

TEXAS OPTOMETRY BOARD 2008 NEWSLETTER

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AUGUST, 2008

LICENSE RENEWAL

ALL Licenses Expire December 31, 2008

Last year almost 90% of doctors renewed on-line (see below for exceptions). A credit card or electronic check may be used to pay the renewal fee.

On-line Renewal Procedure

- Mail in Continuing Education certificates NOW (or as soon as received from the provider)
- Log on to the website (www.tob.state.tx.us) after November 1, 2008 and click "Renew", or follow instructions on postcard mailed to licensees in late October. Doctors are required to renew before January 1 even if they do not receive a postcard.
- Military and federal government employees who are exempt from fees may renew on-line

Paper Renewals: Doctors Who Cannot Renew On-Line

Doctors who prefer to renew through the mail, and doctors with the following types of licenses, should contact the Board by mail, e-mail or telephone beginning November 1, 2008. You will be sent a paper renewal form, or a renewal form can be e-mailed to you.

- Doctors changing status from inactive to active (or vice-versa)
- Employees of military or federal government who are required by their employer to pay a fee

Fifty Year Histories

About 40 active optometrists have been licensed by the Board for more than half of its 85 year history. These doctors have practiced for 50 years or more, and have a personal insight to the history of optometry. Several doctors were selected at random, and they were offered the opportunity to provide the Newsletter with their reflections on the practice. Because of very limited space in the Newsletter, the comments and interviews were edited by the executive director. The reflections are the personal comments of the licensees, and publication in the Newsletter is not an en-

dorsement or verification of any of opinions expressed in these articles. See the 2005 - 2007 [Newsletters](#) for additional recollections.

Newsletter Contents

License Renewals	1
50 Year Reflections	1
CE: Where is it?	2
Compliance Matters	2
What's New	3
Practice Reminders	4
New Rules/Amendments	6
Board Staff	9
New Board Members	9

“WHERE’S MY CE?”

This is a question that many licensees ask Board staff every year. Here are two important questions to ask yourself if you don’t see your credit posted on the [website](#):

1. Did You Mail Your Certificates?

If you were given a certificate of completion, mail it in. Ultimately, it is your responsibility to submit your credit. Even when sponsors say they will submit for you, they are at no obligation to do so, and they may take time to compile the attendance report. If the CE you have taken is COPE approved, it may be listed on the ARBO website (www.arbo.org) under the OE Tracker Course History section, in which case you can print this out and mail it in.

2. Is It Approved?

Check the “[Approved CE Courses](#)” list on our website. If it isn’t on the list, we can’t credit you until the Board approves it. Even COPE and optometry school courses must be reviewed by the Board before credit can be given. The Board only meets four times a year to review courses, so it may take months before a non-approved course shows up on your file. The Board [meeting dates](#) are available on our website.

Remember to allow adequate time for Board staff to record your hours, and make sure your license number is on your certificate and that it is filled out properly.

Detailed information about continuing education is available on the Board’s [website](#).

Compliance Matters

Administrative Penalties

The Board issued administrative penalties in the following agreed settlements:

\$100.00 penalty for failing to release contact lens prescription with one year term without required explanation. Board alleges patient record did not include the reason for issuing a contact lens prescription with an expiration date of less than one year. Contact Lens Prescription Act Section 353.156, Rule 279.2.

\$100.00 penalty for failing to use required professional identification. Board alleges the only identification on the doctor’s website read: “Dr. XX XX.” Texas Occupations Code, Section 104.003 (Healing Arts Identification Act).

\$100.00 penalty for failing to use required professional identification. Board alleges the only identification in the doctor’s letter to nursing home patients read: “Dr. XX XX.” Texas Occupations Code, Section 104.003 (Healing Arts Identification Act).

\$100.00 penalty for failing to place name on door or entrance to practice. Board alleges the doctor did not have a sign with the doctor’s name visible prior to entry into the doctor’s office. Optometry Act Section 351.362. (3 doctors received penalty)

\$100.00 penalty for failing to report change of address and place name on door or entrance to practice. Board alleges the doctor did not report practice and home address change to Board within 30 days as required by law. Optometry Act Sections 351.351, 351.362.

\$100.00 penalty for failing to report change of address. Board alleges the doctor did not report practice and home address change to Board within 30 days as required by law. Optometry Act Section 351.351.

\$100.00 penalty for failure to disclose arrests. Board alleges applicant did not disclose arrests and deferred adjudication on application for license. Optometry Act Section 351.501, Rule 271.2.

\$150.00 penalty for failure to disclose criminal convictions. Board alleges applicant did not disclose additional conviction on application for license. Optometry Act Section 351.501, Rule 271.2.

\$300.00 penalty for failure to disclose arrests. Board alleges applicant did not disclose arrests, deferred adjudication, and previous use of another name on application for license. Optometry Act Section 351.501, Rule 271.2.

Letter Agreement & Informal Conference

Doctors attended an Informal Conference at the Board's Office and agreed to the following Letter Agreements. In the agreement, doctors agreed to comply with Optometry Act and Board Rules:

Failure to comply satisfactorily with previous Letter Agreement and failure to respond timely to inquiries from the Board. Doctor entered into agreement to comply with Letter Agreement. Administrative penalty of \$2,500.00 probated for one year based on compliance. Rule 277.1.

Failure to make accurate patient record; failure to instruct patient on contact lens care. Board alleges doctor did not use accurate coding for condition and submitted claim to insurance carrier, and doctor referred patient to optical for instructions on contact lens care. Optometry Act Section 351.501, Rules 277.7, 279.1.

Failure to make accurate patient record. Board alleges doctor did not include tests scheduled on patient record such that treatment prescribed could not be ascertained. Doctor agreed to take additional continuing education regarding patient records. Rule 277.7.

Disciplinary Actions

—Office Conditions

Kim Stewart, O.D., license number 3737T, entered into an agreed settlement order for an administrative penalty of \$4,500.00, based on allegations that she had allowed one or more cats to have access to the premises. Her conduct is alleged to be a violation of Board Rule 279.1.

What's New

Optometric Glaucoma Specialist Application

The Board amended rule 280.8 to make changes for recent school graduates regarding the application requirements (including course requirements). The website contains current instructions for all applicants for the Optometric Glaucoma Specialist License. Any future changes (the Board has proposed amending Rule 280.8 with changes that could apply to all applicants) will be incorporated into updated instructions on the [website](#) when the rule becomes effective. Before applying for the license, please check the [website](#) for application requirements.

Controlled Substance Prescriptions - Requirements Effective 9/01/08

Section 481.074(k) of the Health & Safety Code requires all of the following information on a prescription for Schedules III - V Controlled Substances. Some of these requirements are new and are in addition to those required by Board Rules 280.5 and 280.10. See [Pharmacy Board Website](#) for additional information.

- quantity of the substance prescribed (written as both a number and as a word)
- date of issue (can not be postdated)
- name, address, and date of birth or age of the patient (if the patient is an animal, the species and the name and address of the owner)
- name and strength of the controlled substance prescribed
- directions for use of the controlled substance
- intended use of the substance prescribed unless the practitioner determines the furnishing of this information is not in the best interest of the patient
- printed or stamped name, address, Federal Drug Enforcement Administration (DEA) registration number, and telephone number of the practitioner's usual place of business
- the signature of the prescribing practitioner, unless the prescription is called in to the pharmacy
- the practitioner's current and valid DPS registration number for practitioners licensed in Texas. The DPS registration number must belong to the practitioner issuing the prescription; the prescribing practitioner may be a properly registered physician's assistant or an advanced practice nurse on Schedules III-V prescriptions.

CE - Professional Responsibility

Not now, but starting in 2009. The Board has amended Rule 275.1 to require each active licensee to take one hour of professional responsibility as part of the annual 16 hours of continuing education requirement. The course

What's New, continued

will be offered by an optometry school. Further information will be provided with the license renewal certificate and on the website in 2009. *cont. on page 10*

J. W. Ghormley, O.D.

Dr. Ghormley settled in Amarillo after researching locations in Texas and determining that Amarillo has the fewest optometrists per capita -- at least in 1950.

The major difference with practice at that time was the elemental state of instrumentation. The phoropter was new, and of course there was no corneal topography. The first big change in his practice was the ability to prescribe contact lenses. Dr. Ghormley's first prescriptions were for scleral lenses.

The biggest impact by far on the practice of optometry is the therapeutic practice. All these changes have tremendously increased the public acceptance of optometry. Dr. Ghormley no longer hears the phrase, "He's not a real doctor."

Maybe unique to Amarillo is the good relationship that Dr. Ghormley has with local ophthalmologists. His practice includes both ophthalmologists and optometrists with several specialists available to his patients.

The worst change in the practice, in the doctor's opinion, is the encroaching on lasik procedures by optometrists.

Dr. Ghormley's advice for new doctors: Treat every single patient as if your entire practice depends on the care that patient receives.

Dr. Ghormley has not retired, but he has scaled back so that he now practices three days a week. The doctor has the luxury of having extra time so that he can schedule fewer patients per day and finds that his patients appreciate the extra time. He has no intention to retire and enjoys the practice of optometry because he is able to improve patients' lives, which gives him a great deal of satisfaction.

Recently the Amarillo paper published an article about Dr. Ghormley's lengthy practice of optometry. New and former patients read the article and have come in to see him. In his spare time, Dr. Ghormley is active with the Rotary Club (he is a past president), sings in the church choir, travels, reads and enjoys photography.

Practice Reminders

Contact Lens Prescriptions

--Two Month Extension

[State law](#) and [Board Rule](#) require doctors to issue a two month extension of the patient's contact lens pre-

scription upon request of the patient or the patients' agent. For example, a patient receives a contact lens prescription which expires on March 1. On April 15, the patient contacts the doctor's office and requests a two month extension. The doctor is required to release a prescription that cannot expire prior to May 1.

--Original signatures

Ophthalmic lens and drug prescriptions must contain the original signature of the prescribing doctor. Machine printed and stamped signatures are not sufficient.

Electronic Patient Records

[Rule 277.7](#) requires that electronic patient records must have the capability of printing a paper record that meets the requirements of the rule. This sounds simple

Francis Love, O.D.

The oldest of twins by 15 minutes, Dr. Love and his later born twin, Dr. Albert Love, grew up in Glenmora, Louisiana, playing football, basketball and baseball. After graduating from high school (where they were always in the same class), the brothers worked for two years building Camp Claiborne, an Army training camp in Louisiana.

Dr. Love joined the Navy and his ship was loaded with pontoons and everything else to invade Japan within the month, when President Truman ended the war and saved Dr. Love and his brother, who flew B-24's in the Pacific Theater.

The brothers returned home to Glenmora, enrolled and graduated from college, and then attended Northern Illinois College of Optometry, graduating in 1949. The optometry exam was held in the Baker Hotel in Dallas during the first week of July with no air conditioning. Dr. Love remembers sixty doctors taking the exam with only 28 passing, including both Dr. Love and his brother.

The most important thing about the practice of optometry, when first starting, was by far the location of the office. Regardless of how great the doctor is, you must have traffic to have patients. Most first time patients were needing some kind of help other doctors did not do. The great thing was the "21 Point" program taught us. It took longer, but it gave the right answers.

The best change in the practice was when we began to get into the contact lens program. We could not dispense contact lenses for some time, and a few of our patients would go to Canada to get contact lenses. Finally lenses were obtained from Europe. Courses were held at the University of Houston and the fees charged the first contact lens patients were quite much.

Practice Reminders, continued

enough, but if the electronic records are not consistently backed-up, the office may not be able to make a paper record. The Board has issued an administrative penalty to a doctor who lost records when a power surge destroyed the computer system, but who had not been copying the records on a consistent basis.

The Board has received questions from doctors who are planning to go totally “paperless,” so that all documents that would normally be in a patient’s file are scanned and the originals destroyed. The question regards the sufficiency of the scanned documents. Doctors have been directed to their malpractice attorneys, accountants, and insurance carriers for guidance regarding whether the scanned document can replace the original.

Inspections

The Board has investigated offices and examinations for over 30 years. The current procedure has the Board’s investigator visiting licensee’s offices and asking for copies of a few recent patient records. These records are reviewed by the Board for compliance with [Section 351.353](#) and [Rule 277.7](#). Although HIPAA regulations do not prohibit the copying of the entire patient record by the Optometry Board, a licensee may remove personal identifying information from the copies. The office inspection should only disrupt a practice for a short time as staff may make the copies requested by the Board. Frequently the visit only requires 15 minutes of the office’s time (depending in part on the speed of the copier). This is a performance measure set by the legislature for the Board.

Norman S. Gould, O.D.

I graduated from NICO (Northern Illinois College of Optometry) in 1954 after the Draft Board in New York had given me 8 years of deferments to attend colleges. On the day of my graduation I received notification that I was 1 A (eligible for immediate call up in the army as a private). I went back to the draft board and asked for a hearing for a one month extension to apply for a commission. Reluctantly they gave me the month. Neither the Army or Navy had slots open for an Optometrist, but the Air Force did and I received a commission as a second Lt. I was sent to Goodfellow Air Force Base in San Angelo TX. The flight Surgeon was very happy to see me. He had been doing refractions after two weeks training in vision exams at Flight Surgeon’s School.

My office consisted of a “lane” 20 ft long and about 6 ft wide; a patients chair; a trial frame, a trial set of lenses and a Welch Allyn ophthalmoscope and retinoscope. I was doing refractions by changing lenses one at a time, flipping a hand held Jackson cross cylinder, and rotating cylinder axis manually. No way to do a phoria. We had been taught at NICO to use a trial frame, but for the previous three years I had used nothing but AO and B& L phoropters. I went before a Board of Officers overseeing the base and explained that vision was very important in an Air Force Training Base, and I really could not be as accurate as I should be using a trial frame. They had a tight budget and kept asking me if a phoropter was really necessary. They finally gave in, and a month later I had a new AO.

I was very restricted, examining no one but healthy young men and asked my CO if I could do exams for Air Force dependents. He agreed and later added retired military personal as well.

I was discharged from the Air Force three years later in 1957 with a wife (Evelyn) and two young sons. I took a job with an Optometrist in El Paso. The first day on the job I had 16 patients, and only 2 spoke English. That night I wrote out a series of questions and answers and had our receptionist translate them into Spanish. I memorized the terms and was able to do an exam in Spanish. It sounded very strange with a New York accent but it worked. I still can’t hold a conversation in Spanish, but I can do an exam.

The practice in El Paso was very commercial and I was not happy. In 1958, [The Optometric Weekly](#) had an ad for a practice in Midland, Texas. One weekend I flew to Midland and made a deal to purchase the practice of Dr. William Petteway. It was a good practice, and Dr. Bill Petteway was a capable Optometrist, despite the fact that he had no formal training. When the Texas Optometry laws came into effect, he was grandfathered in.

About 1970 a very young new graduate of the University of Houston College came to my office, and I agreed to hire Dr. Billy Cook for a trial period of one year. He stayed for a little longer than that. We became partners and in the 1990’s took over the practice. We then added Dr. Dennis Neely (a Past President of TOA).

I left the practice in 1998, but continued to fill in for other Optometrists for the next 10 years. I just celebrated my 80th birthday and retired for good (almost). The Midland Downtown Lions Club built an exam room for me and we examine and provide glasses for any school child in the area who cannot afford the cost of vision care. I will continue to work there.

New Rules & Amendments

Summary of Changes Since Last Newsletter

Changes to Requirements for Optometric Glaucoma Specialist Application

On May 9, 2008, the Board adopted changes to Rule 280.8 to allow approved schools or colleges of optometry to show that the course work and examination required for optometric glaucoma specialist application are part of the current curriculum. Applicants from such programs may have the required skills evaluation performed by an optometric glaucoma specialist, but only after the school curriculum has been approved for this purpose by the Board. Any changes in the application procedure will be included in the instructions on the website. Note that the Board also proposed amendments to this rule at the August 8, 2008, Board Meeting. See the [website](#) for the text of the proposal.

Changes to License Fee

On August 8, 2008, the Board adopted changes to Rule 273.4 to increase license renewal fees by \$1.00 in order to fund additional appropriations. Corresponding changes were made for late renewal fees, and the late continuing education fees were changed to the amount required by the Optometry Act.

Continuing Education - One Hour of Professional Responsibility

Does not apply until 2009! On May 9, 2008, the Board adopted changes to Rule 275.1 to require licensees to obtain one of the 16 hours of continuing education in a course covering professional responsibility administered by an instate optometry school or college. The CE requirement will require that the professional responsibility course be taken starting in 2009.

Child Support Arrears - Prohibited from Renewing License

On May 9, 2008, the Board adopted changes to Rule 273.10 to include limitations in statute concerning restrictions on license renewal when the agency is notified that a licensee is in arrears on court ordered child support.

The Board has met four times since the last newsletter was published. New rules and amendments to existing rules may be proposed or adopted at each Board Meeting. When a rule is first proposed, the public, including licensees, have an opportunity to make comments on the proposal. A link to the proposed rule will be on the [Board's website](#). Once a rule is adopted, all licensees are required to comply with the rule. The [website](#) contains links to all the Board Rules.

Rule Sections Amended

Rule §280.8. Optometric Glaucoma Specialist: Required Education, Examination and Clinical Skills Evaluation.

(a) - (d) (No change.)

(e) Applicants Graduating from Curricula Which Include Course Work. An applicant shall be considered as having met the requirements of subsections (a) - (c) of this section, provided:

(1) the Board determines in a review of the curriculum of a school or college that:

(A) the course work and examination required for certification in this section is included in the regular curriculum required for graduation from the school or college of optometry, and

(B) the students of the school or college receive clinical training in the skills listed in subsection (d) of this section.

(2) Clinical Skills Evaluation. Notwithstanding subsection (d) of this section, each applicant meeting the requirements of paragraph (3) of this subsection shall submit a signed and dated certification prepared by a licensed ophthalmologist or optometric glaucoma specialist. The certification shall confirm the demonstration by the applicant in an adequate and appropriate manner, as directly observed by the ophthalmologist or optometric glaucoma specialist, of the following skills:

(A) tonometry,

(B) gonioscopy,

(C) slit lamp examination,

(D) optic nerve examination/fundus, and

(E) interpretation of visual fields.

(3) This rule shall apply to all applicants graduating on or after May 1, 2008, from a school or college of optometry for which the Board has issued a determination under paragraph (1) of this subsection, in the calendar year during which the determination was issued or any year thereafter.

Rule §273.4. Fees (Non Refundable)

(a) - (f) (No change.)

(g) License Renewal \$187.00 [~~\$186.00~~] plus \$200.00 additional fee required by §351.153 of the Act, and plus \$1.00 fee required by House Bill 2985, 78th Legislature. The inactive licensee fee does not include \$200.00 additional fee. Total fees: \$388.00 [~~\$387.00~~] active renewal; \$188.00 [~~\$187~~] inactive renewal.

(h) License fee for late renewal, one to 90 days late: \$280.50 [~~\$279.00~~] plus \$200.00 additional fee required by §351.153 of the Act, and plus \$1.00 fee required by House Bill 2985, 78th Legislature. The inactive licensee fee does not include \$200.00 additional fee. Total late license fees: \$481.50 [~~\$480.00~~] active renewal; \$281.50 [~~\$280.00~~] inactive renewal.

(i) License fee for late renewal, 90 days to one year late: \$374.00 [~~\$372.00~~] plus \$200.00 additional fee required by §351.153 of the Act, and plus \$1.00 fee required by House Bill 2985, 78th Legislature. The inactive licensee fee does not include \$200.00 additional fee. Total late license fees: \$575.00 [~~\$573.00~~] active renewal; \$375.00 [~~\$373.00~~] inactive renewal.

(j) Late fees (for all renewals with delayed continuing education) \$187.00. [~~\$186.00~~]

(k) - (o) No change.

Rule §273.10. Licensee Compliance with Payment Obligations [~~Guaranteed Student Loan Corporation~~].

(a) Texas Guaranteed Student Loan Corporation

(1) If, after a hearing or an opportunity for hearing, the board determines that a licensee is in default on a loan guaranteed by the Texas Guaranteed Student Loan Corporation, the license shall not be renewed unless the licensee presents a certificate issued by the corporation certifying that:

(A) [~~(+)~~] the licensee has entered into a repayment agreement on the defaulted loan; or

(B) [~~(2)~~] the licensee is not in default on a loan guaranteed by the corporation.

(2) [~~(b)~~] If, after a hearing or an opportunity for hearing, the board determines that a licensee has defaulted on a repayment agreement with the Texas Guaranteed Student Loan Corporation, the license shall not be renewed unless the licensee presents a certificate issued by the corporation certifying that:

(A) [~~(+)~~] the licensee has entered into another repayment agreement on the defaulted loan; or

(B) [~~(2)~~] the licensee is not in default on a loan guaranteed by the corporation or on a repayment agreement.

(b) Child support payments; Chapter 232 of the Texas Family Code

(1) An application for license renewal will not be accepted if a child support agency provides the Board with notice that a licensee has failed to pay child support for six months or more and requests that the board not accept the application.

(2) The application will be considered once the board receives notice from the child support agency that the licensee is in compliance with the requirements of Chapter 232 of the Texas Family Code.

(3) The board may charge the licensee a fee in an amount sufficient to recover the administrative costs incurred by the board under this chapter.

Anthony Alvarez, O.D.

After graduating from Southern College of Optometry, Dr. Alvarez was drafted by the Army. Dr. Alvarez received classification as an E.E.N.T., and was stationed overseas, including NATO headquarters in Paris. In Paris he worked in the American Hospital Dispensary that served U.S.C.O.M.

Dr. Alvarez attended the University of Houston upon his separation from the Army. He began practicing in his hometown of El Paso in 1958. However, Dr. Alvarez practiced for the most part in San Angelo. He lives in Sherman but is not currently practicing.

The most significant change in the practice of optometry is the drug therapy that optometrists are able to offer. The ability to prescribe contact lenses was also a big change, and Dr. Alvarez attended classes in Chicago when he started prescribing contacts.

Optometry has been a good profession, and has been very good for the doctor. As a profession, it is forever changing.

Dr. Alvarez was able to attend the AOA annual meeting when it was held in Dallas, and in Boston in 2007.

Rule §275.1. General Requirements.

(a) The Act requires each optometrist licensed in this state to take 16 hours of continuing education per calendar year with at least six hours in the diagnosis or treatment of ocular disease. Beginning with the 2010 license renewal, the subject of at least one hour of the required 16 hours shall be professional responsibility. The calendar year is considered to begin January 1 and run through December 31.

(b) The board accepts for continuing education credit all courses sponsored by any board-accredited college or schools of optometry and such other programs or courses of other organizations as are approved by the board upon recommendation from the Continuing Education Committee, appointed by the Board Chair. The Continuing Education Committee will consider, among other things in its discretion, the following criteria in approving courses and classifying the hours as general, diagnosis or treatment of ocular disease, and professional responsibility:

(1) (No change.)

(2) courses sponsored by or given by accredited optometry schools will be granted automatic approval as limited by paragraph (9) of this subsection;

(3) courses meeting evaluation standards and receiving approval of the Association of Regulatory Boards of Optometry will be granted automatic approval as limited by paragraph (9) of this subsection;

(4) - (8) (No change.)

(9) courses in professional responsibility given by a board accredited instate college or school of optometry may be given approval if the course:

(A) is made available as a live course in this state and on the internet, and

(B) includes the study of professional ethics, the Texas Optometry Act and Board Rules, judicious prescribing of dangerous drugs, pain management, or drug abuse by professionals.

(c) - (g) (No change.)

C. C. Hayley, O.D.

Sixty-eight years of license to practice optometry have been quite gratifying. The experience leads to the observation that today's challenges to our profession mirror those of six previous decades and that the accomplishments of current leaders merit the same admiration as the pioneers receive. Medicine's attack on optometry as published in Reader's Digest in 1938 had very little difference from current efforts to exterminate optometry. Despite medicine's exertions optometry is now recognized professionally. Our pathology professor in optometry school emphasized that our barbers could drop Murine in their customers' eyes, but if we used any drops on patients we risked being sued for practicing medicine.

When I began practicing in 1940, many people, perhaps most people, could not pronounce optometry. Many optometric offices were recognized by the giant glasses signs in front of them. The first thing I did was to remove that sign from the office in which I began to practice in Electra. More than a few of my patients were surprised that I expected to be paid my \$2.00 examination fee. They had been indoctrinated to the belief that one paid for glasses; examinations were free. After five years I moved to Wichita Falls to become the junior partner of Dr. H. A. Harbour, who was secretary of the Texas Optometric Association for many years.

Being compensated for our services rather than selling glasses is arguably the best change in optometry, a change that our leaders labored diligently in convincing us to implement. It has been, and still is, my impression that optometry does better refracting than did the SENT or does ophthalmology now. Optometry's premise that vision is much more than eyes gave us impetus to do visual training in my early years, and I cherish the memory of working with visual training. Improving quality of life for patients has been my basic reason for continuing to practice, and with all the technological advantages in current practice, I hope new optometrists feel the same inspiration. With assistants obtaining so much of the information current examinations provide, we have less opportunity to develop personal relationships with the patients. I see this as a potential loss to us as individuals.

Evidences of my esteem for our profession are those of my family who have chosen to become optometrists. A grandson in Virginia is an optometrist. My son, Joe has taken over my practice in Wichita Falls and has now been joined by his daughter, Jodi and looks forward in two years to having his son, John join father and sister in practice.

Board Staff

All Board Staff work in Austin in the Hobby State Office Building:

Angie: Computer support. Angie is shared with 8 other health licensing boards. She has been with the Optometry Board for 2 1/2 years.

Ann Marie: The Board's newest employee assists the enforcement function of the office, and helps with administrative matters for the entire office.

Chris: The executive director has been in that position for almost 7 years, and with the Board for 10 years.

Donna: Licensing. Donna handles applications for license and license renewal for the Board. She has been an employee for 8 years.

Lisa: The executive assistant prepares reports and supervises the staff and day-to-day operations. She has worked at the Board for 7 years.

Mark: Accountant. Mark works half-time (he is a retired state employee) on financial matters for the Board. He has been with the Board for 2 years.

Roger: Investigator. Roger has been the investigator for the Board for 5 years.

Vincent: Vincent prepares all CE submissions for approval and records all CE hours. He is coming up on 5 years with the Board.

New Board Members

The governor has appointed two new board members to replace **Ann Appling Bradford**, of Midland, and **Judy McClendon Eidson**, of Whitt (previously San Antonio). Both Ms. Bradford and Ms. Eidson served multiple terms as public members, for a combined total in excess of 20 years of service. The former public members were both honored by the Texas Optometric Association at the 2008 Annual Meeting for their service to the profession of optometry. The Board thanks both public members for their many hours of service, including many trips to Austin for Board Meetings, and wishes them the best of luck in the future.

The two new members are: **Larry Fields** of Carthage, and **James Dyess** of Austin. The two new public members were appointed by the governor for six year terms subject to confirmation by the Senate.

Ramon Burstyn, O.D.

Thanks for the honor of serving optometry for over fifty years in Texas. When I first started practice in 1957, I was considered by medicine a "Quack Doctor" - not a "Real" doctor. I opened a small office in a shopping center on Burnet Road across the street from Lamar Junior High School. I practiced under my name as a professional optometrist. I did it all - I examined patients for spectacles, contact lenses and orthoptics, and did the dispensing of ophthalmic frames & lenses and the practice and dispense of contact lenses.

The best change in the practice came with the development of new diagnostic equipment and the introduction of new contact lens materials and designs. The worst change was the restriction of using diagnostic drugs in checking for ocular pathology.

My advice for the younger optometrist who has the burden of a large school debt, is to work for an optometrist or clinic and retire the debt as soon as possible and then start a solo practice in a good location - maybe a small town near a big city.

I practiced with the pride of making every patient feel that they were my only patient and a part of my family. I made certain that the family's "mother" for instance was made "Queen" of her family. The care my family received resulted in my 90% practice growth from referrals my patients made to their families, in-laws, friends and neighbors. I used a self addressed postal card to remind my patients of their annual examination and it proved to be effective (70% return).

I am presently semi-retired, and only take former patients - the family that I developed and learned to know and love over the fifty years.

I attend Optometric meetings locally (only) or at the state Annual Convention. I have been a member of the Central Texas Optometric Society, the Texas Optometric Association. I am a fellow, American Academy Of Optometry, and a member of the American Public Health Association.

I would not trade what I have accomplished in the field of professional optometry, and I do not believe there would have been a profession for myself that could have been any more rewarding.

What's New, continued

Tamper Resistant Prescriptions for Medicaid

Beginning on October 1, 2008, all written, nonelectronic prescriptions must contain at least three tamper-resistant features in order for Medicaid outpatient drugs to be reimbursable by the federal government. The requirement does not apply when the prescription is transmitted by the prescriber to a pharmacy electronically, verbally, or by fax; or when a managed care entity pays for the prescription; or in most situations when drugs are provided in certain institutional and clinical facilities.

Information on the specific requirements is available on the Pharmacy Board's website: <http://www.tsbp.state.tx.us/tamper.htm> Additional information is available from the CMS at <http://www.cms.hhs.gov/DeficitReductionAct/Downloads/Tamper.pdf>

Texas Optometry Board
333 Guadalupe St Ste 2-420
Austin TX 78701