

NMOA

2018 NMOA Annual Convention Newsletter



Welcome to the NMOA Annual Convention!

This will be the seventh convention that I have attended and I continue to admire the rich history of the NMOA and the high quality education provided during this meeting. I have been able to call New Mexico home for nearly eight years and it feels so, more now than ever, since my husband Daniel and I welcomed our baby girl, Everly, to the world in September 2017.

Before parenthood, we spent much of our free time outdoors, hiking, skiing, camping, biking and now that we are parents, we plan to do much of the same. Everly has already been on the slopes (in a backpack of course) and spent time in the Sandia Mountains. We hope to get some camping trips in over the next few months and plan to have Everly's

first Colorado fourteener in September be Daniel's last, number fifty-eight.

I did not discover optometry as a potential career until I was twenty years old. I had the opportunity to shadow a local optometrist and I knew, from my first experience sitting in that dark, windowless room, that is what I wanted to do. Of course it was not the environment that attracted me, but the relationship I observed between doctor and patient. Being born with a gastroschisis has left me with multiple chronic ailments which means a lot of time in doctor's offices. I have had good experiences and bad ones and the professional, yet personal relationship I observed that day was fulfilling.

The time with patients is my favorite part of our job. With that said, as you all know, being in the exam room is only one small part of being an optometrist. There are logistical obligations such as staffing and billing, but I also feel that we each have a responsibility to give back to the profession itself. Not only for our own welfare and that of our patients, but for those who paved the path before us. It is their hard work and dedication that has allowed us to practice as we do today.

I am looking forward to the year ahead as your NMOA president and plan to uphold the high standards of those who came before me.

Warm regards,

Sarah E. Bortz, OD

NMOA Convention Update

Dr. David Magnus has provided an excellent schedule of 22 hours of Optometric Continuing Education and the Paraoptometric Committee has also assembled a full day of quality Continuing Education for the Paraoptometricists.

Education is the main purpose of the NMOA Convention and everyone will leave with new knowledge!

Once again our Exhibit Hall is sold out with great vendors! Please remember to visit the Exhibit Hall and thank the all vendors who are supporting your profession. With out the support of our vendors the meeting would not be possible.

For the 2018-2019 year we have a few vendors who are really committed to the NMOA and Optometry.

Our Diamond Level Sponsors are:

**Eye Associates of New Mexico
Pacific Cataract & Laser Institute
OOGP**

Our Silver Level Sponsors are:

**Coleman Vision
OOGP
CooperVision**

Our Bronze Level Sponsors are:

**Bernitsky Vision / TLC Laser Center
High Country, Macula, Retina & Vitreous
VSP Global**

Our Turquoise Level Sponsors are:

**Bausch & Lomb
Essilor Laboratories of America
Optos
Vision Source**

Diamond Level Sponsors contribute at least \$10,000, the Silver Level Sponsors contributes at least \$5000, the Bronze Level Sponsor contributes at least \$2500 & the Turquoise Sponsor contributes at least \$1000. Please thank our friends for their generous support.

Final Presidential Address Dr. Daniel Mayes

It has been a great honor to serve as the President of the NMOA for the last two years. I would never of been able to do it without all the great support from my family, our executive director Richard Montoya, the previous NMOA presidents, my wonderful board, and each and everyone of you! It has been an exciting two years that taught me a lot about what goes on with optometry outside of our own office.

I believe this is the best time to be an optometrist even with all the threats of online refractions, internet glasses/contact lens retailers, and to the doctor-patient relationship. We are very qualified to provide the increasing demand of eyecare needs to the great state of New Mexico but in order to do this we must protect the laws that support our practices and make sure insurance panels allow optometrists to provide the necessary care. This job is too big for one optometrist or even a few optometrist to do by themselves. The fight that allows us to provide the best level of care possible is fought by NMOA and the AOA on a daily basis. I look forward to continuing my ongoing support of them with my time and my yearly PAC donations. Just remember without the AOA and NMOA I believe there would be NO optometry! I cannot stress enough the importance of everyone's continued effort to establish those grass-roots relationships with your local legislatures!

A while ago I heard someone use the word "optocrat" and it stuck with me. "Optocrat" now serves as a reminder to me that I am here for one purpose, and that is to serve the optometrist agenda and it has nothing to do with a political parties agenda!!

It has been a great pleasure working alongside Richard and I ask everyone to make sure they go by and congratulate him for being the AOA Executive Director of the Year. It was my privilege and a wonderful experience to be present when he won the award. I would like to offer a special thanks to Dr. Howes and everyone else who helped put together the documents for Rich's Virgil Deering nomination. I would like to also acknowledge and thank Luke Otero, our lobbyist, for all his efforts. It has been a great learning experience and I look forward to working with you in the future for optometry and our patients!

I will leave my time as president with one regret and that is that we were unable to get The Patient Protection Act passed last year. I do not believe that this was due to a lack of effort by anyone of us that were involved in the whole legislative process. You win some and lose some, but you never stop fighting. It is exciting to think of what the future holds for optometry in regards to broadening and protecting the scope of practice for optometrists.

NMOA Member. Dr. Lisa Shin, Candidate for NM House District 43



Dear Fellow ODs:

Re: Optometry in the House !

Join me in congratulating our friend and colleague, Dr. Lisa Shin, on the launch of her campaign for the New Mexico House of Representatives! This is a golden and rare opportunity for ODs to have direct representation in our State Legislature with the potential to advance the interests of optometry and eyecare. Not since Dr. Terry Marquadt served 11 years ago have we had a direct voice for our profession...a voice that speaks from a real world practice perspective. Consider this: we have given tens of thousands of dollars, in the hopes that our legislators might listen to our concerns, with Lisa we know she will and she understands the issues first hand.

As many of you know, Lisa was a delegate and speaker at the recent Republican National Convention. She has been in private practice for the past 20 years and is a well-respected member of her community. Known for her civic-mindedness, she has been a strong voice for fiscal responsibility and accountability in government. Lisa believes that we need a stronger health care system for New Mexico. Her concerns include telemedicine, insurance parity, Medicaid CHIP (kids) program, and optometric scope of practice.

I believe that she has a good chance to win this open seat, but only with our support! Please join me in contributing to her campaign.

Visit with Lisa personally at the Friday NMOA Luncheon and/or the Saturday Installation Banquet. She welcomes the discussion and wants to hear your thoughts and concerns for New Mexico Optometry and Health care.

Contact her at lisasfor43@gmail.com
Connect with her on Facebook @betterwayforNM.
or mail: Lisa for 43, PO Box 919, Los Alamos, NM 87544

Thank you and let's put Optometry in the House,



Philip Treu, OD



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Timothy J. Johnson, OD
Vicki Herrera, Manager of Referral Services

Run for the Roses Raffle!

By Lynn Davis OD, PAC Chairperson

"Riders Up!" Get ready for the 2018 PAC Raffle. With oodles of incentives and prizes, your odds have never been better. Raffle tickets are \$100 each. Buy one ticket, receive a copy of Al Cleinman's book, *"A Different Perspective: Observations on Optometry, Business and Life."* Buy two tickets, get the book as well as a Costa Rica Calendar by yours truly.



Prizes for the Raffle include a grand prize of an iPad, four Kindle Fire's, and bottles of wine.

Why give to the PAC? Here's what your fellow OD's are saying:

Colleagues: When I completed my Optometric education and training, Optometry was excluded from performing tonometry with topical anesthetic, fundus exams with mydriatic, and pediatric exams with cycloplegic. Optometry did not include treatment with antibiotics, steroids, antiglaucoma medications, or in office surgical procedures. The funding of Optometric Political Action Committees has enabled the education and support of politicians to make knowledgeable decisions regarding the regulation of optometry, expansion of scope legislation, and the eye care of the American people. In the sense that optometrists control the funding of the Political Action Committee, optometrists control their own destiny. It is for these reasons that I support the NMO-PAC and the AOA-PAC. In other words, it's up to you.

Terry Marquardt OD

Diplomate, American Board of Optometry

Being that optometry is a legislated profession, I consider it part of my professional responsibility to donate time and money to the PAC. I have taken the time to create and maintain relationships with some of our legislators and can support other optometrists in doing the same by attending group lunches and special events. I know firsthand, particularly as a new Mom working full time, that time is precious. For that reason, I feel grateful that something as simple as writing a check can be a big contribution.

Sarah Bortz OD

NMOA President-Elect

It is a tremendous privilege to practice Optometry in the State of New Mexico! Our scope of practice is matched by few states. We have the opportunity to provide top quality care for our patients. That being said forces outside of our profession such as online contact lens sellers, mobile apps masquerading as eye exams and vision plans working to diminish our freedom to provide the best care for our patients are challenges we must address. We must remain politically active to retain the hard-fought victories we have won and to ensure that we can continue to provide the care our patients expect from us. That begins by supporting our NMO PAC!

Craig Clatanoff OD

Past-President of the NMOA

Contributing to PAC is investing in my future. If I want to be able to practice as I've been trained into the future, I need to have someone in my corner keeping up with legislation that allows me to do so and fight for my profession.

Angela Morgan OD

NMOA Board Member

So, don your fancy hat and your jockey duds and trot over to the PAC booth to buy some tickets! Books and calendars are limited, so first come, first serve. Need to re-up your monthly credit card donation? I will have the forms at the booth. And don't forget the AOA PAC. Download the app, or fill out a form at the booth and I can send it in.

Join the Winner's Circle and donate to the PAC!

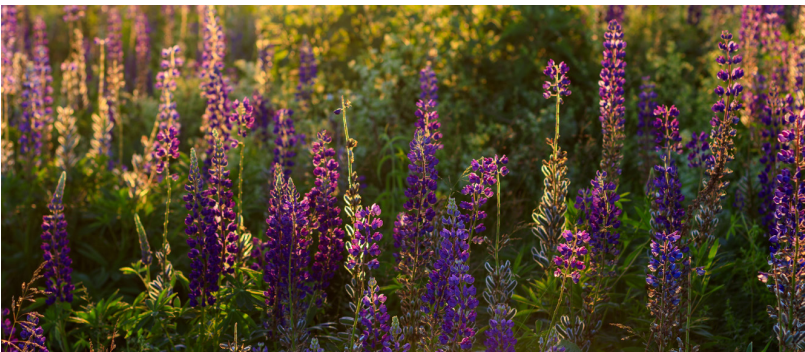


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You've Got To Fight...For Your Right...

Submitted by Dr. Mamie Chan

Meet Dr. Ima Yoo, a New Mexico doctor of optometry who is just working every day to pay the bills and give the best care to her patients. Let's see what a day in the life of Dr. Yoo is like:

Monday - Dr. Yoo: "Oh YAY! I've been trying to get on the provider list for years, and I just received a letter from medical insurance company NMHUnC that I'm finally contracted with them! Now I can bill for all the medical services that I normally provide and actually get paid! Joy! Wait a minute...it says here that I have to accept vision insurance Craptera in order to be a medical contractor with them..."

Dr. Yoo's paraoptometric: "Dr. Yoo, we have 10 people calling to make appointments for comprehensive eye exams for Craptera. The reimbursement will be \$20 per eye exam."

Dr. Yoo: "Argghhhhhh!"

Tuesday - Dr. Yoo: "Ok Mr. Patient, I have prescribed you glasses. However, since you have the vision insurance Doofus, we have to use Doofus' lab, so it will take one month to get back and the lenses will be made of sub-par materials. Even though I have a lab right here, it doesn't matter. Have a good day!"

Mr. Patient: "This is entirely your fault! I'm going to write up a bad review on you on Google!"

Dr. Yoo: "Arggghhhhhhhh!"

Wednesday - Dr. Yoo: "I highly recommend you get a second pair of glasses for your work."

Mrs. Patient: "Yes, I'm going to get a second pair, but you have to discount me 25% because it says right here on my benefits that you have to discount my second pair whether you want to or not."

Dr. Yoo: "Arggghhhhhhhh!"

Thursday - Dr. Yoo: "Hmmm, I'm noticing on my EOB that they're reimbursing at a much lower rate than the contract I signed. How is it they can change the terms of the contract I signed without me even knowing? Arghhhhhh!"

What happens to Dr. Yoo happens to all of us every day and we DON'T have to put up with it! We have a bill in the US House of Representatives that will address all of these issues. Introduced by Rep. "Buddy" Carter (R-GA) and Rep. Dave Loebsack (D-IA) in this current 115th Congress, HR 1606 the Dental and Optometric Care (DOC) Access Act will disallow the following: 1) Restrictions on medical plan participation 2) Limits on a doctor's choice of lab 3) Mandates on non-covered services and materials and 4) Changing agreements without the doctor's acknowledgement. You can view the bill here <https://www.congress.gov/bill/115th-congress/house-bill/1606>. At AOA's Advocacy meeting on April 22, ODs and students will be blanketing the Hill in DC to urge their Reps to sign on to this bill. Fortunately, we have Rep. Lujan-Grisham already signed on, and for the first time Rep. Pearce has signed on. Rep Ben Ray Lujan has not yet signed on (but always has in previous years), so please contact Rep. Ben Ray Lujan if you are in his district to ask him to sign on to HR 1606!

The story with Dr. Yoo continues on to the future...where the comments of congressmen/women, congressional committees, policy experts, consumer advocates, and optometrists were ignored and the new FTC Contact Lens Rule Change has now gone into effect...

Friday - Dr. Yoo: "We hope you like your new contact lenses, Ms. Patient. Try them out, and if you want to finalize with these lenses, you will need to come back to our office to finalize the contact lens Rx so that I can hand you a copy of the contact lens Rx and you will need to sign an acknowledgement that you received your contact lens Rx. I'll then have my paraoptometric scan your acknowledgement into your file to keep for three years. I know it requires extra paper, paperwork, scanning, storage, employee and storage costs, and is needless and burdensome, but it's what the FTC has told me I have to do! Argggghhhhhh!"

Yes, this is real--this is what we will be required if the FTC Contact Lens Rule Change goes into effect. Thank you to all of those that made comments to the FTC before April 6th.

These issues are only a fraction of the policy that AOA is working on that affects the everyday practitioner. The AOA is not some bureaucratic monolith—it is made up of everyday docs like you and me working our grassroots efforts with our political representatives to make common sense changes. Drs. Planitz, Clatanoff, Davis, and I will be going to AOA's Advocacy conference to meet with the NM reps to fight for the DOC Access bill and fight against the FTC rule. Additionally, we will fight to safeguard our physician status, uphold existing laws that assure access to in-person, comprehensive eye exams, ensure patient safety from unsafe tele-health schemes, stop reckless online contact lens resellers, and support essential eye health care for veterans. While it's an honor to represent our state docs, I would much rather work or be at home snuggling with my family in my yoga pants. But it's up to ALL of us to get up and FIGHT for what is RIGHT, and that means **ALL OF US** getting out there to make our voices heard.

As in the immortal words of the Beastie Boys ... (cue music) ... You Got To FIGHT ... For Your Right... To **NOT** have to take crappy vision insurance, use crappy labs, give non-covered service discounts, put up with contract changes, or do burdensome paperwork!

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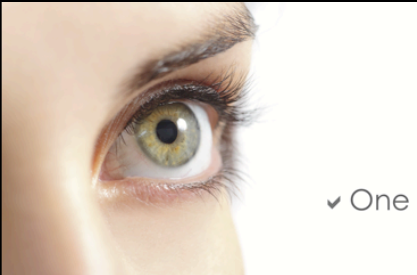
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News from NMOA Members

Submitted by Dr. James Etre — Davita Medical Group Ophthalmology / Optometry department strives to deliver quality care as well as the very best patient experience. Our wait times are much shorter and we even have same day appointments available if needed. Davita wants you to be aware that there are other options available for your patients. Our newest location is the Sunport location. Below are the specialties / services we offer:

Patrick Chan, MD – Cornea/External Disease/Cataract Surgeon/ Glaucoma SLT

Sean Rivera, NM – Cataract Surgeon/ Glaucoma SLT/Oculoplastic Surgery (blepharoplasty, lid lesions, ectropion, entropion repair)

Adeel Khan, MD – Surgical Retina Specialist (same day appointments available)

Christine Clavell, MD – Retinal Specialist

Joe Fammartino, MS – Surgical Retina Specialist

Contact Danny Perea for more information at 505-262-3289 or danny.perea@davita.com

Best Regards,

James Etre, OD & Danny Perea, Site Administrator Ophthalmology/Optometry/Optical Shops

Dr. Yvonne Alomia submitted the link from the New Mexico Genealogical Society (NMGS) regarding their DNA Project. The NMGS mission is to validate genealogies tracing back to their known origin in NM. <https://www.nmgs.org/dna>

Dr. Philip Treu submitted this article “An Instagram model who underwent a controversial procedure to change the color of her eyes says she now has the sight of a 90-year-old after it went wrong”: <http://www.foxnews.com/health/2018/04/12/instagram-model-left-partially-blind-after-controversial-surgery-to-change-eye-color.html>

Dr. Philip Treu submitted this article “Stem cell therapy reverses sight loss and lets people read again”: <https://www.newscientist.com/article/2164134-stem-cell-therapy-reverses-sight-loss-and-lets-people-read-again/>

Dr. Treu has informed us that Davis Vision has a State Manager whose contact info is below. She wants any office to contact her directly if they can't get a Davis Vision issues solved through the regular channels.

Henri (pronounced Awn ree) Pryor

Cell: [210-452-0489](tel:210-452-0489), Office: (rolls over to Cell phone) [210-245-2210](tel:210-245-2210), Email: hpryor@davisvision.com

Special Olympics Opening Eyes Lions Club Vision Screening

It's that time again! Please come join us for Special Olympics Opening Eyes Lions Club vision screening **May 19, 2018** from 10-2pm at the UNM football stadium parking lot.

This event is amazing, and one the athletes look forward to all year! It is a great opportunity to volunteer with, learn from, and promote the health and dignity of individuals with intellectual disabilities. Be part of creating joy and better vision in the world.

If you or anyone you know, would like to be on the list of physicians who work with intellectually disabled individuals, please let me know. I will give those athletes a paper with your information (name address phone number) for a more comprehensive eye exam.



The objectives of Opening Eyes include:

- Providing screenings to Special Olympics athletes
- Educating athletes, parents and coaches about the importance of regular eye care
- Educating and changing attitudes of eye care professionals about the vision care needs of persons with intellectual disabilities worldwide
- Increasing knowledge of visual and eye health needs of persons with intellectual disabilities through research.

Research conducted with athletes at Special Olympics events has revealed:

- 68 percent have had no eye examinations in three years;
- 37 percent need glasses; and
- 18 percent of the athletes were wearing clinically incorrect glasses

For more information or to volunteer, please contact Dr. Erin Byrne at ecbyrne@eyenm.com

Thank you for your support!!

In Memoriam - We will miss these members of the NMOA.

Dr. Harry McBride
 Dr. J.R. McCausland
 Dr. William Howard McDonald
 Dr. John Moore
 Dr. Theodore Nelson
 Dr. James Nicholson
 Dr. Elmer Robinson
 Dr. Edmund Park Sellard
(Pictured from last year's convention)



Pacific Cataract and Laser Institute - 2018-2019 NMOA Diamond Sponsor



Pacific Cataract and Laser Institute is a referral center that compliments the expertise of optometric physicians. Having performed over 300,000 micro eye surgeries, PCLI is one of North America's most unique and experienced eye care facilities. Patients come recommended and referred by hundreds of family eye doctors who have learned to trust our expertise. The organization's world-class medical team provides a level of care and memorable warmth that has become the hallmark of our service.

Our mission is to provide the best possible co-management services to the profession of optometry. And our goal is simple – to be considered an extension of your practice. Your friendship and spirit of cooperation make it a joy to serve!

Eye Associates of New Mexico - 2018–2019 NMOA Diamond Sponsor



Eye Associates of New Mexico has been providing eye care to New Mexicans for over 30 years. With 14 optometrists and 28 ophthalmologists in 14 locations, Eye Associates provides medical and surgical services to a large part of the state. This includes many underserved areas bringing specialty care that may otherwise be unavailable. Eye Associates continues to work closely with many excellent optometrists across the state to provide care for their patients. With the help of these optometrists, recent addition of electronic health records, and the dedicated staff of our Doctor2Doctor program we have dramatically improved our referral and co-management services resulting in excellent teamwork and patient care. We look forward to another 30 years of providing the highest quality care to all New Mexicans.

Board Certified physicians / surgeons provide sub-specialty care in:

- * Retinal Disease * Corneal Disease * Cataract Surgery * LASIK Eye Surgery
- * Glaucoma * Oculoplastics * Pediatric Ophthalmology * Neuro-Ophthalmology

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OOGP is the #1-Stop Ophthalmic Distributor with three warehouses available for offering the most in eye care products including soft contact lenses, ocular pharmaceuticals, lens care products & etc. Our VIP Programs offer the members FREE shipping. Please refer to our eCatalog for further information.

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Coleman Vision - 2018-2019 NMOA Silver Sponsor

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Coleman Vision is dedicated exclusively to laser vision correction and does not fit or sell contact lenses or glasses. Progressive, state-of-the-art technology, an emphasis on learning, and a caring, highly experienced staff combine to provide patients and doctors with consistently excellent results. Dr. Coleman performs individualized wavefront-guided LASIK using the iLASIK laser suite. This platform combines the VISX STAR S4 excimer laser using Iris Recognition and 3-dimensional eye-tracking technology with the 150 kHz iFS femtosecond flap maker. Along with such world-renowned eye institutes as Johns Hopkins, the University of Miami, and Baylor University, Dr. Coleman has been part of an on-going FDA evaluation of wavefront-guided laser profiles since May of 2002. He was instrumental in gaining the initial FDA approval for this technology.

CooperVision - 2018-2019 NMOA Silver Sponsor

CooperVision, a unit of The Cooper Companies, Inc. (NYSE:COO), is one of the world's leading manufacturers of soft contact lenses. The Company produces a full array of monthly, two-week and daily disposable contact lenses, all featuring advanced materials and optics. CooperVision has a strong heritage of solving the toughest vision challenges such as astigmatism and presbyopia; and offers the most complete collection of spherical, toric and multifocal products available. Through a combination of innovative products and focused practitioner support, the company brings a refreshing perspective to the marketplace, creating real advantages for customers and wearers. For more information, visit www.coopervision.com.

Bernitsky Vision / TLC Laser Center - 2018-2019 NMOA Bronze Sponsor

Bernitsky trained at Johns Hopkins Wilmer Eye Institute as a board certified corneal specialist. He returned to New Mexico after his residency. His passion is providing the best and safest surgical options for vision correction as an alternative to glasses and contact lenses. He has always been at the forefront of vision correction technology in New Mexico. He is the only surgeon to offer the most advanced blade-free Femtosecond laser available in the US; the Alcon EX500/FS200 laser suite. He has provided quality eye care to New Mexicans for 30 years and has performed more than 50,000 vision correction surgeries. In February 2016, Dr. Bernitsky merged his practice with TLC Laser Eye Centers. By joining with TLC, as an independent contractor, he can provide quality care and the best technological advances in the field of vision correction. A benefit of becoming part of TLC is to be able to team up with you; the patient's eye care provider and form a co-management relationship. TLC is the largest company of its kind and was founded by Optometrists and wants to include Optometrists to be part of your patient's desire to have vision correction. Also, TLC has locations across the United States and Canada which allows for continuity of care if someone moves away from Albuquerque.

Dr. Bernitsky and TLC Laser Eye Centers are committed to the vision correction industry and want every patient to be satisfied with the care they receive as well as the best options to offer in the field. For the 20% of people who are not great candidates for Lasik, we offer the full spectrum of vision correction options. This allows us to find the procedure that is the safest and best for patient's visual needs. We offer not only LASIK but also PRK, ICL (implantable contact lenses), Refractive lens replacement, or cataract surgery. This allows us to provide options for the best visual outcome possible.

We are committed to providing every patient; personal, individualized care. We look forward to building a co-management relationship with you.

High Country Macula, Retina & Vitreous - 2018-2019 NMOA Bronze Sponsor



Dr. Michael Seligson established High Country Macula, Retina, and Vitreous, PC in Santa Fe in 2004. He began treating Albuquerque patients in February 2005. Dr. Seligson has been performing Sutureless Vitrectomy Surgery for numerous years. Dr. Seligson is fellowship trained in the management of all aspects of Vitreo-Retinal pathology. In addition to high quality eye examinations, his diagnostic services include Digital IV Fluorescein Angiography, Macular and Optic Nerve Tomography, and B-Scan Ultrasonography. Office procedures encompass Argon Laser for the management of Diabetic Retinopathy, Age-Related Macular Degeneration and Retinal Tears; Pneumatic Retinopexy for the repair of limited Retinal Detachment; and intraocular or periocular administration of medications for the treatment of ocular inflammatory conditions and Age-Related Macular Degeneration, and Ocular Photodynamic Therapy for various forms of Macular Degeneration.

Hospital-based procedures offered at St. Vincent Hospital in Santa Fe, Lovelace Medical Center in Albuquerque, and AAESC in Albuquerque include 23 & 25 Gauge Sutureless Pars Plana Vitrectomy for the treatment of Diabetic Vitreous Hemorrhage, Macular Pucker and Macular Hole, as well as traditional Pars Plana Vitrectomy for the treatment of advanced Diabetic Eye Disease and Retinal Detachment. Scleral Buckling is also occasionally required for the treatment of complicated forms of Retinal Detachment. In addition, Dr. Seligson is on-call to treat any type of ocular trauma.

VSP Global - 2018-2019 NMOA Bronze Sponsor Spotlight



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We help people see.

In 1955, a small group of optometrists had a vision to provide affordable, accessible, high-quality eye care to the world. They formed the first prepaid, not-for-profit vision benefits company, VSP® Vision Care. That vision has evolved into VSP Global, with five complementary businesses that combine high-quality eye care insurance, high-fashion eyewear, customized lenses, ophthalmic technology and retail solutions to help people see around the globe.

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NMOA Doctors Serving on AOA Committees



Congratulations to Dr. Jennifer Planitz for being as a Member of the Ethics and Values Committee.

Congratulations to Dr. Mamie Chan for being re-appointed as a Member of the AOA Research and Information Resource Team

We know you will represent the profession of optometry and New Mexico well!

Health Eyes Health Children Exhibit at Explora - Submitted by Mamie Chan, OD

With a grant from AOA Foundation's Healthy Eyes Healthy Children, we are so excited to work with Explora to create an experiential learning station called "My first eye exam—prototype". The goal of this project is for the New Mexico Optometric Association doctors of optometry to partner with Explora Children's Science Museum in Albuquerque to create an experiential learning station that connects approximately 100,000 museum visitors a year to concepts related to optometry and helps children and their families experience components of a typical eye exam, learn about optics and eye health, engage in stimulating dialogue, increase their STEM content knowledge and career awareness, and increase public health visibility of optometry.

We want to thank the generosity of our optometric community for donating items to our exhibit! In particular, we want to thank: Dr. Jane Compton, Dr. Sean Hamishige, Dr. Cathrine Currie, Dr. Tiffany Martinez, Dr. Randall Cox, Dr. Jennifer Planitz, Dr. Melinda Cano-Howes, Dr. Daniel Mayes, Dr. Bobby Jarrell, Dr. Richard Zobel, Chris Sanchez from Vistakon, Mark Dees from Alcon, Carol Michael from Twin City Optical, Dave Lipkin from Walman Instruments. We have some amazing pieces of equipment, including a topographer, a trial lens set, prism bar, contact lens trials, color vision plates, stereo plates, Farnsworth D-15 color arrangement tests, vision therapy equipment, a stand projector acuity chart, an eye model, the piece de resistance—a phoropter from Walman, and so much more! And Twin City Essilor created glasses with lenses that are ocular disease simulators to include strabismus, amblyopia, macular degeneration, glaucoma, cataracts, high refractive error, and more!

The exhibit will be part of the Portal to the Public (PoP) exhibit at the Experiment Bar where they bring portable "table top" exhibits out to the public with an assistant always available. If you are familiar with Explora, the Experiment Bar is on the first floor, northwest of the fountain next to the Light, Shadow, and Color exhibits at the tables near the animals in fish tanks. This exhibit will be portable to bring out and played with and then wheeled away to safety for the night. The exhibit team has been working diligently for the last few months and has come up with the "My first eye exam—prototype" mobile exhibit; here are a few pictures of the work in progress:



We were fortunate to be able to do a "test run" of the equipment at the New Mexico Museum of Natural History's Da Vinci exhibit and the feedback was incredible! Kids and parents were having competitions on who could get the Farnsworth D-15 color arrangements done perfectly, they were building up prescriptions in the trial set, and people were trying to walk with strabismus-induced lenses. We are looking forward to bringing it to Explora, where parents can see their children as capable and interested science learners, everyone has their own opportunity to develop his or her own thinking about optometry materials, visitors develop a new understanding of basic ocular health and optics principles, gain broader perspectives on the world around them, and perhaps more likely to seek eye health care. Also, with an eye out for future legislation, this will help bring a spotlight to the role we play as health care providers and community involvement.

We will be able to debut our exhibit soon--but **we need your help!** As part of the Healthy Eyes Health Children Grant, we will need doctors of optometry to also help facilitate learning of this exhibit. Soon we will be asking YOU to **volunteer a few hours of your time** on a Saturday or Sunday to hang out with the exhibit at Explora and help the visitor understands better what optometric equipment they are playing with. You can bring your family with you to explore the museum while you spend a little time in the Exhibit Bar helping facilitate the visitors' learning experience. Just do what we do every day – explain ocular health and optics in layman's terms and let them PLAY! Soon we will be sending out a **sign-up sheet** and hope that you can donate a little of your time to make a BIG difference in our community!

Keep an eye out for the sign-up sheet and thank you for your consideration in helping us continue to contribute to our community!



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GWCO report NMOA 2018

In 1992, at an AOA meeting in Dallas, Dr. Kenje Hamada brought together state association presidents from several western states to discuss plans for a multistate professional optometric organization. The goal was to build a national political presence to bring recognition to the west, that up until then had little presence in the political power structure of the AOA. The driving force for the Great Western Council of Optometry (GWCO) Congress was to provide a venue for all western optometrist to come together to provide a variety and quality educational program as well as build comradery. In the process, GWCO could raise funds to provide for expenses of the GWCO organization and to return net profits to the GWCO states based on a formula that made sure all members would see some non-dues income returned to them for their support of this political organization and optometry in general. GWCO now consists of New Mexico, Colorado, Arizona, Utah, Nevada, Wyoming, Montana, Idaho, Oregon, Washington, California, Alaska and Hawaii. GWCO 2017 revenue reimbursement for NM is \$4684 for a total since 2014 of \$16,162.20

Ultimately GWCO is here to give any of our interested and qualified members a chance to be a voice in the politics of AOA, enabling the western states to support AOA candidates from smaller states that would have little to no political power base. Together GWCO states form a block of votes that brings us to the table at the AOA structure and allow us to make a difference in House votes. GWCO has allowed us to increase our numbers in the volunteer structure building experience in those volunteers who would be willing to step up to AOA leadership.

AOA leaders now regularly attend GWCO meetings to address the group, listen to suggestions and concerns as well as court our votes for actions at the AOA House of Delegates. We must realize together we can make things happen and it is incumbent all of us strive for the good of optometry and support GWCO doctors who may aspire to become national leaders.

In recent years GWCO doctors, Mitch Munson and Steve Loomis both from Colorado have served as AOA presidents. We now have James DeVleming (WA), Jacquie Bowen(CO) and Ron Benner (MT) serving on the AOA Board of Trustees.

Dr. Hamada and other leaders vision to include the small states was beyond what we could foresee as the cornerstone of a great organization. GWCO has been well run throughout the years and the board is working hard to make sure it will continue to grow into the future. This year our executive director, Tracy Oman and her husband Wayne are retiring and the GWCO board is now in negotiation for a new executive director. As NM GWCO director I urge you to attend the upcoming GWCO Congress in beautiful Portland OR October 11-14. Details about the 2017 Congress is available at GWCO.org.

Melinda Cano Howes OD, NM GWCO Director

Community Eye Care services for VA enrollees

As most of you know, the Veterans Administration has developed programs in recent years in which community eyecare providers provide comprehensive eye examinations to Veterans when that service cannot be delivered in a timely manner via VA in-house resources. While these programs are not new, they have received increasing attention recently, in part due to greater media attention and in part due to constantly changing program definitions and directives. Given the confusion that these dynamic program changes have engendered both in and out of the VA, this message is designed to provide some clarity to you regarding what is now called the Community Care program (previously called the CHOICE program).

Because the VA's census has remarkably expanded over the last 10 years while eye clinic resources have not substantially changed in that time, we no longer have the in-house capacity to take care of all Veteran eyecare needs. We now triage and then prioritize care to patients with high risk conditions such as those with glaucoma, macular degeneration, and acute eye/vision conditions. Consequently, we need you, the Community providers, to serve as our partners in providing primary eyecare services for our Veterans.

The current Community Care program is designed to function as follows:

1. Vets needing eye care are identified by their Primary Care Physicians (PCP's).
 - a. **If the Vet is assessed as low risk and is not being followed in a VA eye clinic**, the Vet is referred for a Community Care routine eye examination. Determination of patient risk and whether the Vet is an active patient in the eye clinic, however, is not consistently accomplished by PCP's and thus you may see patients needing more than just a routine comprehensive eye examination. When this occurs, please complete the exam and refer back to the VA and/or send a secondary authorization request (SAR) for additional care.
 - b. **If the Vet is assessed as high risk or is being followed in a VA eye clinic**, the PCP should direct the Vet to in-house VA care.
2. Once a Community Care eye consult is requested, the request goes to TRIWEST who then contacts your office to make an appointment for a comprehensive eye examination. This examination should include refraction, entrance skill testing, slit lamp biomicroscopy, tonometry, and dilated fundus examination. Please **do not** substitute OPTOS imaging for a dilated examination. You are being paid to do a dilated fundus examination and this should be accomplished.
3. When your examination is complete, the patient's spectacle prescription should be dispensed and the Vet should be educated regarding their eye health/visual status. Filling of spectacle prescriptions can be done by the VA Optical.
4. If your comprehensive eye examination detects a condition that needs further evaluation or treatment, you can request a secondary authorization (SAR) for that care. It should be noted, however, that if the additional care can be provided by the VA in a timely manner, the SAR will be denied and the patient will be managed in-house at the VA. For conditions that require urgent attention, please fax a copy of your exam (505-256-5761) and call the VA (505-265-1711, x4229). Please leave a message at x4229 if there is no answer.
5. If your exam reveals cataract, please be aware that criteria for cataract surgery in the VA are: best corrected visual acuity of 20/40 or worse with or without glare testing; significant visual symptomology; and lens clarity that corresponds with the first two items. PLEASE do not refer for cataract surgery if the patient does not meet these criteria as that does not serve the patient or the system well.

Please feel free to contact me if more information is needed. And thanks for contributing to the care of one of our nation's most precious resources, our Veterans.

Michael Sullivan-Mee, OD, FAAO
AAO Diplomate, Glaucoma
Chief, Eye Care, New Mexico VA Healthcare System
Chair, AAO Glaucoma Section Diplomate Program
Vice-Chair, AAO Scientific Program Committee

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 1 (800) 365-2219
www.ExcelOD.com



Do you have adequate malpractice insurance? Three steps to evaluate

Malpractice insurance can be a “get it and forget it” obligation, but it’s important to make sure you have sufficient coverage before automatically renewing each year. Use the three key considerations below to see how your current coverage compares to AOAExcel’s endorsed coverage for NMOA members from Lockton Affinity:

- What are my limits of liability?**
 Malpractice insurance coverage levels are commonly represented by two figures, such as \$1,000,000/\$3,000,000. The first figure (\$1M) represents the amount of coverage for an individual claim, and the second figure (\$3M) represents the annual aggregate amount of coverage. Lockton’s program for NMOA members goes up to \$2,000,000/\$4,000,000 for maximum protection. Get an [instant quote](#) for both limits.
- Is my state’s full scope of practice covered?**
 Some malpractice insurance policies contain exclusions that can be left open to interpretation, such as a surgical exclusion. Many common procedures, including removal of a foreign body or a corneal foreign body, fall within a surgical exclusion. Lockton Affinity has partnered with AOAExcel to provide full scope of practice coverage with automatic updates, to ensure you can always practice at the top of your license.
- How can I get help reading the fine print on my current policy?**
 Lockton Affinity offers a complimentary policy review for NMOA members, with no obligation to switch providers or terminate your current coverage. To get started, call Lockton’s customer service team at (888) 343-1998, or email info@aoainsurancealliance.com. Representatives are available Monday thru Friday, from 6am to 5pm MST.

For more information or to get an instant quote on the malpractice insurance available to NMOA members through AOAExcel, visit ExcelOD.com/Business-Liability.

The NMOA Appreciates its 2018-2019 Sponsors!

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A Friendly Reminder

Contact Lens Prescription Release -

Make sure you are in compliance with the New Mexico Contact Len Rx Statute

This is a notice regarding the Contact Lens section of the NM Optometry Statute. **Please make sure your office is in compliance regarding contact lens prescription and contact lens prescription release.**

Below are the pertinent contact lens sections of the NM statute with the subsections regarding timing of prescription, length of prescription and prescription release You may find the entire contact optometry statute and board rules on the NM Optometry Board website: <http://www.rld.state.nm.us/boards/optometry.aspx>

61-2-10.4. Contact lens prescription; required elements; restrictions. (Repealed effective July 1, 2024.)

A. A contact lens prescription shall:

(5) indicate a specific date of expiration, which shall be twenty-four months from the date of the prescription, unless, in the professional opinion of the prescriber, a longer or shorter expiration date is in the best interests of the patient.

61-2-10.5. Replacement contact lens prescriptions. (Repealed effective July 1, 2024.)

E. The replacement contact lens prescription that a licensed optometrist provides a patient:

(2) shall contain, subject to the provisions of Subsection F of this section, an expiration date for the replacement contact lens prescription of not more than twenty-four months from the time the patient was first examined;

F. The licensed optometrist shall enter into the patient's medical record the valid clinical reasons for a shorter expiration date and shall provide the patient with a written and oral explanation of the clinical reasons for a shorter expiration date.

In response to the reminder we sent last fall regarding the Contact Lens Rx Release we had several inquiries regarding the AOA's recommended care of a CL patient, particularly regarding "progress evaluations". In response to these inquiries, you will find the link to the AOA Optometric Clinical Practice Guideline - "Care of the Contact Lens Patient" here: <http://www.aoa.org/documents/optometrists/CPG-19.pdf>

Included in the Guideline is a section on Progress Evaluations on Page 28

This Optometric Clinical Practice Guideline for Care of the Contact Lens Patient describes appropriate examination and treatment procedures for the evaluation and treatment of patients wearing contact lenses. It contains recommendations for timely diagnosis, management, and when needed, referral consultation with or treatment by another health care provider. This Guideline will assist optometrists in achieving the following goals:

- *Identify patients who might benefit from contact lens wear*
- *Evaluate patients who wear, or who desire to wear, contact lenses*
- *Maintain and improve the care of patients wearing contact lenses*
- *Manage complications encountered during contact lens wear*
- *Inform and educate other health care practitioners as well as the lay public about contact lens care*
- *Assist in the professional care of patients wearing contact lenses.*

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3 Reasons to Consider Optometry's Career Center

When you begin the process of hiring in your practice, you want to use the most effective tools to maximize outreach to potential candidates. Optometry's Career Center (OCC) is the official career center of the American Optometric Association, with 24/7 access to qualified candidates located nationwide – including 400+ new seekers from the Class of 2018.

The top three benefits of [OCC](#) include:

- **Member Savings:** Employer accounts are free to create, and NMOA members receive discounted pricing up to 50% off. Posting options include:

Optometry's Career Center: Rate Chart		
Package	Member Rate	Non-Member Rate
45-day	\$180	\$365
60-day	\$195	\$395
90-day	\$259	\$530

- **Resume Database:** After posting a position, an employer gains access to OCC's free resume database. This database contains resumes for hundreds of candidates, and allows you to reach out directly to qualified candidates about your opportunity via email.
- **Performance Dashboard:** OCC provides a dashboard with to-the-minute metrics on your post's performance, including the total number of views, clicks, applications and more.

OCC also offers NMOA member pricing on all posting enhancements, including the "Featured Job" promotion and the AOAExcel Career Spotlight e-newsletter. To start your candidate search today, visit OptometrysCareerCenter.com.

BLIND REHABILITATION AND LOW VISION SERVICES FOR VETERANS

The Raymond G. Murphy VA Medical Center in Albuquerque provides comprehensive blind rehabilitation services to visually impaired Veterans. The cause of visual impairment does not have to be related to the Veteran's Military Service for the Veteran to be eligible. The Intermediate Low Vision Clinic offers services to Veterans with visual acuities from 20/70 to 20/180 and visual field loss. Veterans who are legally blind or have excessive functional disability due to visual impairment receive services through the Visual Impairment Services Team (VIST). Available services include but are not limited to Blind Rehabilitation Training, assistive equipment and case management. Blind rehabilitation training takes place both locally and at one of the 13 blind rehab centers across the United States and Puerto Rico. Visually impaired Veterans benefit from attending the blind rehab centers where they receive training in Orientation and Mobility, Living Skills, Manual Skills and Low vision. Once assessed, Veterans may participate in GPS, Computer Access Training, I Phone/I Pad training and OrCam training. All training, both local and at the Blind Rehab Center, is provided one on one and treatment goals are based on that Veteran's unique visual status, lifestyle and functional goals.

A monthly VIST Support Group provides visually impaired Veterans with the opportunity to receive current information, socialize with other Veterans who are in similar situations and receive ongoing support.

Referrals are encouraged and accepted by community providers as well as self-referral by the Veteran or family members. If you would like additional information or would like to refer a veteran for services

From AOA News: 4 tools for detecting diabetes

March 29th was [American Diabetes Association Alert Day®](#), and it's a good time for doctors of optometry to sound the alarm to patients on the toll diabetes is taking on the health of millions of Americans and the U.S. economy.

"Diagnosed diabetes was the most costly, chronic disease in the country at \$327 billion in 2017."

According to a recent report by the American Diabetes Association (ADA), diagnosed diabetes is the most costly, chronic disease in the country at \$327 billion last year. That comes to \$1 out of every \$4 spent on health care in this country, the ADA reported. Costs cited in the report include direct medical expenses and lost productivity.

Doctors of optometry are doing their part. In 2016, for instance, they diagnosed more than 320,000 cases of diabetic retinopathy in patients who did not know they had diabetes. Many people learn their diabetes risks through a dilated, comprehensive eye examination from their doctor of optometry. And the sooner doctors of optometry can detect the biomarkers, the sooner they can educate their patients about managing their disease through diet, exercise and medication.

"This should be a wake-up call to the diabetes prevention community who must act on the fact that diabetes is not an isolated health sector problem," says Michael Dueñas, O.D., AOA chief public health officer. "To reverse this diabetes trend, we must be inventive, proactive and inclusive of the economic and environmental sectors. With the new federal budget, Brownfield funding is going up significantly and now is the time to leverage Brownfields to Healthfields (B2H)-focused on diabetes prevention and care-through a triple bottom line (health, economy and environment) approach.

"Importantly, through its coordinated and comprehensive actions to promote expansion of optometry services at health centers, the AOA is already at this B2H table, both participating and planning," Dr. Dueñas says.

Learn more about AOA's role in B2H on page 30 of the October 2017 edition of [AOA Focus](#).

Tools and resources

AOA members can take advantage of these tools and resources in the fight against diabetes:

- **[Eye Care of the Patient with Diabetes Mellitus](#) clinical practice guideline.** The AOA's first evidence-based clinical practice guideline, posted on the [National Guideline Clearinghouse](#), provides doctors with a vital resource in the detection and routine screening of people with diabetes, implementing cross-disciplinary, evidence-based guidance that is the culmination of 2½ years of expert review. The guideline is currently under review by the AOA's Evidence-Based Optometry Committee and is expected to be released in early 2019.
- **Attend continuing education at [Optometry's Meeting®](#) June 20-24 in Denver, Colorado.** Among the diabetes-related courses being offered:
 - "Diabetometry and Diabetometrists: Metabolic Syndrome, Hypertension and Lipid Levels: AOA Diabetes Guideline EBO Committee Course," 3 p.m., Wednesday, June 20.
 - "Education in the Round: Diabetes in Your Practice-What You Find May Surprise You," 2 p.m., Thursday, June 21.
 - "Evidence-Based Clinical Practice Guidelines for Pediatric Eye and Vision Examination" from 7-8 a.m., Friday, June 22.
 - "Beyond Retinopathy: Destructive Effects of Diabetes Mellitus," 1 p.m., Saturday, June 23
- **Sign up for the Hackathon at [Optometry's Meeting](#):** Back for a second bow is the interprofessional hackathon; this year's topic is "Artificial Intelligence and the Care of the Diabetic Patient" set for 11 a.m. to 3 p.m. Saturday, June 23. To preregister, contact moderator, Thomas Wong, O.D., director of new technologies and clinical externships at State University of New York College of Optometry, at tawong@sunyopt.edu. The hackathon will feature teams of doctors of optometry and students competing to create a digital solution.
- **See diabetes related resources.** Go to the [AOA Diabetes & Eye Health web page](#) and search [AOA Marketplace](#) to find practice and patient education tools.

From AOA News - CMS: Texting PHI among health care providers OK with caveats



To text, or not to text: That is no longer a question after the Centers for Medicare & Medicaid Services (CMS) issued clarification on texting patient information among health care providers.

"The real answer is using a secure platform, having proper password protection, end-to-end encryption, especially when backing-up data, and looking at the organization to assess risk."

In an official memo distributed Dec. 28, to state survey agencies, CMS clarified its position on exchanging patient information via text message after vacillating on the subject only weeks earlier. While CMS still does not permit texting patient orders by clinicians or other health care providers, it does permit texting patient information among members of the health care team if done so through a "secure platform."

Texting has grown to "become an essential and valuable means of communication" among members of the health care team, CMS notes. That's why the agency memo adds: "It is expected that providers/organizations will implement procedures/processes that routinely assess the security and integrity of the texting systems/platforms that are being utilized, in order to avoid negative outcomes that could compromise the care of patients."

The Health Care Compliance Association reported in December that CMS' Survey & Certification Group notified at least two hospitals of a wholesale prohibition on texting, citing the privacy and security concerns of medical records. When pushed on the subject, CMS doubled-down at the time that even texting through secure messaging applications wasn't permitted. However, this latest clarification walks back those CMS comments, acknowledging that texting through secure messaging applications is permissible.

Texting PHI? To 'who' matters

While the use of short message service (SMS) to communicate protected health information (PHI) is naturally different in a hospital or emergent care setting versus an optometric practice, the key takeaway is the same: if using SMS to transmit PHI, then take appropriate steps to ensure data is secure.

Marc Haskelson, president and CEO of Compliancy Group, an AOAExcel® endorsed business partner, says there are three situations where providers might use SMS to transmit PHI, and each brings unique considerations for the doctor.

"Some of it has to do with who the doctor is communicating with, be it doctor-to-doctor, doctor-to-patient or doctor-to-business associate," Haskelson says.

Essentially, the standard for communicating PHI involves two components-ensuring PHI is secure at all times and that communication is end-to-end encrypted. Although communication between two HIPAA Covered Entities (CEs) using smartphones with proper password protection could be technically secure, there are HIPAA-compliant SMS services or applications that provide an even higher level of security. However, when it comes to doctor/patient SMS communication, Haskelson says doctors must obtain signed permission from the patient before texting. This can be obtained administratively with a signed "use and disclosure" document during patient check-in.

Still, too, there are unique considerations for doctor-to-business associate (transcription company, billing firm, etc.) communications. In addition to ensuring PHI is secure, CEs must do their due diligence and obtain a business associate agreement before communicating.

"Most enforcement of HIPAA and other regulatory acts revolves around the good-faith effort to satisfy these rules," Haskelson says. "The real answer is using a secure platform, having proper password protection, end-to-end encryption, especially when backing-up data, and looking at the organization to assess risk."

From the AOA: How to Respond to Prescription Requests from a Contact Lens Retailer

Requests for copies of a prescription by a contact lens seller are different than the standard prescription verification requests that are sent following a patient's order of contact lenses. They are less common than verification requests, so some doctors and their staffs may not see them frequently and may have questions about how to respond. The most important thing to remember about a request for a prescription is that you must respond. There is no "passive" response to a request for a copy of a prescription from a seller from which your patient is purchasing lenses. According to the federal Contact Lens Rule, individuals prescribing contact lenses must:

- Give a copy of the contact lens prescription to the patient at the end of the contact lens fitting—even if the patient doesn't ask for it.
- Provide or verify the contact lens prescription upon completion of a fitting to anyone who is designated to act on behalf of the patient, including contact lens sellers.



While verification requests are still the most common method used by contact lens retailers to check that a customer is ordering the correct lenses, requests for actual copies of prescriptions have become increasingly common.

- Remember, prescribers have an obligation under the Contact Lens Rule to respond to requests for prescriptions from retailers.
- The Fairness to Contact Lens Consumers Act (FCLCA) does not require that patients provide written authorization to prescribers to release a prescription. Patients instead typically authorize the contact lens seller to obtain the prescription from their doctor during the ordering process. Prescribers do not have the right under the FCLCA to require that the patient provide written authorization to the prescribers, or to ask to see the authorization given to the seller, before the prescriber sends a copy of the prescription in response to a prescription request.
- Releasing a prescription in response to a request from a contact lens seller is not a HIPAA violation.

If the requested prescription is expired or otherwise invalid, the AOA recommends communicating that fact promptly to the requesting seller. Previously the Federal Trade Commission (FTC) recommended responding to prescription requests in the same way a prescriber would answer a verification request, which includes the option to inform a seller that a requested contact lens prescription "is inaccurate, expired or otherwise invalid." If a requested prescription is nearing expiration, a doctor may note that in his or her communication back to the seller along with the prescription. Please again note that there is no "passive verification" for a prescription demand, so in all cases you must respond to the request, even if just to report a problem.

Reporting Issues to FTC

Please report any issues with online contact lens seller violations of the Contact Lens Rule to Kara Webb at kcwebb@aoa.org. Incidents should also be reported directly to the FTC, which oversees enforcement of the Contact Lens Rule. The FTC's online complaint system can be accessed at: ftccomplaintassistant.gov



Provides Free Eye Exams to Low-Income Uninsured Families in **New Mexico**

VISION USA , provides basic eye health and vision services free-of-charge to low-income, uninsured individuals and their families. Services are provided by volunteer optometrists who donate their time to their local community. More than 433,000 individuals have received care nationwide since the inception of the program in 1991.

To qualify, applicants must meet all five of the eligibility requirements outlined below:

1. Have no private or government insurance, including Medicare or Medicaid
2. Have income below the established level based on household size (200% FPL)
3. Have not had an eye exam within the past 24 months
4. Must be a US citizen or legal resident with a social security or legal resident number
5. Have not received a doctor referral through the VISION USA program in the last two years

For more information or to sign up contact us at
newmexicooptometry@gmail.com

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2018 NMOA Mid-Year Convention

September 21-22, 2018

Inn of the Mountain Gods, Mescalero, NM

Save the Date

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