did not report a conviction when he renewed his license as required by Board Rules. Penalty of \$300. Board Rules §§[273.8](#) and [277.5](#).

#### Professional Identification

Administrative penalties were issued for allegedly failing to comply with the professional identification requirements of the law (see Practice Pointers on page 5 and the [February 2012 Newsletter](#)). Occupations Code §[104.003](#), Board Rule §[277.6](#).

#### Identification on Rx or Business Card

Nine doctors received an administrative penalty for allegedly failing to correctly identify as an optometrist on prescriptions written by the doctor. Administrative penalties of \$300 - \$500. The Board also alleges that an optometrist signed prescriptions with a rubber stamped signature. \$400 penalty. The Board also alleges that an optometrist did not sign a prescription that was



released to a patient. \$400 penalty. One optometrist allegedly used the incorrect professional identification on the doctor's business card. \$400 penalty (other violations alleged).

#### No Identification on Office Door

Four doctors allegedly practiced in offices that did not identify the doctors on signs prior to entry into the offices. Administrative penalty of \$300 - \$500. Optometry Act §[351.362](#).

#### "Glaucoma Specialist" - Misleading Advertising

An optometrist may be licensed as an "optometric glaucoma specialist." Optometrists using "glaucoma specialist" as a professional identification are not complying with the required professional identification and subject the public to misleading advertising. Several newsletters have discussed this issue. The Board alleged that six optometrists used the phrase "glaucoma specialist" or "certified glaucoma specialist" on business cards and/or the front door. Penalties of \$300 - \$600 each. Occupations Code §[104.003](#), Optometry Act §[351.403](#), and Board Rule §[277.6](#).

#### Advertised Procedures Not Authorized

Two optometrists advertised procedures (procedures using lasers) outside the authorized scope of practice. Administrative penalties of \$300 - \$400. Optometry Act §[351.403](#) and Board Rule §[279.9](#)

#### Control by Optical; Advertising

Optometrists were assessed an administrative penalty for allegedly allowing a leasing optical to control the practice. Three doctors allegedly permitted a leasing optical to post signs such that there was no public thoroughfare leading to the entrance of the optometrists' practices or allegedly allowed a leasing optical to post optical advertising at the optometrist's practice. Administrative penalties of \$300 to \$500. One optometrist allegedly placed the name of the leasing optical on the doctor's business card. Administrative penalty of \$600. 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 a lessor

optical to provide advertising services. Optometry Act §§[351.364](#), [351.408](#), [351.459](#) and [351.501\(a\)](#).

#### Failure to Release Eyeglasses Rx

A doctor allegedly failed to release the glasses prescription promptly after the examination. Administrative penalty of \$300. Optometry Act §[351.365](#).

## 50 D. Keith Dishman, O.D.

Fifty years! Where did the time go?

I almost got drafted in my third year of optometry school. But for the American Optometric Association lobbyist, I would have. I was the only optometrist graduating from my draft board area in Pampa. That fact weighed heavily on my decision to apply for a commission in the Army. Now there is no draft board.

There were no women in my graduating class. Now each class is more than half female.

When I graduated from optometry school, optometrists were not allowed to use diagnostic drugs. The therapeutic bill passed by the legislature in 1992 changed that followed by the glaucoma bill in 2000. Both bills laid the groundwork how we practice today.

Corporate optometry was frowned upon then. Today it thrives. Musings of an old man.

D. Keith Dishman

Therapeutic Optometrist and Optometric Glaucoma Specialist

## New Rules

Since the last Newsletter, the Board adopted amendments to the following rules.

Rule §[275.1](#). The amendments increase the continuing education requirement for diagnostic therapeutic hours to renew license from 6 hours to 12 hours beginning with the 2021 license renewal.

Rule §[280.10](#) Detailed regulations regarding the prescribing of analgesics that are classified as Controlled Substances. This synopsis does not contain every detail in these requirements and should only be considered as an overview to aid in reading the actual rule.



◀ If a Schedule III, IV or V analgesic is prescribed, the medical record shall document the medical history and physical examination, including: the nature and intensity of the presenting pain; current and past treatments for the presenting pain; underlying or coexisting diseases and conditions; any history and potential for substance abuse or diversion; and the presence of one or more recognized medical indications for the use of a dangerous or scheduled drug.

Prior to prescribing an optometric glaucoma specialist must review the prescription data and history related to the patient contained in the Prescription Drug Monitoring Program, unless: the patient has been diagnosed with cancer or the patient is receiving hospice care (must be noted in patient record) or a good faith attempt to comply but is unable to access the PMP because of circumstances outside the doctor's control.

The doctor must discuss the risks and benefits of the use of a Schedule III, IV or V analgesic with the patient, documented in the patient record. Discussion of risks and benefits must include an explanation of the: diagnosis; treatment plan; anticipated therapeutic results, including the realistic expectations for sustained pain relief and improved functioning and possibilities for lack of pain relief; therapies in addition to or instead of drug therapy, including physical therapy or psychological techniques; potential side effects and how to manage them; adverse effects, including the potential for dependence, addiction, tolerance, and withdrawal; and potential for impairment of judgment and motor skills.

Patients who are at-risk for abuse or addiction require special attention. Patients with chronic pain and histories of substance abuse or with co-morbid psychiatric disorders require even more care. A referral to an expert in the management of such patients must be considered in their treatment.

The medical records must include the rationale of the treatment plan and the rationale for prescribing a Schedule III, IV or V analgesic. The medical records must include at least: the medical history and the physical examination; diagnostic, therapeutic and laboratory results; evaluations and consultations; treatment objectives; discussion of risks and benefits; informed consent; treatments; medications (including date, type, dosage and quantity prescribed); and instructions

and agreements.

Note that the Board may open a complaint against an optometric glaucoma specialist if the Board finds evidence during a periodic check of the Prescription Monitoring Program that the optometric glaucoma specialist is engaging in potentially harmful prescribing patterns.

## 50 Cled T. Click, O.D.

Where to begin? My half-century odyssey in Optometry started my sophomore year in high school as the result of an accident in a basketball game where a glass lens of my spectacles was shattered into hundreds of small glass shards. I had cuts in the eyelids, cheek, shoulder, arm and hands... but, thankfully, no glass in the cornea or globe itself. I still carry a small piece of calcified glass in the lower right eyelid that was missed at the Emergency Room. It never hurts or bothers, but it serves as a gentle reminder of "what might have been".

The English teacher at the small rural Des Moines, New Mexico, high school had everyone in the class write a term paper on an occupation, any occupation. Humm... what occupation to write about? Having just experienced a traumatic injury that could have resulted in catastrophic vision loss, I decided to write about Opticianry, Optometry, and Ophthalmology. The end result was that I found Optometry fit my skills and academic ability and interest.

Dr. Norman Jacoby of Van Nuys, California, fitted me with hard contact lenses in the summer of 1962. He became a role model and fueled my interest and desire to become an Optometrist. I will always be appreciative of his kindness and encouragement.

I attended Lubbock Christian College (now Lubbock Christian University) and received the Associate of Science degree in 1965, just 14 months after finishing high school in 1964. I transferred to the University of Houston and received the Bachelor of Science degree in 1967; the Certificate in Optometry degree in 1968 and the Doctor of Optometry degree in 1969. By going year-round, I earned four college degrees in five calendar years... completing the OD degree at age 22.

In December 1968, while everyone else went home or took a vacation during the Christmas break, I went to Albuquerque, NM, and took the state board exam and was licensed to practice Optometry in New Mexico 5 months BEFORE graduating at UHCO. Yes, I know... that was a bit awkward.

I got married the night after graduation from UH and had already volunteered to serve two years as a Captain in the US Army as a Medical Field Service Officer. We were stationed at the Fort Carson U.S. Army Hospital



in Colorado Springs where I served as Chief of the Vision Clinic.

We left the military in 1971 and moved to Amarillo, Texas, where we still reside. We celebrated our 50th Wedding Anniversary on June 1, 2019, with a trip to Niagara Falls and Washington, D.C., and also celebrated 50 years of Optometric service.

My career includes 2 years as a military Optometrist and 46 years as a solo private practice Optometrist with offices in Amarillo, Texas... with a satellite office in Borger, Texas, for 13 years; and a satellite office in Clayton, New Mexico for 17 years and counting... and 2 years as in independent contractor in an 8-doctor practice. Additionally, I've provided Optometric services at a New Mexico state prison for 10 years.

I developed my "niche" fitting difficult high astigmatism contact lenses back in the day of RGP (rigid gas-permeable lenses). Later, I was privileged to work as a clinical investigator with Wesley-Jessen in developing the first toric soft contact lenses. I was also honored to work with Vistakon in the development of their first soft bifocal contact lenses.

I've been fortunate to "sample" many types of Optometry... solo private practice; two-doctor private practice; 8-doctor private practice; relief doctor for commercial two-door practices; military practice; and prison practice. If variety is the "spice of life"... then, consider me "spiced".

I believe that this multi-faceted career helped avoid "burn out" of going to the same office day after day for 50 years. Instead, I continue to enjoy a variety of practice styles EVERY week. Two years ago, I merged my private Amarillo office into an 8-doctor group at Broome Optical. This affords me the luxury of working only 4 days a week (two days in Amarillo and two days in Clayton, New Mexico) with a 3-day weekend EVERY weekend. In retrospect, I wish I'd have done that sooner. I LOVE having 3-day weekends!

Rural Optometry provides the opportunity to see vision problems not often seen in bigger cities. The practice in Clayton, NM, (a town of approx. 2,200) is so rural the closest Optometrist is 85 miles away in any direction. Therefore, ANYTHING that happens related to the eye comes to my practice. The hospital is literally across the street, and vision related issues are frequently sent over to my office. I'd encourage you to consider a satellite office in a rural under-served community. Yes, it is a 2-hour drive one-way... but, the professional and personal rewards are worth the effort.

Obviously, a LOT has changed in the Optometry in 50 years. Most of my generation will know that sodium fluorescein was once considered "dangerous", and the profession struggled to get the scope of practice expanded to allow its routine use for anterior segment assessment. New grads will scoff at such a notion, but that was a reality in the last half of the 1960's.

Fast forward to going through two TMOD courses (100 classroom hours each, studying the Treatment and Management of Ocular Disease)

continued on page 10 

## 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, 2020\*

- 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 2020 (if you were first eligible for a license in 2019).

*\* 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 11.

plus another 25-hour course in the treatment and management of Glaucoma to become both a Therapeutic Optometrist and Optometric Glaucoma Specialist (in Texas) and earning the official title of Optometric Physician (in New Mexico).

Unlike Texas, New Mexico offers 4 levels of Optometric licensure. After lots of study and testing, I achieved Level 4. I hope someday soon Texas will expand its scope of care to match New Mexico and other surrounding states with enhanced scopes of practice.

Technology has improved equipment capabilities to heights once thought impossible and/or unaffordable. Digital imaging of the optic nerve and retinal layers is a reality. 200-degree posterior segment ocular photography is now commonplace. EKG measurement of light entering the eye to the occipital cortex is available. Specular macrophotography lets us see viable corneal epithelial cell counts. Who knows what the future will hold in equipment and testing technology? The best may be yet to come.

Autorefractors and autokeratometers yield objective information in just seconds. Portable units allow refractive information of physically and/or mentally challenged patients. Visual field instruments are getting smaller and faster. Imaging of the meibomian glands and the tear film allow us to demonstrate to patients the physical condition of their eyelids and tear film. Consequently, "Dry Eye" has become a relatively new treatment and management area of emphasis throughout the profession.

Technology has allowed our profession to pursue and embrace various areas of emphasis as new and innovative instrumentation became available. Such as... Orthokeratology; Aspheric and Toric Scleral Contact Lenses; Detailed imaging of the posterior pole; Glaucoma detection and management; "Dry Eye" detection and management; etc... and now add to that list "Myopia Control".

As of this writing "Myopia Control" is the latest "headliner" of the profession's interest. In case you didn't know, this has been attempted before but without modern multifocal soft contact lenses. In the late 1960's and early 1970's it became fairly popular to fit young emerging myopes with multifocal spectacle lenses and "push plus" to avoid "progressive myopia from accommodative adaptation" with not much thought or consideration about axial length or peripheral macula "defocus".

The results then were underwhelming. Only orthokeratology seemed to slow the advance of myopia. And when the maintenance use of such lenses was stopped the myopia seemed to "catch up" and progress anyway. Perhaps soft multifocal lenses and/or low-dose atropine will have better long-term success? The debate over the methods, means and effectiveness of "myopia control" continues to unfold with an uncertain future.

In my opinion, two of the worst things to happen in Optometry are the advent of "Vision Plans" and Electronic Health Records. "Vision Plans" have driven down the value of professional services. Doctors have "sold their soul"

for "bottom feeder" reimbursement. "Vision plans" offer prospective patients but often dictate what services are covered, regulate reimbursement and in some cases dictate which labs and materials you can use. I believe there is virtually no upside to vision plans for doctors.

Electronic Health Records (if you want to deal with Medicare and/or Medicaid and now many vision plans) is a new cost in terms of equipment, software upgrades, maintenance contracts, and the training of personnel to use them. Maintenance contracts alone can cost \$5,000 to \$10,000 annually! Not to mention that their use slows production. Unless you use scribes (another expense) you may spend more time facing the computer than looking at the patient!

It is imperative to treat our patients with dignity and respect and have at the core of our attention the occupational, recreational, medical and refractive welfare of the patient. We must not be drawn onto the proverbial rocks by the siren sound of technology to have the latest whiz-bang gizmo just to create a new profit center.

If money is at the core of your practice you will never be satisfied. (Ecclesiasties 5:10) However, if you make the relationship with each patient the focus of your practice and LISTEN to their needs and complaints and adequately ADDRESS their concerns, you will be rewarded on many levels.

"All that glitters is not necessarily gold". I now see 4th generation patients in my practice! Words are inadequate to describe the sense of fulfillment to be entrusted with 4 generations of a families' vision. I haven't made the most money possible as an Optometrist. Others have made far more money, but I often wonder if they have the same level of personal fulfillment and satisfaction for their efforts?

You are encouraged to be a member of the American Optometric Association and your state association. As a "legislated profession" change only comes through legislative efforts. Without participation by the many, the burden of effecting change falls on the few. Don't be a "free-loader".

Get involved or at the bare minimum contribute to a PAC to protect and grow the profession. I am a member of the AOA, TOA and NMOA. Never held any office nor have a desire to do so. But, I contribute regularly by monthly credit card draft. Sign up... you'll never miss the money and the profession cannot sustain and grow without it.

I wish you personal and professional success in your Optometric practice... regardless of its format and structure. At the core of your charge is a patient whose visual health and welfare is your responsibility. Do your best for EVERY patient, and the money, self-worth and professional fulfillment will come. 50 years will fly by and you will be writing your memoirs.

Respectfully,  
Cled T. Click, O.D.  
Amarillo, TX and Clayton, NM

## 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 specifically authorized by Optometry Act [§351.1575](#).

During an office inspection, the investigator will present a letter describing the inspection, which includes information on HIPAA concerns. The optometrist will be asked by the investigator to provide copies of five patient records while the investigator waits. The investigator will look to determine whether any control issues with a leasing optical are present. Frequently an inspection can be completed in half an hour.

The copies of patient records are delivered by the investigator to one of the professional Board Members who determines whether the records show compliance with [§351.353](#) of the Optometry Act and Board Rule [§277.7](#).

The Board investigator inspected offices in Katy, Spring, Tombal, Cypress and Houston 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.

Common violations include the failure to:

- list the doctor's name at the entrance of the practice
- include all the examination steps of [§351.353](#) in the record
- properly identify the optometrist as required by Occupations Code [§104.003](#)
- maintain a leased office separate from the leasing optical

Each Newsletter, in the "Disciplinary Matters" section, contains information regarding administrative penalties assessed for violations present when an office is inspected.

## CPR Course Tracking

The Board will begin collecting information on the number of licensees who have taken a recent cardiopulmonary resuscitation course. The license renewal procedure for 2021 license renewal will contain a check box asking if the licensee has completed a recognized CPR course during the past two years. Licensees may receive two hours live CE credit for live participation in CPR courses.

The most common recommendation for health care professionals is the Basic Life Support CPR course. Once that is obtained, a doctor can complete the Advanced Cardiac Life Support course. A Heartsaver First Aid & CPR course is available for those outside of the health care professions. The Board staff takes this course on a regular basis, in part to be familiar with the operation of the AED in the Board's office.

According to the American Heart Association, CPR can double or triple a person's chance of survival if performed within the first few minutes of cardiac arrest (as cited by the Centers for Disease Control: <https://www.cdc.gov/features/learn-cpr/index.html>)

## License Renewal Certificate

The annual renewal certificate is now provided on-line, available on the website 24 hours after license renewal. To download the certificate, click on the blue "Optometrists" button, and then scroll down to the "Renew License" heading. Use the same procedure to replace a lost certificate. Renewal certificates will not be mailed.

## 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.