



Controlled Substance Permits: Significant Changes

Prior to August 31, a therapeutic optometrist could procure and administer a drug that is classified as a Controlled Substance (cocaine eye drops), but only if the doctor had a Controlled Substance Registration with the Department of Public Safety (DPS) and the Drug Enforcement Administration (DEA).

Prior to August 31, an optometric glaucoma specialist could, in addition, procure, administer and prescribe "one three-day supply of any analgesic identified in Schedules III, IV, and V of 21 U.S.C. §812," Again, these drugs could only be prescribed after the appropriate registrations have been made with the DPS and DEA.

However, a new law (Senate Bill 195) passed the last legislative session has made significant changes to these requirements. **As of September 1, 2016, the DPS will no longer be issuing Controlled Substances Registrations.** Starting on that date, the only registration required will be the DEA registration.

Prior to September 1, 2016, doctors can check the status of their DPS Controlled Substances Registrations using a link on this [DPS website](#) (also see the website for information on new applications made in August 2016).

Senate Bill 195 made other changes. The Prescription Drug Monitoring Program, which tracks prescriptions for Controlled Substances, was transferred to the Texas State Board of Pharmacy. This Program is an important tool to identify patients attempting to "doctor shop" in order to obtain multiple prescriptions for the same Controlled Substance. Health professionals who are autho-

rized to prescribe Controlled Substances, including optometric glaucoma specialists, will have license fees increased in order to fund this program. Optometric glaucoma specialists will be able to access the database maintained by the program to insure that patients seeking prescriptions for Controlled Substances are not abusing the medication. Please see the article on page two.

Reminders

- Hydrochodone combination drugs have been moved to Schedule II. Optometric glaucoma specialists do not have authority to prescribe drugs listed in Schedule II (includes trademarked brand names: Norco, Vicodin, Lortab and Lorcet).
- See [Rule 280.5](#) (therapeutic optometrists) for requirements if DEA Registration is made.
- See [Rule 280.10](#) (optometric glaucoma specialist) for requirements if DEA Registration is made.

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Prescription Monitoring Program

Optometric Glaucoma Specialists Can Now Use the PMP

The Prescription Monitoring Program tracks controlled substances prescriptions in order to “monitor and prevent the diversion of prescription drugs.”* Texas pharmacists are required to submit all prescriptions for controlled substances into a database that will be maintained by the Texas State Board of Pharmacy. Beginning September 1, 2016, an optometric glaucoma specialist may query the database if the doctor suspects that a patient is “doctor shopping” to obtain controlled substances prescriptions from multiple practitioners that may result in abuse of that drug.

In order to access the database, the optometric glaucoma specialist will need to register with the Pharmacy Board. Information concerning registration and related items is available on this website: <http://www.pharmacy.texas.gov/PMP/> The registration and query are voluntary, but a practitioner must be registered to make a query.

According to the National Institute on Drug Abuse, “. . . prescription and over-the-counter (OTC) drugs are, after marijuana (and alcohol), the most commonly abused substances by Americans 14 and older.” The NIDA website states that abuse may occur from “taking a medication that has been prescribed for somebody else,” “taking a drug in a higher quantity or in another manner than prescribed,” or “taking a drug for another purpose than prescribed.”

Amendments to state law that authorize optometric glaucoma specialists to access the Prescription Monitoring Program also authorized the Optometry Board to raise license renewal fees in order to fund the Program. This fee increase of \$7.85 will be transferred directly to the Pharmacy Board for the operation of the Program. In the future, a query using the PMP may also include neighboring states.

*Bill Analysis of Senate Bill 195, 84th Legislative Session, by the Senate Research Center.

Impaired Optometrists

Possibly as many as 15 Texas optometrists may be practicing impaired according to projections, yet the number participating in the Board’s Peer Assistance Program is quite a bit lower. 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. This program is very similar to the program 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 (use the link 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

Office Practice Pointers

- Disruptive Patients
- Visual Acuities
- Recording of Subsequent Patient Contact
- Release of Contact Lens Rx to Dispenser
- State Law Protecting Personal Identifying Information

Disruptive Patients

The Board regularly receives questions from licensees on the best method to remove a significantly disruptive patient from the office. The information provided here is based on the investigation of complaints filed by patients. The Board is not in a position to provide legal advice.

If a patient is so disruptive that there is a danger to staff, other

patients, the disruptive patient themselves, or a hindrance to the regular functioning of the office, consider the following based on the Board's experience investigating complaints:

- Doctors have been tried and convicted of assault for physical contact when escorting a patient from the office.
- A commonly employed method is to contact the police (or sheriff if not in the city limits) and request assistance.
- Disruptive behavior can occur while the doctor is in an examination room, out to lunch, or even not present in the office on that particular day -- meaning staff may need to make initial decisions
- Long time problem free patients may become disruptive (in some cases because a medical issue affects their behavior).
- In rare cases, the Board has investigated complaints where the patient has threatened the safety of an optometrist.
- Document everything in writing. Disruptive patients do file complaints with the Board.

The termination of the doctor - patient relationship is a separate matter. Although no specific statute in the Optometry Act requires a licensee to treat a patient, the Optometry Act does require a licensee to employ the normal standard of care (a therapeutic optometrist is held to the same standard of care as an ophthalmologist), which may prohibit the termination of the doctor patient relationship if the patient's on-going need for treatment cannot be postponed for the period that it would take to find a new doctor.

Also to consider in a situation where service may be refused are the state and federal laws that prohibit various forms of discrimination. These laws may come into play regarding not only the initial acceptance of a patient, but also the termination of an existing patient.

Visual Acuties

The Board has investigated several complaints recently where the presenting visual acuties were not recorded in the patient record, and no explanation was provided on why the reading was not made and recorded. The problem appears more often on a

subsequent visit by the patient. If a numerical value cannot be obtained (and the reason documented in the patient record), any information that can be documented can be helpful to another doctor who may subsequently treat the patient.

Recording of Subsequent Patient Contact

The Board has also investigated several complaints recently where contact between the patient and the doctor (or doctor's staff) was not recorded in the patient record, even though this contact pertained to the patient's medical condition. Examples include not recording in the patient record information regarding medical condition told to the doctor's office in a telephone call from the patient after the examination, or similarly information provided by the patient in a telephone call prior to an examination. The Board has also been presented with patient records that did not contain information that was told to a patient in a telephone call by the doctor or staff (such as, "patient was advised to reappoint based on ' ' symptoms described in telephone call").

Release of Contact Lens Rx to a Dispenser

Federal and state law require an optometrist to "as directed by any person designated to act on behalf of the patient, provide or verify the contact lens prescription by electronic or other means. [FTC rule 16 C.F.R. §315.3 \(a\)\(2\)](#). [Board Rule §279.2 \(f\)](#) states, "Faxing Prescription. When directed by a dispenser designated to act on behalf of the patient, an optometrist or therapeutic optometrist shall fax an original signed prescription to the dispenser. When faxing a prescription, the optometrist or therapeutic optometrist shall write 'by fax' or similar wording on the original prescription prior to faxing."

State Privacy Law

In addition to HIPAA regulations, the privacy of personal identifying health information is also regulated by state law: Chapter 181 of the Texas Health and Safety Code. State law requires offices to train staff within 90 days of hire, provide patient records

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within 15 days of a request if the request is for electronic records, provide notice for electronic disclosure, and obtain authorization for electronic disclosure unless disclosure is for listed exceptions. This [page of the website](#) has links to the state law.

Optometrists should also be aware that state law imposes a responsibility to protect other sensitive information, including social security numbers and driver's license numbers. The law also imposes duties on offices that have had a computer breach.

New Rules

The board amended [Rule 273.14](#) this past year:

The amendments enlarge the eligibility for the alternate licensing application procedure to include applicants currently on active duty in the military and veterans of active duty. The amendments include an exemption from the application fees for military service member, military veteran and military spouse applicants currently licensed in another state.

The board amended [Rule 273.4](#) this past year:

First to remove \$200 Professional Fee. Secondly to impose a \$7.85 increase to the license renewal fee for the 2017 license renewal and thereafter in order to fund the Prescription Monitoring Program. Since many of the licensees affected by this amendment will no longer need to annually renew a DPS Controlled Substances registration (which has a higher annual renewal fee than the \$7.85 increase), state fees will actually be less starting in 2017.

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 San Antonio this year. A good 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.

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Richard Lane, O.D.

I had a good time at the graduation. There are a larger number graduating now than there were 50 years ago!! We started at the University Of Houston in the basement of the Science Building and later the old army barracks, graduating in August of 1966. I immediately joined the U.S. Army and went to San Antonio at Ft. Sam Houston for basic training and then was sent to Redstone Arsenal in Huntsville, Alabama.

The Army also sent another optometrist to that base, and it took almost a year for them to find another room and equipment. He would see a patient and then I would see one. When we finally got two rooms and equipment we could see more men. I do not recall any women in the Army there. I remember we made each person two clear glasses, one gas mask insert and a pair of Rx sunglasses. Back then we did not do any therapeutics - only made glass - glasses. No plastic. The other O.D. and I did not have to do much Army work except optometry.

After I got out of the Army I went back to my home town and practiced with an O.D. there for about two years. He was the one that motivated me to consider optometry. I was seeing less patients that I would have liked. I enjoyed the community and the people, but I was struggling to make "ends meet."

An American Optical frame salesman came by one day and told me about a practice for sale. The O.D. was about 84 years old and had been in Brady since 1914. This was in June of 1971. I drove 75 miles from Comanche to Brady and visited with Dr. Jack Ragsdale (Texas license #27). We made a deal, he carried the note, and I started in Brady on July 1, 1971. All of his equipment was worn out. The next week I went to American Optical in Ft. Worth or Dallas and got some used basic equipment. Today I have a state of the art office that makes optometry still fun and enjoyable. On July 1, 2014, we celebrated the 100th anniversary of the Brady Eye Clinic with just two optometrist practicing those 100 years.

I know that being able to have the ability to use therapeutics makes me not be in a hurry to retire. I believe that therapeutics is the best change in optometry today. The worst change is the proliferation of big box commercial not only in my profession but for many other independent retail shops and stores.

My philosophy is to try to treat all individuals as the Bible says "Do unto others as you would want to be treated." I know I have been blessed to have had the opportunity to spend my life helping others to see better, and by doing that they in turn should have a better life.

I am still working 4½ days a week, still enjoy it and will continue to be looking for someone that would like to practice in the very Heart of Texas.

Disciplinary Matters

License Probation

The Board and applicant entered into an Agreed Order suspending the license for one year, with the period of suspension probated. The Board alleges that the applicant was arrested for Driving While Intoxicated in October 2015. At the arrest the Board alleges that the applicant possessed eight and one-half pills classified as dangerous drugs requiring a prescription: four pills classified as a Schedule IV Controlled Substance, and four and one-half pills identified as Schedule II Controlled Substance for which the applicant did not have a prescription. The Agreed Order requires the applicant to be evaluated by the Peer Assistance Program, and enter into a support agreement with the Program requiring regular monitoring. It is a violation of probation if the applicant uses dangerous drugs for anything other than a prescribed purpose or if the evaluation finds that the applicant is impaired. Thomas Fenton Koepke, 8869T. Texas Optometry Act §[351.501\(a\)\(15\)](#).

Letter Agreements

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

Patient Records

The patient record prepared by the licensee allegedly did not provide sufficient information of the assessment of the patient's condition, and did not provide sufficient information of treatment plan that a subsequent treating doctor would require to adequately treat the patient. The patient record did not describe the information presented to the patient regarding the necessity for a follow-up and the time frame for the follow-up. In addition, the patient record did not include the reason that the time frame was changed. The doctor, as part of the Letter Agreement with the Board, agreed to include in future patient records a full patient history and a record of the exact information presented to the patient regarding the treatment plan, including reasons for a follow-up visit if required. The doctor agreed to participate in ten hours of

grand rounds with an ophthalmologist focusing on diagnosis and treatment of glaucoma. Optometry Act §[351.501\(a\)](#) and [Board Rule 277.7](#).

The patient record allegedly did not provide sufficient information such that another optometrist or therapeutic optometrist could identify the specific examination performed and the results obtained. The order alleges that the doctor subsequently provided information that several patient record entries did not have the intended information. The order also alleges that visual acuities were not recorded in the record for the initial exam, and that the visual acuity findings that could be obtained were not reported for a subsequent exam. The Letter Agreement requires the doctor to review entries made in each patient record prior to closing of that record and insure that the entries are accurate and additionally, submit 20 records for review. Administrative penalty: \$2,000. Optometry Act §[351.501\(a\)](#) and [Board Rule 277.7](#).

Administrative Penalties

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

Professional Identification

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

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Incorrect Identification on Rx

Nine doctors received administrative penalties for allegedly failing to correctly identify themselves as optometrists on prescriptions written by the doctors. Penalties of \$300 each assessed.

Incorrect Identification on Advertising

Four penalties were assessed because the doctors allegedly failed to correctly identify themselves on business cards, signs or office doors. Administrative penalty of \$300 to \$500 depending on number of alleged violations.

No Identification on Office Door

Five 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](#).

Control by Optical; Advertising

Eight doctors were assessed an administrative penalty for allegedly allowing a leasing optical to control the practice. Three doctors allegedly placed the name of the leasing optical on the doctors' business card. Administrative penalties of \$300 to \$500. Two doctors allegedly allowed the leasing optical to post signs in the optical or in a public thoroughfare advertising the doctors. Four doctors allegedly permitted leasing optical to post signs such that the public thoroughfare was not separate from the optical. 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. Administrative penalties of \$300 to \$600. Optometry Act [§§351.364](#), [351.408](#), [351.459](#) and [351.501\(a\)](#).

Incorrect Advertising

Two doctors allegedly made misleading statements in advertisements: advertising services that could not legally be performed by the doctor: "surgery" and "glaucoma specialist" (only

"optometric glaucoma specialist" can be advertised). Penalties of \$500 assessed (multiple violations by doctor). Board Rule [§279.9](#)

50 J. Gale Kilgore, O.D.

I got graduated in 1966 and Uncle Sam sent me on a trip to Vietnam. Then back to Fort Hood, Texas, and then back to my hometown, Big Spring, Texas.

I was borned in the Broadway Courts on March 20, 1940. It was later called the Broadway Tavern -- it's torn down now. The house I was raised in is torn down too.

I have been practicing optometry in Big Spring, Texas ever since 1970. I never did think optometrists should sell glasses and contacts. So I just examine eyes and write prescriptions, and they can get them filled where ever they want to. I been practicing this way while many of the other doctors sold glasses after their examination. That ain't wrong, it just makes lots a money.

When I started, it's the same as it had been for many years. The big changes were the continued education and soft contact lenses. I guess the worst change was when I thought I was an optometrist forever, and then I was only an optometrist for only one year if I did not get CE.

What I done is the best way to go for me but I don't work real hard and never thought about being rich. I'm just a homeboy and figger I'll die right here in Big Spring. A young doctor that wants to work can make a great living renting next to a chain store. I could make lots more money if I wanted to work and charge lots of money. I went to college cause I thought I was posed to. But I guess I just could not be happy thinking I done some body wrong by charging too much money.

My wife allowed me the time to play in the beer joints and have a TV show, "Kilgore Kountry," and still practice optometry. And after ten years I quit being a legend in my own mind, and did optometry music charity performances. And now I write and record albums of my songs and put videos of me on You Tube and such. And I make demos of people's songs from all over the world. I raise money for the veteran's families. My web site is www.eyeball-records.com if y'all want to visit.

It's still being a great life. I done good helping people all these years. I got a sign in my office, "I got the best patients in the whole world and I thank you." I weeded out all the *****. The main regret, if any, is I ain't never did have a hit song yet.

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 to the Optometry Board for approval at one of the four meetings of the Board (held in February, May, August and November). 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 \$312 will be imposed if all CE is not taken in 2016.

Request for Health Exemption

- Exemption request must be submitted no later than 11/3/16

Requirements:

- Detailed information on CE requirements is on website: www.tob.state.tx.us/cegeneral.htm

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

50 Jose San Martin III, O.D.

The past fifty years have seen a tremendous change in what the practice of Optometry was and is today. Please bear with me as I remember:

The optometry clinic at the University of Houston was in the basement of the science building. The student break room was the furnace room of the science building.

The "hot" topic of discussion was the use of diagnostic drugs.

The most innovative subject I learned in optometry school was not from one of the professors, but from fellow classmate, Dr. Dean Beddow. He and I wrote the first optometric research papers on monovision. Thanks to him optometry had a stop gap for our contact lens patients while we waited for the development of multifocal contact lenses.

The legislative battles with organized medicine and opticians. Speaker Gib Lewis locking representatives from optometry and medicine in a room with the threat that "no one will leave until you two groups reach an agreement." The TOA board meeting when Drs. Wally Ryan and John McCall, Jr. announced to the TOA board that the only way to achieve our goal with therapeutic drugs was to expand our legislative effort to levels that at the time were thought to be unreachable. And they did so.

The optometry graduate of today is trained to such an advanced degree that monovision pales in comparison to therapeutic and glaucoma drugs as well as the training that is now available for even greater advances.

As to guiding principals, I would repeat the words of our Dean, Dr. Chester Pheiffer, listen to your patient.

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, 2017*

- You will be mailed a postcard when it is time to renew (usually the first week in November), 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.
- 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 2017 (if you were first eligible for a license in 2016).

* *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](#)

License Renewal

Fee Changes:

- Active optometric glaucoma specialist: **\$216.85** (increase funds Prescription Monitoring Program. See page 2)
- All other fees remain the same (\$209, active and inactive)

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*

Method to Renew:

- Minor changes have been made to the on-line renewal system which will hopefully improve the system.

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

All Licensees Must Renew:

Active or inactive, brand new or long time licensee

Sunset Review

The mission and performance of the Texas Optometry Board are under review by the Legislature as required under the Texas Sunset Act. The Act provides that the Sunset Commission, composed of legislators and public members, periodically evaluate a state agency to determine if the agency is still needed and to explore ways to ensure that the agency's funds are well spent.

continued

Based on the recommendations of the Sunset Commission, the Texas Legislature ultimately decides whether an agency continues to operate into the future.

The Sunset review involves three steps. First, Sunset Commission staff will evaluate the Texas Optometry Board and issue a report in November 2016 recommending solutions to problems found. A month or so later, the Sunset Commission will meet to hear public testimony on the Texas Optometry Board and the recommendations of the Sunset staff. Based on public input and the Sunset staff report, the Sunset Commission will adopt recommendations for the full Legislature to consider when it convenes in January 2017. Please refer to the Sunset Commission website or call the office for updated information on specific dates for these meetings.

Through the Sunset review, every Texan has the opportunity to suggest ways in which the mission and operations of the Texas Optometry Board can be strengthened. If you would like to share your ideas about the agency, please send an email to the address below, use the comment form on the Sunset Commission website, or contact Kay Hricik of the Sunset staff. Suggestions are preferred by September 16, 2016, so they can be fully considered by the Commission staff.

Sunset Advisory Commission
P.O. Box 13066
Austin, Texas 78711
512-463-1300 Fax: 512-463-0705
Email: sunset@sunset.texas.gov

Information about the Sunset process, Sunset Commission meetings, and how to receive Sunset Commission email updates is available at: www.sunset.texas.gov.

50 John Slider, O.D.

I grew up as the youngest of 10 children in Comanche. After graduating from high school I attended Austin College for two years and then transferred to University of Houston to start Optometry School. After graduation I went into United States Army for two years and worked as an optometrist. I met my wife, Betty Jo, while I was stationed at Fort Eustis, Virginia. Upon completing my

tour of duty I went to work with Dr. Woodrow Leach in Odessa. We developed a partnership and eventually took Dr. Don Hembree in as a partner. I worked in that practice for 45 years.

Our practice by today's standards was pretty archaic. We did visual exams, dispensed glasses, fit a few contact lenses and had an occasional VT patient. I was fortunate enough to be on the TOA Board and to help put into law the diagnostic drug bill and later the therapeutic drugs bill. The push for these bills was very intense. I worked with area politicians and legislators and made trips to Austin to help get these bills passed.

The above mentioned diagnostic and therapeutic drug bills were the best changes affecting Optometry. The fact we earned the therapeutic bill allowed us to practice on nearly equal footing with medical community overall. Probably the worst part was the gradual process and intervention of developing insurance plans.

The best advice I would offer new optometrists is to practice high quality optometry and strive for a high quality of life, and to also take advantage of all forms of continuing education.

I had a successful practice and life for 45 years in Odessa. It was a good place to live and raise my 3 boys. We moved to Wimberley in 2013. Even though I have had 2 strokes I am still able to do some relief work and experience the joy of optometry.

Customer Survey

Ten percent of licensees responded to the Board's e-mail and completed the on-line survey in May. See the results at www.tob.state.tx.us/CusServ.pdf. Board staff work very hard to complete work timely and respond to licensees in a professional manner.

All comments were presented to the Board. A good portion of the comments concerned the posting of CE hours in 2015. The Board is working on making this a better process by:

- programming the database so that large courses can submit the hours electronically (in fact, any course will be able to submit the hours electronically)
- encouraging licensees to submit certificates as soon as they receive them and not wait until the end of the year
- using an additional staff person to assist in entering hours