

# West Virginia Board of Optometry Visionary

## Special points of interest:

- New CE Requirements
- Title 14-Series 4-Section 4
- Biennial Renewal Period
- OSHA Rule on Bloodborne Pathogens
- Tips on Avoiding Complaints
- Address/Name Change Form

## Inside this issue:

New Continuing Education Requirements	2
Title 14-Series 4- Section 4	2
Biennial Renewal Period	2
Public Optometry Board Meetings	2
OSHA Rule on Bloodborne Pathogens	3
Tips on Avoiding Complaints	3
Address/Name Change Form	4

## Board Enforcement Actions

Notice of Citation and Assessment of Administrative Fines for October 1 – December 31, 2001:

None

## Introducing the WVBO Visionary

I would like to introduce the *WVBO Visionary*. In an effort to better communicate the latest information on the activities and concerns of the Board to all West Virginia licensed optometrists, the Board has decided to periodically issue a newsletter and President Hyre has asked that I serve as its inaugural Editor.

The Mission Statement of the WVBO is: **“To ensure that all applicants for licensure and all Doctors of Optometry currently licensed, practice their profession in a manner that benefits and protects the public, and to ensure that the highest quality optometric eye and vision care is provided in a professional, competent, and ethical manner.”** This mission serves as the basic tenet from which the Board formulates and carries out its goals, objectives, strategic plans, and articulates its values and beliefs to protect the public and encourage qual-

ity optometric eye and vision care. With this in mind, the *WVBO Visionary* will attempt to keep you updated on issues that are pertinent to the safe and effective practice of optometry.

As with any new project, this newsletter will likely be a “work in progress” for sometime to come. The Board would appreciate your comments and suggestions as to both format and content. It is anticipated that a Question and Answer section will be added with your inquiries in the next issue.

*Jack E. Terry, O.D., Ph.D., Editor*

**Meet the WVBO:** The Board was established in 1909 and consists of seven members: five licensed optometrists (Drs. Boggs, Conrath, Goellner, Hyre, Terry), and two public members



After a recent meeting of the Legislative Rules-making Committee, Senator Ross (center) is pictured with Drs. Harry Boggs, Jack Terry, and Clifton Hyre. Also pictured are Anita Lam, Opt IV extern, and Mrs. Carole Hyre.

(Mr. Craig Hammond and Mrs. Ann Spurlock). The members are appointed by the Governor and serve 3-year terms.

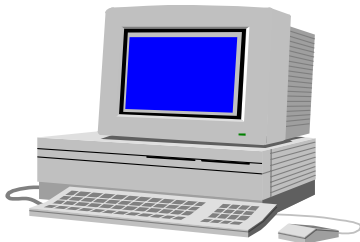
## National Practitioner Data Bank

The National Practitioner Data Bank is a clearing house for adverse information concerning the professional competence and ethical conduct of optometrists, physicians, and other health care practitioners. All state boards of optometry, boards of medical licensure (for

physicians, dentists, podiatrists, etc.), hospitals, and insurance companies are required by law to submit adverse actions taken against health care providers to the Data Bank. While there has been some support on the federal level to amend the laws to allow information to be shared

with consumers, information from the Data Bank is not available to the public at the current time.

## New Continuing Education Requirements



10 hours may be taken via Internet or correspondence.

The following is an explanation of the **NEW** continuing education requirements:

### 2001-2002: TRANSITION YR.

- 20 hours of CE are required of which 6 must be in pharmacology, up to 3 may be in

practice management, 3 from area meetings, and 5 from the internet or correspondence.

- New Feb. and July 2001 licensees exempt for 2002

### 2002-2004: BIENNIAL YRS.

- 40 hours **total** are required between August 1, 2002 and July 31, 2004.
- \*12 hours **must** be in pharmacology or optometric therapeutic courses
- 6 hours may be taken in practice management.

- 10 hours may be taken through the internet or correspondence.
- 5 hours may be taken at area meetings.

CE hours taken at conferences and seminars must be sponsored by the AOA, SECO-type regional meetings, state associations, colleges of optometry, and/or COPE approved.

Hours may be taken at **any** time during the two-year period.

Besides the 12 hours required in pharmacology or optometric therapeutic courses, any combi-

nation totaling the 28 remaining required continuing education hours is acceptable.

**You are responsible for keeping copies of your continuing education in a safe place. The Board will audit approximately 10% of the licensed ODs biennially. DO NOT SEND ANY PROOF OF CONTINUING EDUCATION TO THE BOARD OFFICE. Failure to obtain the required CEUs will result in stiff fines and/or license suspension or revocation.**

*“You must report all actions, claims, and decisions of the court or entity **immediately** to the Board office.”*

According to Title 14-Series 4-Section 4. Causes for Denial, Probation, Limitation, Discipline, Suspension or Revocation of Licenses of Optometrists.

“The Board may deny an application for license, place a license on probation, limit or restrict a license, suspend a license or revoke any license issued by the Board, upon satisfactory proof that a licensee has been convicted of a felony or is, in his or her professional capac-

ity, engaged in conduct, practices or act constituting professional negligence or a willful departure from accepted standards of professional conduct in violation of W. Va. Code 30-8-1 et seq. or the rules of the Board.”

If you have been convicted of a misdemeanor or a felony as defined by state or federal law and/or if you have had any disciplinary action taken against you including a reduction in

clinical privileges, by any Board of Optometry, or any other health care entity, or if you have been named as a defendant in a malpractice claim, you **MUST** report all actions, claims, and decisions of the court or entity **IMMEDIATELY** to the Board office. Failure to do so may result in a fine, suspension and/or revocation of your license.

## Biennial Renewal Period

Effective **July 2002**, the Board of Optometry will be converting to a biennial (two year) license renewal system. This is being done to more efficiently distribute the workload associated with license renewal, and to give you greater flexibility in meeting renewal requirements. This change will result in a biennial renewal fee of \$550 paid in advance and 40 hours of CE in arrears.

When you renew your license in

July 2002, you will pay \$550. However, you will not renew your license again until July 2004. In July 2004, you will again pay the biennial renewal fee of \$550.

All licenses will **EXPIRE** on August 1, 2002. There is **NO** 1-month **GRACE** period. A **LATE RENEWAL FEE** of **\$150** will be imposed if not postmarked by July 31, 2002.

## Board Meetings Open to the Public

All WV Board of Optometry meetings are open to the public so that any optometrist or consumer may attend. The Board typically holds four regularly scheduled meetings each year. An agenda normally is available 1 week in advance of the meeting. The next meeting (and licensee examination) is scheduled for February 9-11, 2002 at the Marriott Hotel, Charleston. The location and

dates of the other meetings are available by calling the Board office at (304) -627-2106.

## OSHA Rule on Blood-borne Pathogens May Apply to OD Offices

Some optometric offices may need to change examination procedures to comply with an occupational safety rule designed to minimize exposure to blood-borne pathogens, including the Hepatitis B virus (HBV) and the Human Immunodeficiency virus (HIV).

Issued by the Occupational Safety and Health Administration (OSHA), the "Occupational Exposure to Blood-borne Pathogens Rule" applies to employees of optometric practices if there is a risk they will be exposed to blood or other potentially infectious materials.

Because relatively few optometric procedures are invasive or considered risk-prone, the likeli-

hood of exposure that may exist in many optometric practices is limited, according to the American Optometric Association's Clinical Care Center. In those practices where potential exposure may exist, however, the requirements of the rule must be met.

The rule requires employers who may experience occupational exposure to develop an Exposure Control Plan detailing the following:

- exposure determination.
- methods of compliance.
- engineering and work practice controls.

- Housekeeping.
- Hepatitis B vaccination.
- information and training.
- keeping of medical records on employees with occupational exposure.

Practitioners can also obtain an OSHA booklet, a sample office exposure control plan, and fact sheets explaining the regulations from the OSHA Publications Office, 200 Constitution Ave., N.W., Room N3101, Washington, DC 20210 (202/523-9667) by sending a self-addressed label with the request.



Occupational Exposure to Bloodborne Pathogens Rule

## Tips for Avoiding Complaints

The Board receives complaints that merit no disciplinary action by the Board, but are still cause for concern. Complaints often relate to fee disputes or contact lens prescription releases. Reviewing the following list could reduce the risk of a complaint being filed against you.

- **Maintain standard, legible, written notes on all patients.**
- **Practice infection control at all times.**
- Know and abide by the West Virginia Optometric Law and Legislative Rules.
- Know your limitations, and practice within the area of your professional competence.
- Assign to technicians and assistants only those functions permitted by the law and legislative rules.

- Make sure your advertising and promotional materials are in compliance with the law and legislative rules.
- Discuss and provide patients with a written statement of office procedures including fees, payment expectations, insurance filing, management of pediatric patients, cancellations, and patient responsibilities.
- Be specific with patients regarding the procedures you will be following and the meaning of the various terms used in optometric practice.
- Train office personnel regarding information they are or are not authorized to discuss with the patient.
- Make available to patients copies of their records. (Note: Do not release origi-

nal records – only copies) Charges should not exceed 75¢ per page and search fees should not exceed \$10.00 per West Virginia Code §16-29-1 and 2.

The WVBO Complaint Committee acknowledges that the majority of complaints are related to sales and purchases and are referred to the Consumer Products Division of the Attorney General's Office.

A few complaints are violations of Chapter 30, Article 8, Optometry, of the Code of WV, involving advertising of free eye exams, failure to disclose the nature of doctorate-level degree, and advertising by means of knowingly false or deceptive statements.

*"Maintain standard, legible, written notes on all patients emphasizing the completeness of your optometric examination."*

*"Know your limitations, and practice within the area of your professional competence."*



West Virginia Board of Optometry  
101 Michael Street  
Clarksburg, WV 26301-3937  
Phone: 304-627-2106  
Fax: 304-627-2282  
Email: wvbdopt@westvirginia.net

**WV BOARD OF OPTOMETRY MEMBERS:**

DR. HARRY W. BOGGS  
DR. DOUGLAS L. CONRATH, SECRETARY-TREASURER  
DR. RICHARD H. GNOELLNER  
MR. CRAIG HAMMOND, CONSUMER REPRESENTATIVE  
DR. E. CLIFTON HYRE, PRESIDENT  
MS. ANN SPURLOCK, CONSUMER REPRESENTATIVE  
DR. JACK E. TERRY  
MRS. BARBARA L. PALMER, ADMIN. SECRETARY

## Change of Address/Name Form

Mail form to: West Virginia Board of Optometry  
101 Michael Street  
Clarksburg, WV 26301-3937

You must keep this office informed of any address or name changes. Faxed or e-mailed copies are not accepted since we must have your original signature authenticating the change you are wanting us to make to your official records.

CHANGE OF ADDRESS and/or CHANGE OF NAME FORM

NAME OF LICENSEE: \_\_\_\_\_ DATE OF CHANGE: \_\_\_\_\_  
WV LICENSE NO. \_\_\_\_\_ SSN: \_\_\_\_\_  
NAME CHANGED TO: \_\_\_\_\_

Please check only one preferred mailing address:

(The preferred mailing address is your address of record and is public information. Telephone numbers are not public information.)

Principal Office Address                       Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ (Original Signature of Licensee is Required)  
Fee for Address Change: \$10.00                      Fee for Name Change: \$10.00