Join Us Under the Tucson Sun at the Hilton El Conquistador!
14 Hours of COPE CE to Be Offered & A Special AOA Session on EHR

This year Spring Congress travels to Tucson and the luxurious Hilton El Conquistador. As always, the program will include high caliber CE, numerous networking and social events and a packed Exhibit Hall full of your favorite vendors with their latest innovations in equipment and supplies.

Our noted faculty will be presenting 14 hours of COPE-approved CE, and includes:

- Dr. Larry Alexander
- Dr. Jill Autry
- Dr. Jeffry Gerson
- Dr. Alan Kabat

Friday begins with registration opening at noon, and will conclude in the evening with the annual VSP cocktail reception in the exhibit hall and then the AZOA Awards Presentation and OPACA Silent Auction. This year’s theme will give attendees a true taste of the southwest, featuring authentic cuisine and entertainment! So don’t forget your ‘Fiesta-shoes’!

Saturday is full of informative CE, more vendor contact time in the Exhibit Hall, the AZOA Business Membership Meeting and the New President’s Reception.

New this year to our Sunday line-up is a special AOA session: “Enhancing Patient Care through Electronic Health Records”. Presented as part of the AOA EHR Preparedness Program, attendees will get the most current information on how best to implement EHR in your practice, case management using EHR, e-prescribing, PQRI and a review of Federal regulations and requirements. There is no additional fee for this informative and timely program, but we do ask that you indicate on your registration form if you plan to attend.

Lunch will be served, so please register in advance so that we can get an accurate attendance count.

Look for your registration materials arriving in the mail or find them online at www.azoa.org. Early registration deadline is 4/1/2010. Hotel reservations should be made by 3/23/2010 in order to receive the AZOA negotiated rate. Please contact the AZOA office with any questions.
So, here we are, two months into a new decade. Reaching milestones often makes us reflect back and see how far we have come. Ten years ago, we had not taken the oral medications course, HIPPA was still about information portability more than privacy, only a few pioneers had “paperless” offices, there was no talk of federal healthcare programs and some believed (including my mother) that elective surgery was going to put us out of business.

My, how things have changed—or not? We are still working on improving our prescriptive authority, a battle we may continue to fight for decades to come. We are in the midst of some major federal healthcare changes which could greatly affect most of our practices. The conversion to EMR (electronic medical records) will make the HIPPA implementation look like a weekend project. And, elective surgery has not put us out of business (but my mom thinks there is still a chance, so proceed with caution).

Well, we have heard it time and again. The only thing constant in life is change. The general principles are staying the same—we need to always defend our licensure and work even harder to expand our access to patients. Most good things don’t come easy, so that is why we are constantly asked to contribute to campaigns, attend events and even testify to let legislators know we are fully capable of doing all the things we were trained to do safely.

So, join us this year in continuing our journey towards improved scope and access to the patients we treat. For too long, patients have been inconvenienced and overcharged for care we can provide. Please contact the AzOA office if you want more information on how you can help.

Neha Amin, OD, AZOA President
Hillspring Financial is a fee-based Registered Investment Advisory firm whose primary focus is to help Optometrists achieve and/or maintain financial independence in a challenging environment.

Currently we are offering a complementary Retirement Feasibility analysis, designed to analyze your current financial position and what, if any, adjustments could be made to help you be more secure for the future. Call or email for initial appointment.

**Nice Tax Break for ROTH IRA Conversions**
By Max W. Smith, CFP®, CIMA®, President

**Under what circumstances do Roth IRA accounts make sense?** Roth IRA accounts have been a popular tax-savings strategy for many since it was first introduced in 1998. From our experience, most investors have been tempted to open Roth accounts mainly because of the potential “tax-free” distribution associated with this strategy. However, upon closer examination it often turns out that, in many instances, using a Roth account can actually make matters worse tax-wise.

Simply stated; if you anticipate your marginal tax bracket to remain approximately the same when you retire, you will break even with Roth vs. traditional IRA. If your marginal tax bracket will be higher at retirement, you may be better off with a Roth account. If your marginal tax bracket ends up being lower at retirement, you may wish you had been saving with traditional deductible IRA accounts while working.

In summary: If all other considerations are equal and you expect your personal marginal tax bracket to be higher during retirement – the Roth may make sense.

**What is the conversion tax break, and will it help me?** This tax break applies to those who already have a traditional IRA account and believe it would be in their best interest to convert it to a Roth during 2010. This move could avoid income tax on the distributions later when the income would be needed. Obviously converting a traditional IRA account to a Roth now will require paying tax on the conversion.

If you are under age 59 ½ when you make the conversion it will be important to pay the tax on the conversion from funds other than from the converted IRA, or you could have a 10% early withdrawal penalty. Though some exceptions apply, this is a big consideration!! You should also keep in mind that the gains in Roth accounts must be in place for the later of five years or age 59 ½ to be tax free upon distribution.

If after careful calculations it becomes apparent that it would be in your best interest to do the conversion in 2010, you will not have to report the conversion on your 2010 tax return. The reporting can be deferred until 2011 and 2012. You can actually spread the taxable amount over those two years. You will need to report half the income on each year’s tax return.

In addition to the tax break, the income limit goes away for conversions. In the past, conversions could not be done by taxpayers with household income in excess of $100,000. In 2010 that limitation has been removed. Keep in mind that this applies only to conversions. Income limits still apply for new deposits into Roth accounts.

**Other advantages to Roth accounts:** The big advantage is that there are no required distributions from Roth accounts beginning at age 70 ½. Secondly, heirs to Roth accounts do not have to pay income tax on the gains after your departure.

Making decisions on whether to convert a traditional IRA to a Roth - and which account to use for deposits of new money requires careful calculations and a good understanding of these principles. Don’t sell yourself short by jumping to conclusions. Everyone’s situation is different.
February Legislation Committee Review

Where do I start? I am sitting in the Senate Health Committee hearing waiting to hear SB1255, the so-called truth in advertising bill that would require all health professionals to state their degree/credentials in any form of advertising, while I am writing this article. We just passed our pharmaceutical expansion bill out of the House Health Committee 9-0. In looking back at what it took just to get to this point on a very simple bill puts me at a loss for words, but let me try.

Just to update you all; Don Isaacson, AZOA lobbyist, and I started this process in the summer of 2009. We met with AZOA President, Neha Amin-LaCorte, in July and decided to proceed with a pharmaceutical expansion for Optometry that would include the use of oral anti-virals, which are currently prohibited and would also replace our authority to use specified macrolide antibiotics with the entire class of drugs for use in the treatment of eye disease. This decision was based on meetings held since January of 2008 with various of our members. We felt these medications were needed for our daily practices.

In order to expand scope, any health profession has to enter into what is called the sunrise process. This is basically a legislated process that protects the medical profession. We have to submit an application completely spelling out the scope expansion that we are intending to enter into the legislative process the following January by September 1st of the preceding year. It basically gives organized medicine a chance to see our plans and act against them for a full four months prior to legislation being produced. This is Arizona’s process.

We submitted our legislation by September 1st. At that point Don Isaacson and our legislative key people started educating the Joint Senate and House Health members that would make up our Sunrise Committee on Optometry, our training and our request for expansion. We spent all of September and October gathering support for the Sunrise application and we had it...until the Ophthalmologist on the State Board of Optometry heard of our plans. He also happens to be President of the Arizona Ophthalmology Society. He then decided to fight us and subsequently Medicine on the whole, Osteopaths, Pediatricians, Family Practice and Pharmacy also came out against us. Don Isaacson had early on in September tried to speak with these groups, but they refused.

Our application was set to be heard on November 9th, 2009. We had a commitment to vote ‘yes’ by the majority of the Sunrise Committee members prior to that date. During the week before the hearing we lost three votes in one day. Then, we fought and got them back. Then, we lost another couple votes and eventually got those back, tentatively. We had a couple members not returning our calls. The Friday afternoon before our Monday morning meeting, we lost one of our biggest supporters. He was replaced by a new member on the committee. We spent the weekend scrambling to get the new vote, contact lost votes and reaffirm previously committed votes. Going into the hearing, we felt we should have enough votes to pass, but that it would be close. Organized Medicine, Osteopathy and Pharmacy testified against us for 2.5 hours. Dr. Ron Barnet MD, Dr. Rob Pinkert OD, Dr. Caroline Griego OD and Dr. Pam Potter PhD in Pharmacology testified for us. We ended up with eight in favor and two against (one with reservations). Due to the persistent behind the scene work from our
key people and lobbyists we were victorious, but it took untold hours of persistence.

This gave us the ability to write a bill and find a sponsor for that bill. Don Isaacson and his new lobbying partner, Norm Moore, began this process. We had several drafts and redrafts. Isaacson and Moore met with both House and Senate members throughout December and January to garner support for our bill. They got the majority of the House and Senate Health committees support, but both Chairwomen were apprehensive to sponsor, co-sponsor or hear our bill. The House Health Chair wanted a further stakeholders meeting, which we agreed to. All opposing groups were represented. We met. We argued. We heard ridiculous claims from the opposition. Again Dr’s Barnet, Pinkert, Griego and Potter were there to support our side. We were also joined by Dr. Tim Hodges, an ophthalmologist from Tucson, who supports our bill and has experience working with OD’s in a federal full scope facility. We argued again. The opposition wanted restrictions, but they wouldn’t commit to a compromise. It was a clear stall tactic. We entered our bill the following morning, as we had written it, with the same restrictions that we currently have for antibiotics; no one under six years old and refer after 72 hours if not improving. The opposition was, seemingly, able to get the Senate to keep our bill off the calendar until the end of session. We were not going to stand for stalling and the eventual demise of our scope expansion.

On February 5th, 2010 Isaacson and Moore were able to create an opportunity to submit what is called a ‘strike everything’ bill. We spent Super Bowl weekend in teleconferences and had a bill to present to the House Chairwoman on Monday. She agreed to get our bill in before the deadline for the Wednesday hearing. Our membership was phenomenal at submitting email requests for support to the committee members. Thank you. We had most of the committee signed on as co-sponsors due to Norm Moore’s persistence. But, by Tuesday night, three of our votes were turning against us. Our opposition started with scare tactics and complicated the issue with peripheral information about under diagnosing glaucoma and the dangers of injecting steroids. We testified in front of the full committee for more than an hour again this morning. Stacey Meier OD, Michael Johnson OD and Tom Czyz joined us at the hearing to show support. The opposition’s testimony ranged from “we would never see Zoster so we don’t need the drugs” to “we would over prescribe them if we had them”. They tried getting “immediate referral to MD” and tried to add on additional education requirements, but when the call for the vote was finally made; we passed 9-0 without amendments.

Pharmaceutical Expansion Bill Update (as of 2/26/2010):

1) Passed through Sunrise Comm.
   8 in favor/ 2 against;
2) Passed HB 2468 through House Health Comm.
   9 in favor/ 0 against;
3) Passed SB 1285 through Senate Health Comm.
   6 in favor/ 1 against;
4) Passed through Senate Democratic Senate Caucus, recommends floor vote;
5) SB 1285 on Senate Republican Caucus agenda for March 2nd, 2010;
6) Likely Senate Committee of the Whole Debate on March 4th, 2010;
7) Senate Floor roll call vote, likely, on Monday, March 8th, 2010;
8) If all is successful in the Senate, then the process continues in the House after mid-March.

Please continue to make email requests for support to the Legislators! Include any personal experience that you have with viral infections or referrals, especially if you have practiced at a Federal facility or in one of the 43 states that allows this authority. Reminder: HB 2468 for Representatives and SB 1285 for Senators.
CLASSIFIEDS

OD WANTED
- OPTOMETRIST NEEDED: 2-3 days/week including Saturday morning. We are located just West of the 101/Camelback in the West valley. If interested, please email optompractice@yahoo.com or call Dr. Bruce Burns at 623-937-1655.

OD AVAILABLE
- OD Available: Looking for full-time/part-time position. Will consider fill-in if available. Residency Trained. Please contact Scott Klemens @ (805)907-2427 or sklemens@gmail.com
- Independent contractor available in Phoenix and surrounding area. Temporary fill in or stable schedules. Therapeutics, contacts, post surgical. Eighteen years experience. For more info call Karen Walker at 623-261-5462 or email eyedocaz@gmail.com
- Optometrist Available: Tucson. Available for Sunday work. DEA certified, EMR proficient, friendly, exams performed in English or Spanish, comfortable with high patient flow, proficient in medical billing. For resume, please contact Gary Baron, O.D. at 602-540-9567 (cell) or at gbaron4321@gmail.com. Thank you.
- Fill-in OD available for weekends in Phoenix. Finishing residency year at Southwest Veterans Hospital. Full scope Optometric care. Currently looking for fill-in position and part time or full time position after June 30th. I can be reached by cell phone 510-364-8777 or by email inningchen@gmail.com inning Chen.
- OD Available for part time work in Phoenix area on Monday, Tuesday and Wednesday. Please contact Julie Lam by cell phone 480 241-7620 or e-mail at julieelamOD@gmail.com.
- TPA certified and VSP doctor with over 15 years of experience looking for FT or PF opportunities in Phoenix or east valley. Please contact cptmo2000@yahoo.com
- TPA and VSP certified private practice Optometrist with established patient base and 16 years of experience is seeking employment in the east valley. Any practice setting and FT/PT/Fill In will be sincerely considered. Would also be very interested in options involving an associate leasing space/sharing expenses in my present location. Please call 602-625-0546 anytime between 10 AM and 10 PM.
- Updated Feb 2010: Professional Locum Tenens Coverage for your professional practice. Vacation, illness, “mental-health days”, etc. Even last-minute! Regular PT also considered. 30+ yrs experience including 16 yrs with a large hospital/medical center. Available November-May. Range: Northern AZ as far south as (and including) Phoenix metro area. Phone 1-800-734-5804 or 1-206-498-0636, or email drpaulkanter@comcast.net
- OD available: 2-3 days/week throughout AZ. Please contact Dr. Bradie Hopper at cell 602-628-4419.
- OD AVAILABLE: Regular, part-time or fill-in. Twenty-four years in the valley doing full scope optometry. Residency trained. TPA certified. Familiar with Nidek system. Available seven days a week. Willing to travel. Please contact: Dr. Diana Wykes at 480-751-9630 or wykesod @juno.com.

OTHER OPPORTUNITIES
- Practice for Sale - Well established centrally located private optometric practice for sale in sunny Tucson, Arizona. Priced to sell with flexible terms. Owner-doctor wants to retire. Call 520-751-1701 (leave message) or e-mail to eyeguy9999@msn.com.
- Practice Wanted - Do you have an exit strategy? Still want to see patients? I am looking to purchase a well established optical or optometry practice in the Phoenix metro area. All inquiries are confidential! Please call Dr. Tom Babu @ 480.231.9235 or email: drtbabu@2020image.com.
- Practice for Sale – Flagstaff. Established over 20 years, Strip mall location, Strong visibility. Well designed office, 1 exam lane, Good patient base ~ services Navajo Nation. 3 Year Gross Average $355K, Seller is relocating, Must Sell A.S.A.P. Price Reduced $161,000. Contact info@promed-financial.com or 888-277-6633.
- Need a fill-in doctor fast? Looking for extra fill-in work yourself? We match Phoenix optometry offices with great fill-in doctors, even on short notice! At no charge! yourfillindoc@ao.com.
- For Sale - Paragon Corneal Molding Set. Everything you need. Will see for 50% off retail. Also for sale, like new scout corneal topographer. Will sell 50% off retail. Never used. Please call Dr. Tom Babu @ 480.231.9235 or email: drtbabu@2020image.com.
- I have a Reliance Model optometry chair located in central Phoenix. It is an older model, do not know year, but is in full working order. Asking price is best offer. Person who buys it must pick it up. Located on 12th ave in Phoenix, AZ. For more information call Eric Clyde at (719)-210-3652.

YOUR HELP NEEDED
- VOSH Arizona is in need of phoropters, auto lensometers and auto refractors for our trips to Mexico. If you can donate equipement, please call John Reed, OD at 480/545.9120 or Deon Whipple at 480/545.8985.

Good & Welfare
If you have any Good & Welfare notices that you would like published in upcoming Focal Point issues, please contact Kate at the AZOA office at:
602.279.0055 or via email: kate@azoa.org
Midwestern University Students Looking for Summer Internships

Practice in the Phoenix area and looking for some extra help this summer? As upcoming 2nd-Year students at the Arizona College of Optometry, we are interested in working for you!! We have a 3 month break this summer from late May until September and are eager to see how O.D.s here in the Valley do it-

This is a great opportunity for O.D.s in optometry school in Glendale and mentor need to worry about finding or training a new employee this summer because we have completed an intense year of basic sciences, optics, ocular anatomy and physiology and thorough clinical skills training, and we’re ready to put it to good use! For students, this could be an extremely valuable experience in a real practice setting to learn some of the most important skills not covered in an optometry school curriculum.

If you’re an O.D. in the Phoenix Valley area and interested in giving a young O.D. student a chance this summer, please contact the EnVision – Practice Excellence program at the Arizona College of Optometry by emailing William Tantum at william.tantum@gmail.com
AOA Remains Vigilant for the Next Moves on National Health Care Reform

The U.S. House and Senate approved separate comprehensive health care reform bills in late 2009 with the intention of developing a merged bill – containing selected provisions from both – for final consideration in early 2010. However, in recent weeks, the considerable divisions that exist in Washington, DC and around the country on health care have left it unclear as to how or when a final version will be put to a vote on Capitol Hill.

To break the stalemate, President Obama has invited Congressional leaders from both parties to attend a special White House summit on health care reform on February 25th. The AOA, already closely follow negotiations leading up to this meeting, is urging the Obama administration and Members of Congress to ensure that AOA-backed provisions are included in any final bill that emerges, including:

Ø Federal Provider Non-Discrimination Safeguards (Harkin Amendment, Section 2706 of the Senate bill) – This important provision in the Senate bill is needed because health insurance plans routinely discriminate against the participation of qualified non-MD health providers, including optometrists. Such discrimination is anti-competitive, restricts patient choice of provider and their availability of treatment options.

Ø Protect State Patient Access to Care Laws (Ross-Braley Amendment, Section 238 of the House bill) – Nearly every state has enacted provider non-discrimination/patient choice laws that are benefitting consumers and assuring patient access to optometric and other essential health care. This provision in the House bill would make it clear that it is not the intent of Congress to pre-empt any such state law.

Ø Full Recognition of ODs in Medicaid (Schakowsky Amendment, Section 1726A of the House bill) – With optometric care too often considered an optional benefit in Medicaid, essential eye health and vision care services are being targeted for massive cuts. The House bill includes language based on HR 2697, the bi-partisan Schakowsky-Hall Optometric Equity in Medicaid Act, to ensure that Medicaid patients are not denied care they need.

Ø Children’s Vision is Essential – Both the Senate and House bills would recognize children’s vision as an essential health care benefit. The Senate bill would recognize the importance of offering vision care through school-based health clinics.

Ø Recognition of First Contact Providers in a Patient’s Health Care Home – Although the so-called “medical home” model was designed to promote integrated, coordinated and comprehensive care, it can fall short in assuring full patient access to eye health and vision care. Any final bill must provide for an inclusive Health Care Home for patients that would cover eye and vision care as part of the complete ranged of recognized primary care services.

Ø Repeal the Insurance Industry’s Anti-Trust Exemption – Although not included in either the Senate or House bills at this time, there is a renewed effort in Congress, supported by the AOA, to level the playing field in health care by eliminating the anti-trust exemption enjoyed by the insurance industry since 1945.

2 InfantSee Wet Labs Offered in March

Dr. Pam Theriot and Dr. Dawn Heffelfinger will be conducting 2 FREE InfantSEE WetLabs on March 13 and 14, 2010. Each lab will be worth 2 COPE-approved hours (COPE event numbers are pending).
The first Wet Lab will be in Phoenix from 11:00am-1:00pm on Saturday, March 13th at Dr. Aleta Gong’s office:

Accent Eye Care
16020 N. 35th Ave.
Phoenix, AZ 85053

The second Wet Lab will be in Tucson from 11:00am-1:00pm on Sunday, March 14th at Desert Eye Associates:
1110 North El Dorado Place
Tucson, AZ 85715-4606

Please contact Dr. Heffelfinger at dheffelfinger@mac.com.

PECOS Enrollment Deadline Extended

CMS has just announced that the deadline for Medicare ordering/referring doctors to be in the PECOS enrollment database has now been delayed (from April 5 2010) until January 3, 2011. (Recall that the PECOS database began in 2003, so thousands of ODs who enrolled in Medicare prior to 2003 will need to re-enroll -- on paper or online -- in Medicare as if they are enrolling for the first time.)

Also CMS plans to send a letter to all physicians who last enrolled more than 6 years ago to remind them to re-enroll. I don’t think this will be a warning letter, but more like a reminder. Officially it’s still voluntary for physicians to re-enroll if their enrollment information is not in PECOS.

Members should not necessarily rely on a letter or future notification from CMS. Instead, doctors should strongly consider re-enrolling in Medicare this year if they receive such a letter OR find themselves absent from the Medicare list of “eligible” professionals for ordering/referring. The list is here:

http://www.cms.hhs.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#TopOfPage.
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