Changes ahead!

The NV Board of Optometry developed a measure for consideration by the 2019 Nevada Legislature that makes significant changes to the licensure and regulation of optometrists and optometry in Nevada.

Please participate in the upcoming election and vote for Nevada Assembly and Senate carefully. Talk to the candidates about our outdated Optometry Laws, and ask them whether they will support modernizing our chapter!

As soon as the Board’s bill is drafted, we will email it to all licensees. Please review it and contact the office with any and all comments or questions.

We need your input and support!

REGULATORY REMINDERS:

*Optometry CE must conform to our BOARD POLICIES. Don’t get caught short! Be sure to submit proper CE with your renewal.

*PLEASE update your permanent mailing address! Many licensees’ addresses are out-of-date. We must be able to mail certified mail notices of any complaints to your address of record. Call today to check on yours.

*Generally, CME is NOT accepted as CE, except for the 2 hours of opioid-related coursework.

*If you hold a TPA certificate, DEA #, and CS #, you must have a PMP account and complete the two opioid CEs each renewal year. Visit the PMP here.

*Current optometrists must transmit license renewals and CE reporting by midnight on February 28, 2019 to avoid suspension & late fees. We are accepting renewal applications NOW. When you submit your renewal, CE and fees, your payment will be processed, but you may not receive your renewal card until November 2018.

*Do not hesitate to call the Board office with questions at any time. If you get the answering machine, leave a detailed message. We WILL respond!
BE SURE YOUR CE EFFORTS COUNT!!

Just a reminder that any COPE-approved CE coursework, live or online, may be applied toward your annual Nevada CE requirements, **EXCEPT those offered by OPTOCASE through QUEENS UNIVERSITY**. Optocase lost its standing as a Nevada CE provider in 2015.

**If you received your TPA certificate in this license year, your 40-hour preceptorship counts as your full CE requirement for renewal.** Merely mention your recent TPA Certification in the notes on your renewal form.

**IMPORTANT CURRENT LAWS REGULATING OPTOMETRISTS**

- **PATIENT RECORDS:** If you close your practice, you MUST provide adequate notice to your patients of the method to request or transfer their patient files. Most often, if you are an employee and leave a practice, the patient files belong to your employer, and the employer assumes responsibility for those records. This is a FEDERAL law.
- **OWNING A PRACTICE:** Only a licensed optometrist may own any part of an optometry practice. Heirs, spouses, lenders, and other non-licensed persons or entities may **NOT** own or control them or hold a financial interest.
- **MOBILE OPTOMETRY:** No current laws regulate mobile optometry, so if you travel to your patients’ locations, you must notify the Board that you intend to use one of 14 fill-in days per year, or add a practice location for each location where you see any patient. The Board’s Bill proposes that the 2019 Legislature approve mobile optometry as an enhancement to less-mobile patients’ access to optometry services, and allow the Board to issue mobile licenses.
- **DELEGATING:** You **MAY NOT DELEGATE** the subjective eye exam, evaluation of data, refraction, applying diagnostic drops, and various other duties to non-optometrists. This is another issue being brought to the Legislature in 2019.

**SPECIAL 2019 CE EXCEPTION**

If you attended the live or web-based CE presented by Optometry Board member Jeffrey Austin, OD, on Jan 23, 2018, co-presented by the NOA, you may apply the CE gained to the upcoming renewal year. This special exception was approved by your Board of Optometry for this year only.

**Welcome Laura Adair!**

Laura joined the staff as the Admin, Assistant/Licensing Specialist on August 1, 2018. She will be working part time, processing all license-related requests, including the 2019-2020 renewals. Reach out to her at admin@nvoptometry.org.

Many thanks to her predecessor, Krystie Manke, for a job well done.
BOARD OF OPTOMETRY FEE SCHEDULE

**Initial Licensure**
Application for Licensure $425 + $25 Certificate Fee = $450
Appl. for Licensure by Endorsement $225 + $25 Certificate Fee = $250

**License Renewal**
Active License and Primary Location Annual Renewal $375
Additional Location Annual Renewal $175 (per location)
Inactive License Annual Renewal $250
(For both active and inactive license renewals, a completed renewal form, evidence of continuing education, and proper renewal fees must be submitted on or before February 28 of each year to avoid penalties and/or suspension.)

Reinstate License Suspended for non-renewal:
$375 Annual Renewal Fee, plus additional location fees as applicable, and $250 Late Fee if postmarked by May 31; $500 Late Fee if postmarked June 1 through December 31.

Reinstatement of License Expired for non-renewal:
$425 Application Fee plus $25 Certificate Fee and $500 Late Fee plus all application materials.

**Certification**
Therapeutic Pharmaceutical Agents Application $75 (One Time)
Glaucoma Application $175 (One Time)
Fictitious Business Name Registration $50 (One Time)

**Other Fees**
Add a Practice Location, incl. duplicate cert. $200 (1st yr., per. loc.)
Activate Inactive License $150
Re-issue License Certificate or Replace Location/Renewal Card $75
Prepare & Send Letter of Good Standing $25
Change Practice or Mailing Address $25
Has a COPE CE course failed to meet your expectations? Become a COPE reviewer, and become one of a select few!

Please consider becoming a certified reviewer of courses submitted for COPE accreditation. The time you spend contributing to the COPE review process will help ensure the quality and independence of continuing education. COPE accreditation benefits both practitioners in your jurisdiction as well as the public that we serve.

How do I become certified?
- You must complete and submit a course reviewer questionnaire.
- You must be endorsed by your optometry licensing Board; this endorsement will be secured by ARBO once you volunteer.
- You will be asked to complete the online COPE reviewer training that consists of six 10-20 minute self-paced educational modules followed by a short self-assessment.
- Once the training has been successfully completed, you will receive your congratulatory packet of information, including a certificate suitable for framing and a lapel pin.

How much time will this take from my already busy schedule?
- COPE reviewers are not requested to review more than two courses at any given time.
- The review of a course typically takes about 30 minutes.
- Please consider volunteering and contributing to the COPE review process!

To apply, please click here or email arbo@arbo.org.

HIGHLIGHTS OF THE BOARD’S 2019 LEGISLATIVE PROPOSAL

- institute 2-year license renewal & CE cycle (even numbered years)
- permit technicians to collect data & do testing under the direction & supervision of a licensee
  - allow certain mobile optometry
  - define Optometric Examination
- include Plano and cosmetic lenses in definition of contact lenses
- add visual rehabilitation to definition of practicing optometry
- eliminate glaucoma certification for new optometry graduates
  - add prescribing of any Schedule III-V therapeutics
- update procedures for Board communications
Have you ever wondered...?
A few tidbits “borrowed” from the Internet.

**WHO OWNS PATIENT MEDICAL RECORDS?**

While historically we have understood that patients own the information contained in their medical records, and providers own the record itself, the current lack of a federal law governing the ownership of medical records poses a conundrum when those records are stored electronically. New challenges demand innovative solutions—often in the form of new technologies that make life easier. Certainly, technology has advanced healthcare to improve and lengthen our lives. Yet, perhaps more noticeable in medicine than in other fields, we see the clash of technology with standard practices.

Historically, individuals have truly owned their medical information. It is a simple view; the information is about a person so, therefore, it belongs to that person. However, medical practitioners also have a huge stake in the record, because it documents the treatments ordered and provided, and what tests were given, reviewed, and used in order to make a diagnosis or rule out a potential issue. Over time, the practical view has been that the patient owns the information, but the medical professionals own the records. In addition, if a doctor works for an entity, there is the added consideration of whether the entity has an ownership interest in the record. If you are an employee, most times your employer will own the records.

The U.S. does not have a federal law that states who owns medical records, although it is clear under the Health Insurance Portability and Accountability Act (HIPAA) that patients own their information within medical records with few exceptions.

**ARE DOCTORS REQUIRED TO PROVIDE INTERPRETERS FOR MEDICAL APPOINTMENTS?**

The short answer is yes under the Title III of the Americans with Disabilities Act (ADA). If you need an interpreter to understand what your patient is telling you, then YOU are required to provide one. It is best for the patient to contact the doctor/health care provider directly to request an interpreter prior to an appointment.

Patients should not hire an interpreter and expect the doctor/health care provider to pay for those services. The doctor/health care provider must arrange for and pay for the cost of an interpreter, even if the cost of the interpreter is more than the cost of the visit. The doctor/health care provider handles the cost of interpreter as a normal business expense or as part of the overhead costs of operating a business. Do not encourage your patient to bring in a signing family member or a friend as a way to "save costs."

Family members and friends cannot be expected to be neutral and sign everything they hear. They may be emotionally or personally involved with the patient and this may affect their interpreting. Using them as interpreters can also cause problems in maintaining patient confidentiality.