2024

Medical Advisory Board Open Meeting

HANDOUTS

MEDICAL ADVISORY BOARD

DEPARTMENT OF STATE HEALTH SERVICES | Medical Advisory Board (MAB)

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Agenda

Department of State Health Services (DSHS)
Medical Advisory Board Open Meeting (MAB)

January 5, 2024
1:00 PM – 5:00 PM
Moreton Building, Room M-100
1100 West 49th Street, Austin, TX 78756

This meeting will be conducted live and virtually through Microsoft Teams.

Virtual meeting link can be found on the MAB webpage:
https://www.dshs.texas.gov/medical-advisory-board

1. Call to Order
2. Roll Call
3. Minutes and approval of the minutes
4. Update from the Texas Department of Public Safety (DPS)
5. Review of the Proposed MAB Bylaws
    a. Vote to approve the MAB Bylaws
6. Vote for the Positions outlined in the Bylaws
    a. Biosketch review of nominees
    b. Vote to elect the MAB Chair
    c. Vote to elect the MAB Vice-chair
    d. Vote to elect the three MAB representatives for the Executive Council
7. MAB Physician Performance Improvement Workgroup
    a. Discussion of revisions to the Medical History Form
    b. Potential action item regarding Medical History Form
    c. Discussion of the Physician Opinion Form
    d. Potential action item regarding Physician Opinion Form
    e. Recommendations and review of the MAB Guidelines
    f. Expand record retention
    g. DPS / MAB Collaborative Meeting
    h. Physician Recruitment
    i. Other initiatives
8. Update from the MAB Program
    a. MAB Exceptional Item (EI)

    b. Procedures
        i. MAB Voucher Procedure
        ii. MAB Affidavit Procedure
        iii. Expediting Case review Procedure
9. Statutory and Rule Revision Discussion
    a. Texas Health and Safety Code, Chapter 12, Subchapter H, §§12.091-12.098
    b. Texas Administrative Code, Subchapter L, Rules §§1.151-1.152
10. Public Comment
11. Next Meeting Priorities
12. Next Meeting
13. Adjourn

Public Comment: The Texas Department of State Health Services (DSHS) welcomes public comments pertaining to topics related to Emergency Health Care. Members of the public are encouraged to participate in this process by providing written public comment to DSHS by emailing Jorie.Klein@dshs.texas.gov no later than 5:00 p.m., January 2, 2024. Please include your name and either the organization you are representing or that you are speaking as a private citizen. Written comments are limited to three minutes and will be read during the meeting for consideration by the Council. The request must contain your name, the name of the organization you represent or that you are speaking as a private citizen, and your direct phone number.

Public comment is limited to three minutes. Speakers must state their name, affiliation, and on whose behalf they are speaking. Public members who are using handouts are asked to provide an electronic copy in accessible pdf format that will be distributed by DSHS staff to Council members, state staff, and for public distribution. Handouts are limited to two pages of documentation (paper size: 8.5” by 11”, one side only). Handouts must be emailed to DSHS no later than 5:00 p.m., January 2, 2024, and include the name of the person who will be commenting.

Note: These procedures may be revised at the discretion of DSHS.

Contact: Questions regarding agenda items, content, or meeting arrangements should be directed to Jorie Klein, DSHS, at 512-535-8538 or Jorie.Klein@dshs.texas.gov.

People with disabilities who wish to attend the meeting and require auxiliary aids or services should contact Jorie.Klein@dshs.texas.gov at 512-535-8538 or at least 72 hours before the meeting so appropriate arrangements can be made.

Powerpoint presentation

1

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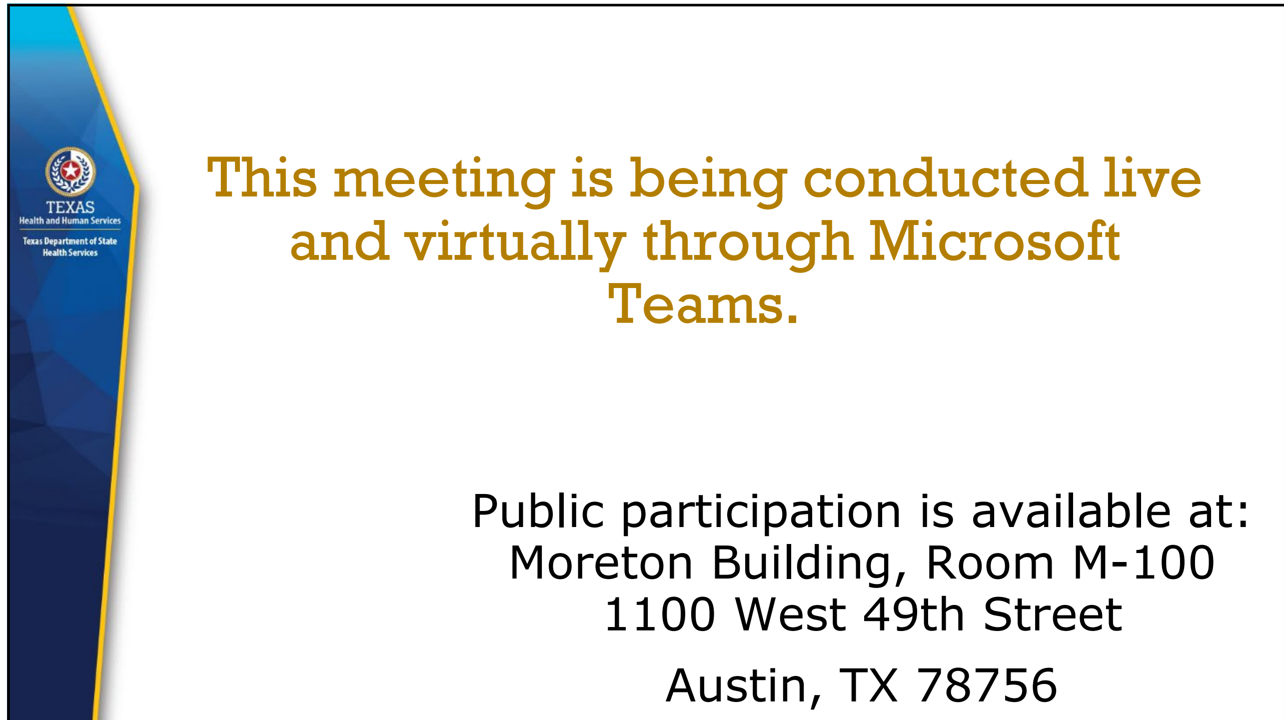

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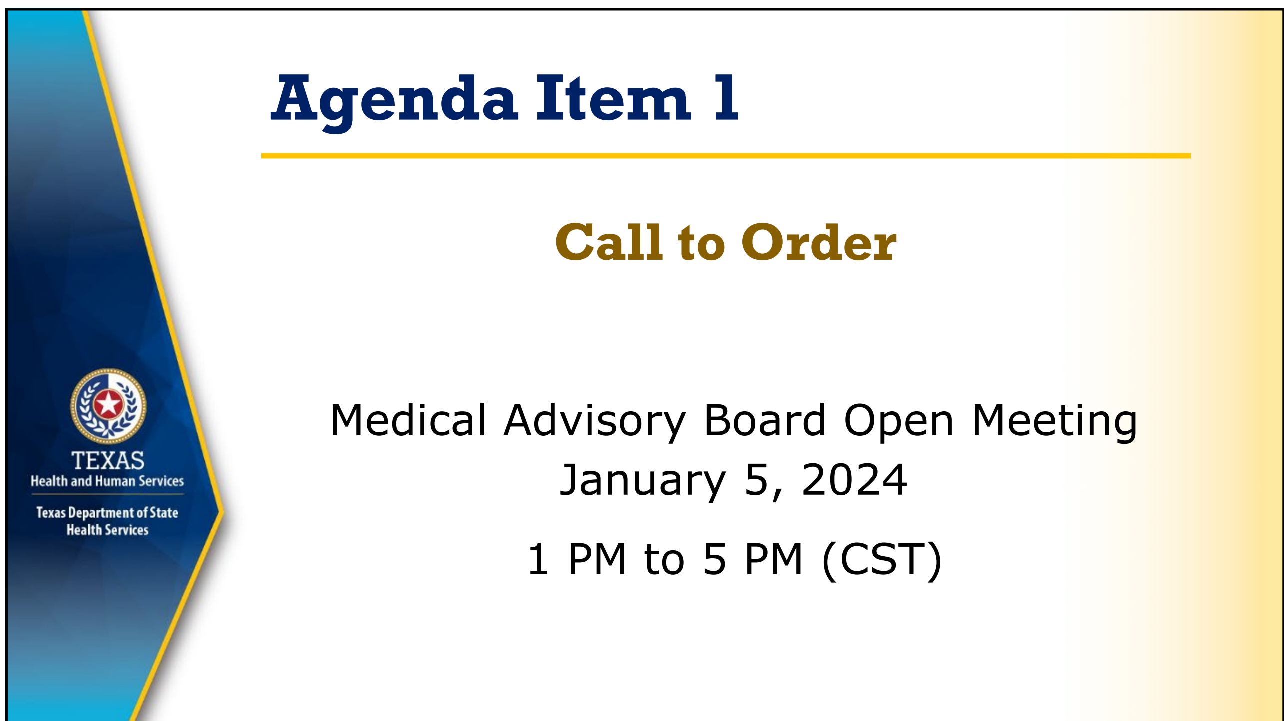
Agenda Item 1



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Agenda Item 2

Roll Call

Board Members:

If attending virtually, please have your camera on during today's meeting.

For members in the room, please remember to speak directly into the microphone so that online participants can hear your comments.

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Virtual Rules of Participation

Medical Advisory Board Meeting

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Rules of Participation

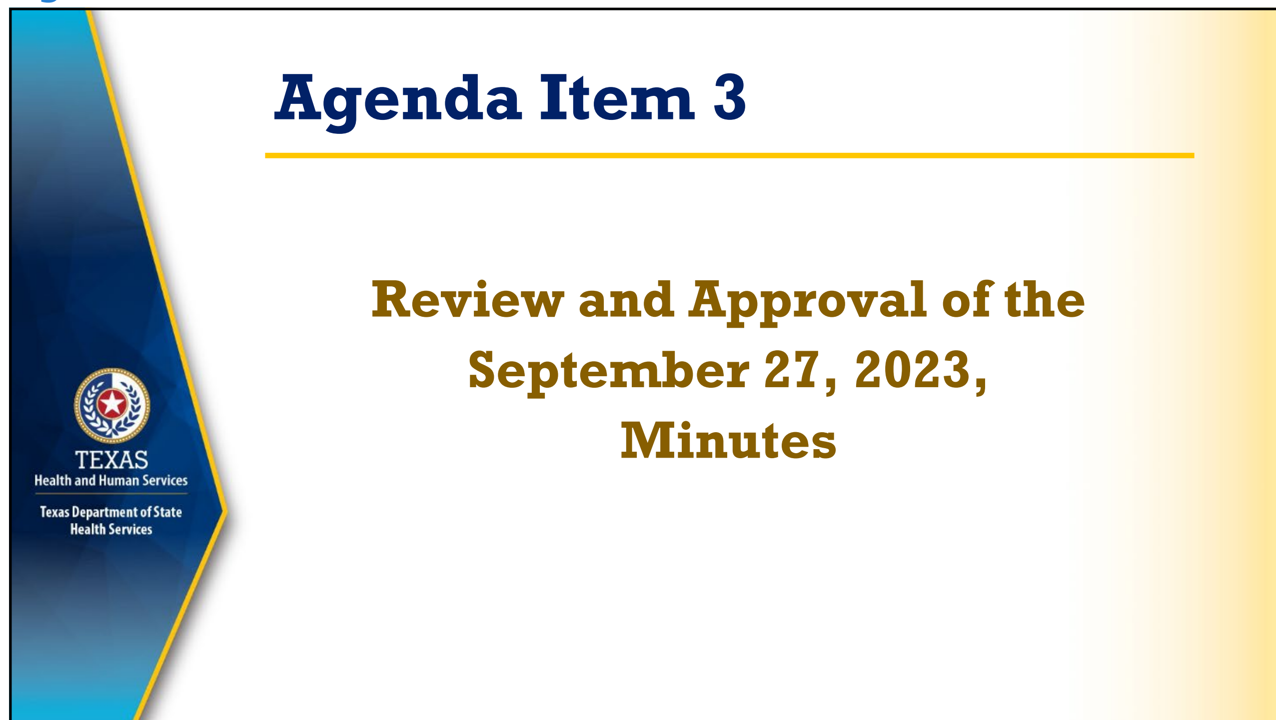
- If you would like to make a statement or ask a question, please put your question in the chat with your name and entity you represent.
  Please note: Anonymous entries in the chat are unable to be shared.
- Please do not put your phone on hold at any time if you are using your phone for audio.

To mute/unmute if not using the computer for audio, press	
***6** on Android phones	***6#** on iPhones

Rules of Participation

- All participants will sign into the chat with their name and entity they represent.
- All participants will mute their microphone unless speaking, except the Chair.
- Board Members: Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.

Agenda Item 3



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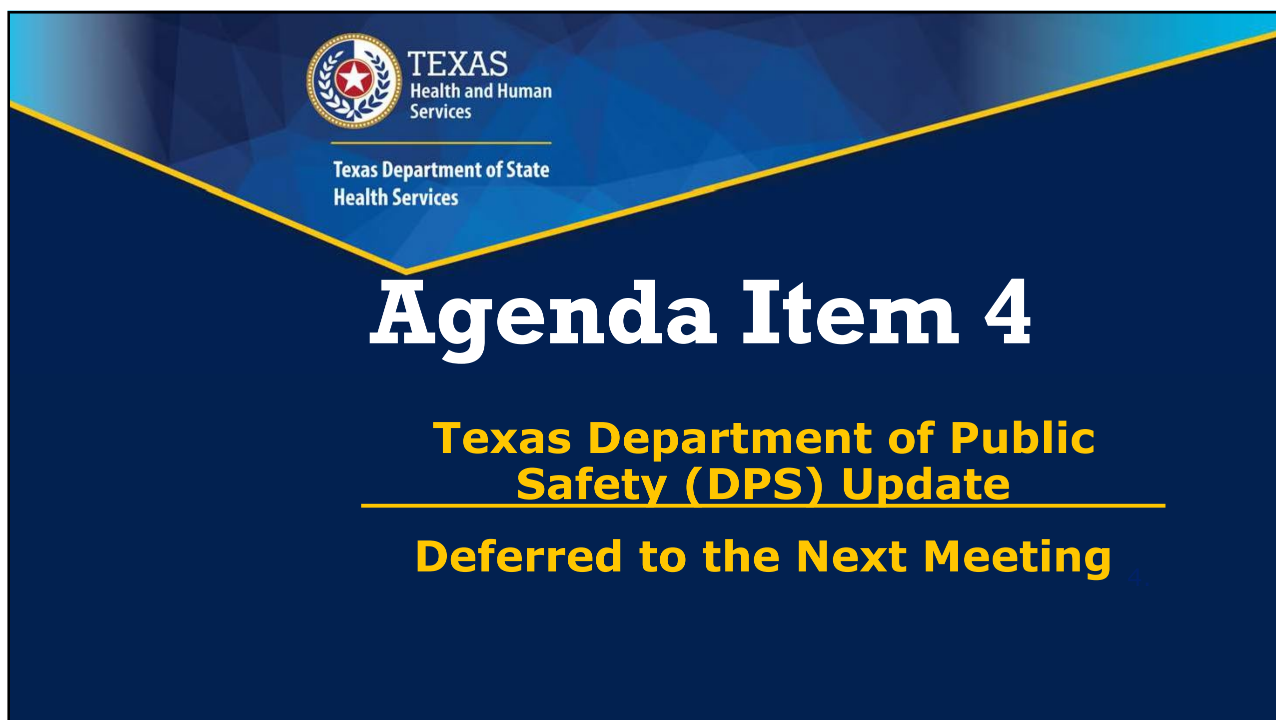
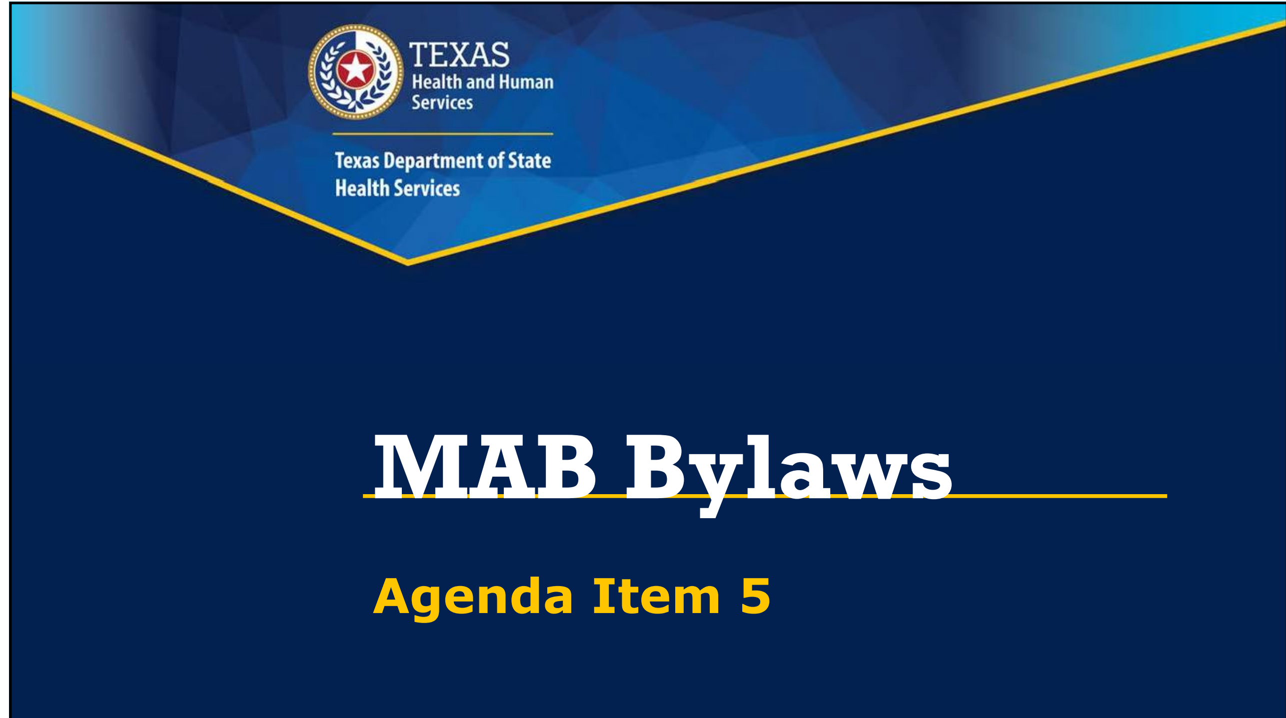
Agenda Item 4





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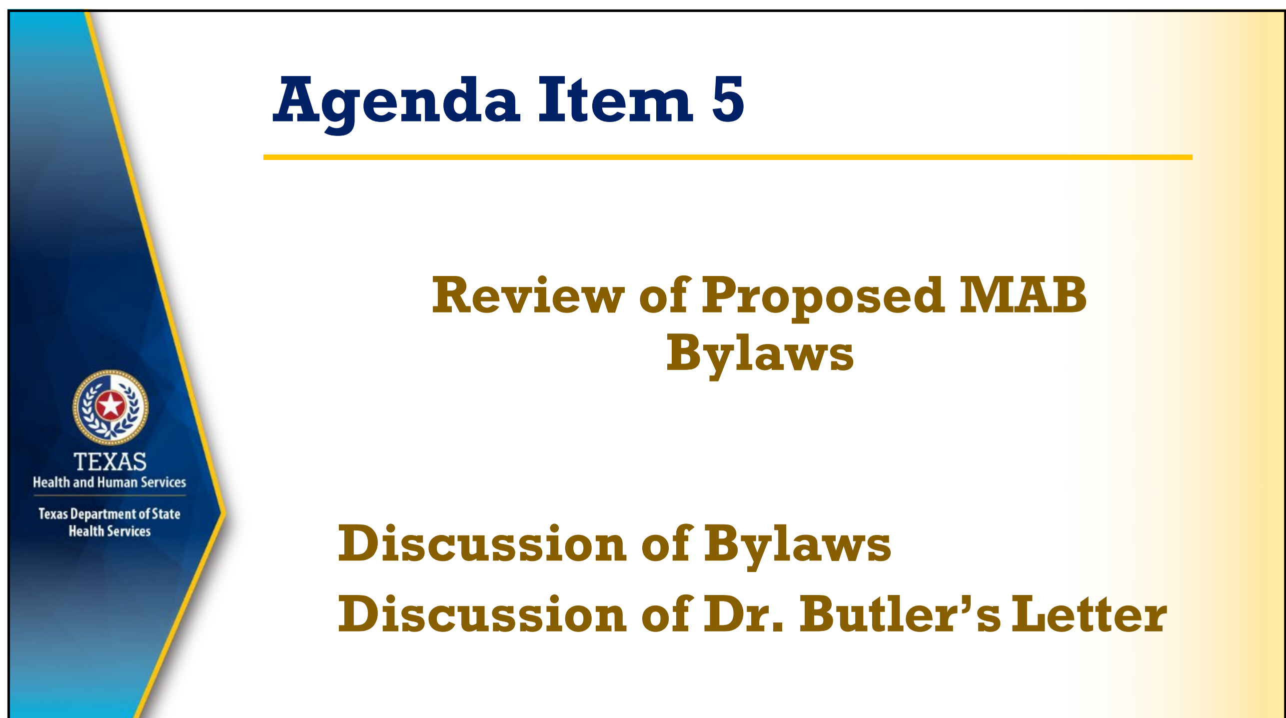


~~Vote for Positions Outlined~~ in Bylaws

Agenda Item 6.

Agenda Item 6

Agenda Item 6.a.

Vote for Items and Positions Outlined in the Bylaws

6a. Biosketch information for nominees

Vote for the Chair of MAB

MAB Chair

1) Lead open meetings which shall include bringing items from committees to the entire MAB membership for approval as well as updating members on changes in MAB function.
2) Participate in active committees within the MAB such as the Process Improvement Workgroup
3) Participate in MAB staff meetings as requested.
4) Participate in joint DPS/MAB(DSHS) meetings
5) Assist DSHS and TMA with recruitment and education of new physicians
6) Duties are expected to require at least 20 hours a month
7) Integrate with other stakeholders as indicated

MAB Chair

- Nominations

- Nominated by W. LaValley – Leanne Burnett, MD

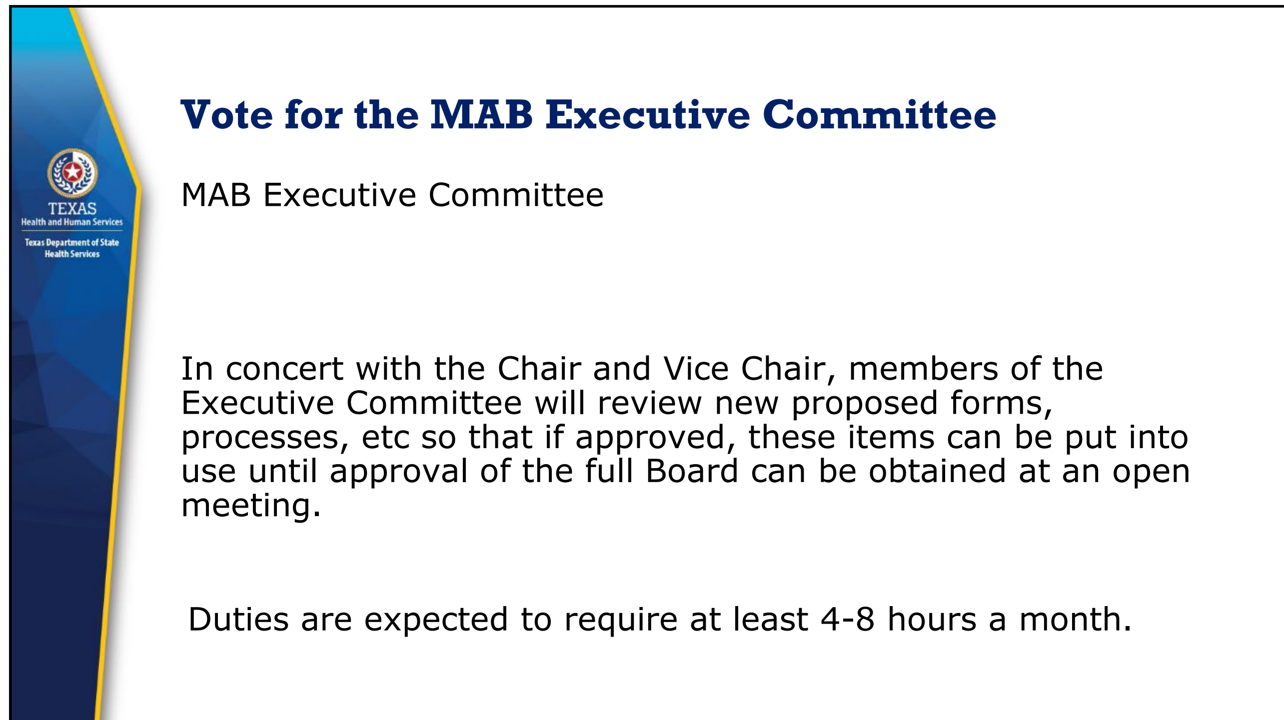
Vote for the MAB Vice-Chair

MAB Vice Chair

1) Lead the open meetings when the Chair is unavailable.
2) Participate in active committees within the MAB such as the Process Improvement Workgroup
3) May participate in MAB staff and joint DPS/MAB(DSHS) meetings as able
4) Assist the Chair with recruitment and education of physicians
5) Duties are expected to require at least 8 hours a month.

MAB Vice-Chair

- Nominations
- Nominated by Alison Leston, MD – Will LaValley, MD



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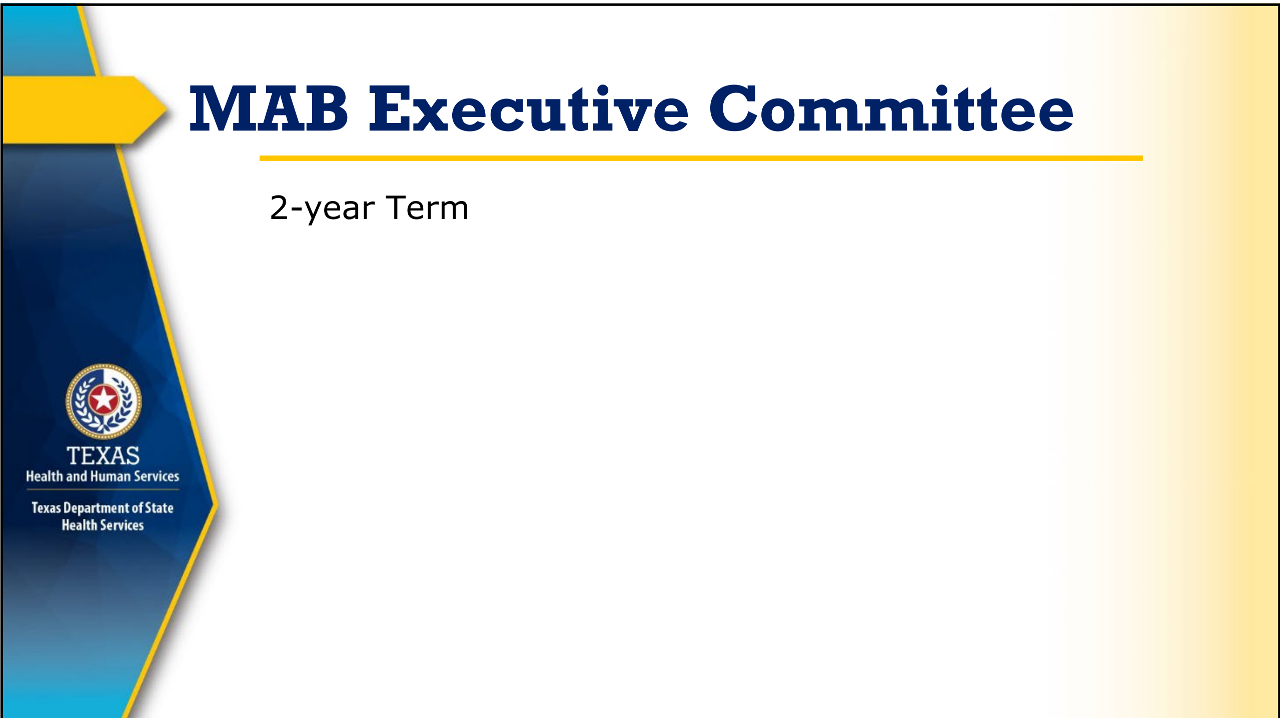

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MAB Executive Committee

3-year Term

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Agenda Item 7

MAB Physician Performance Improvement Workgroup

Agenda Item #7

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Agenda Item #7

- MAB Physician Performance Improvement Workgroup Update

- Meets every two weeks
- Dr. Burnett Chairs Meeting
- W. LaValley, MD
- A. Leston, MD
- L. Stroud, MD
- S. Croft, MD

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TEXAS
Health and Human Services
Texas Department of State
Health Services

Agenda Item # 7a

Discussion of revisions to the Medical History Form

- Potential action item regarding Medical History Form

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MAB Physician PI Workgroup

7.c. Discussion of Medical Opinion Form

7.d. Potential action item for Medical Opinion Form

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Agenda 7.f.

Expand the MAB record retention to seven years

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Agenda Item 7.g.

DPS/MAB Collaborative Meeting

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Agenda Item 7.h

Physician Recruitment

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Agenda Item 7.i.

Other Performance Improvement Initiatives

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Agenda Item 8

Update from MAB Program

Agenda Item 8.

32

Agenda Item 8.a

- Exceptional Item
- 11 Additional staff members
- Recruiting, Hiring, Orientation
- Two positions remain vacant
- Other various stages on on-boarding and orientation

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Agenda Item 8.b

MAB Program Procedures

8.b.1. MAB Voucher Procedure
8.b.2. MAB Affidavit Procedure
8.b.3. MAB Email and Communication Procedure
8.b.4. Expediting Cases

- DSHS Performance Improvement Section

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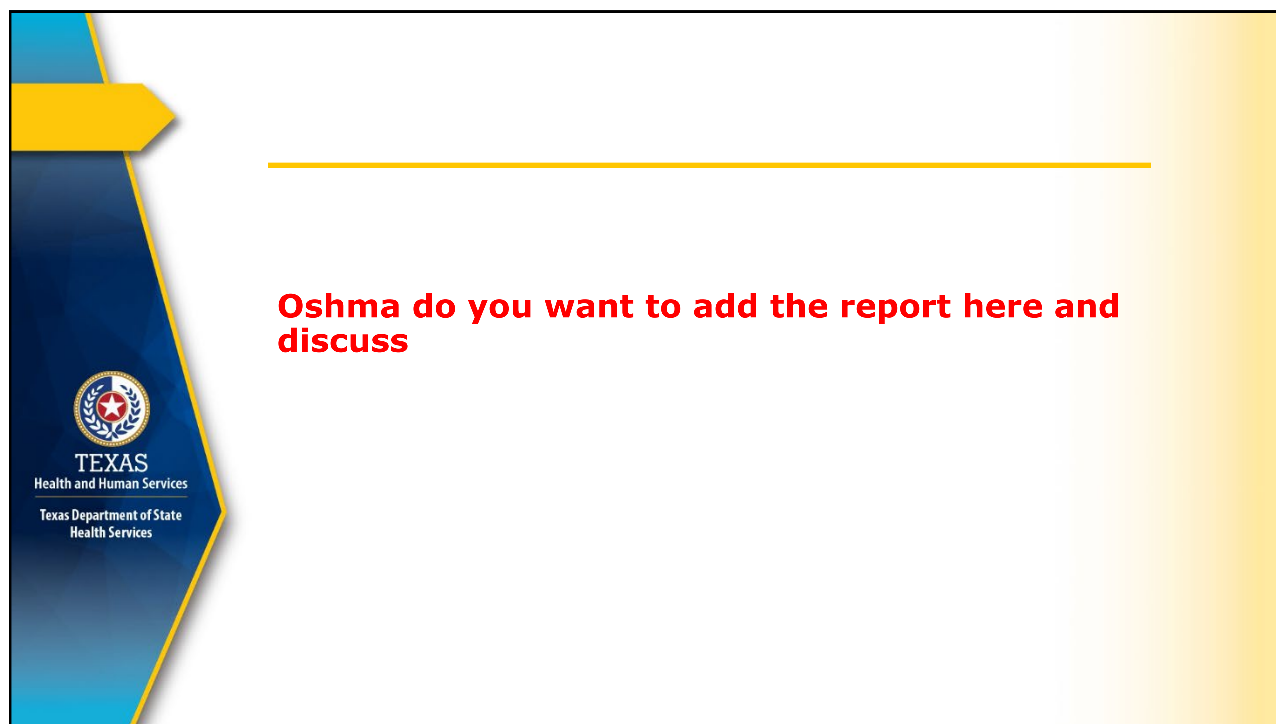

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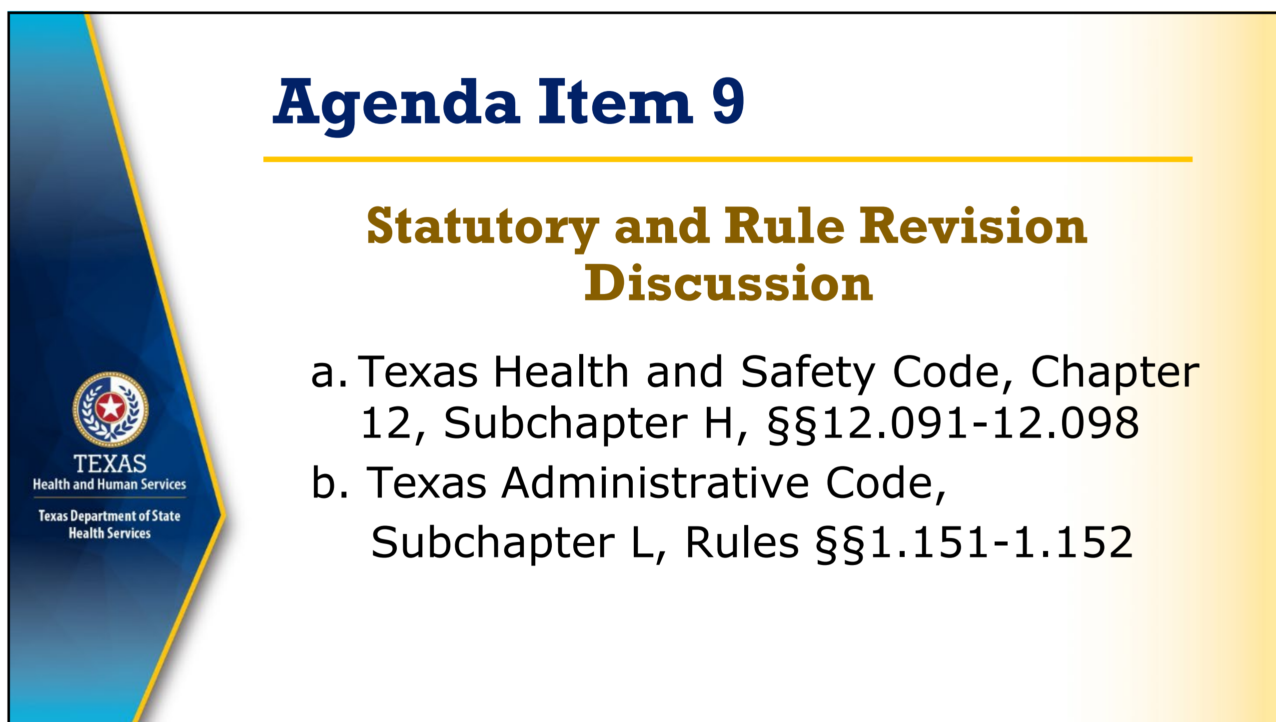
Agenda Item 9



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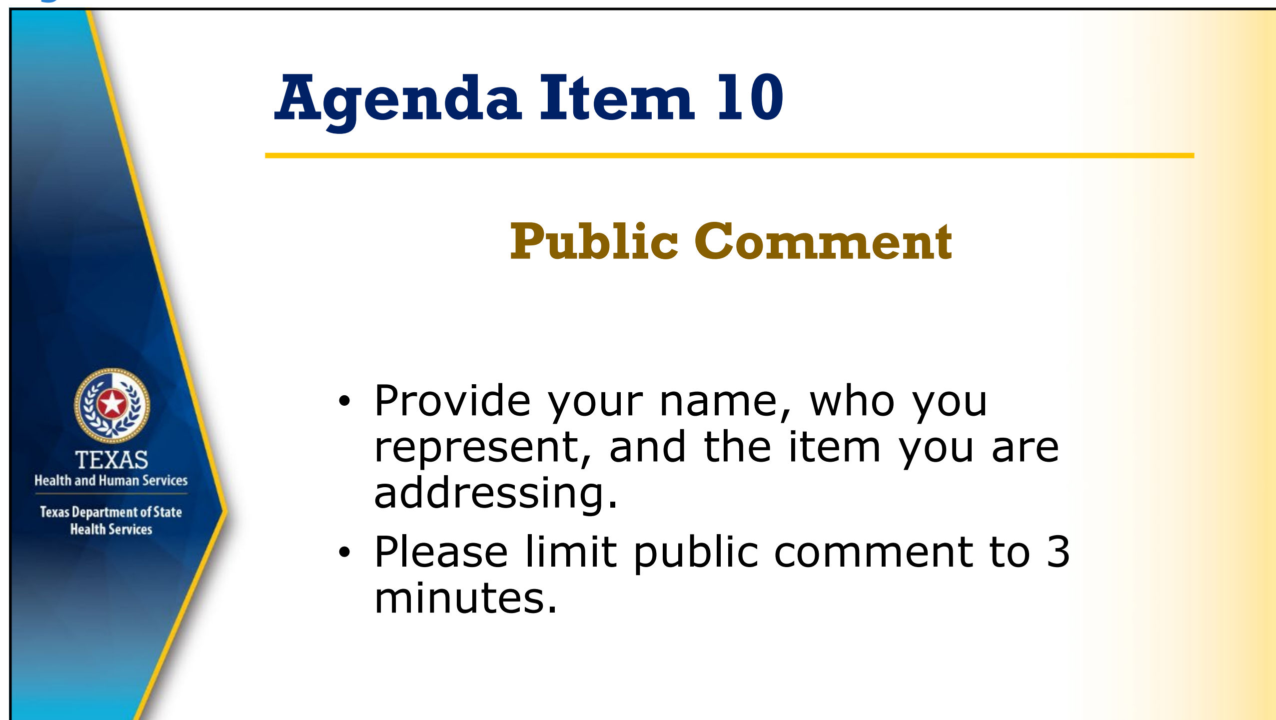
Agenda Item 10



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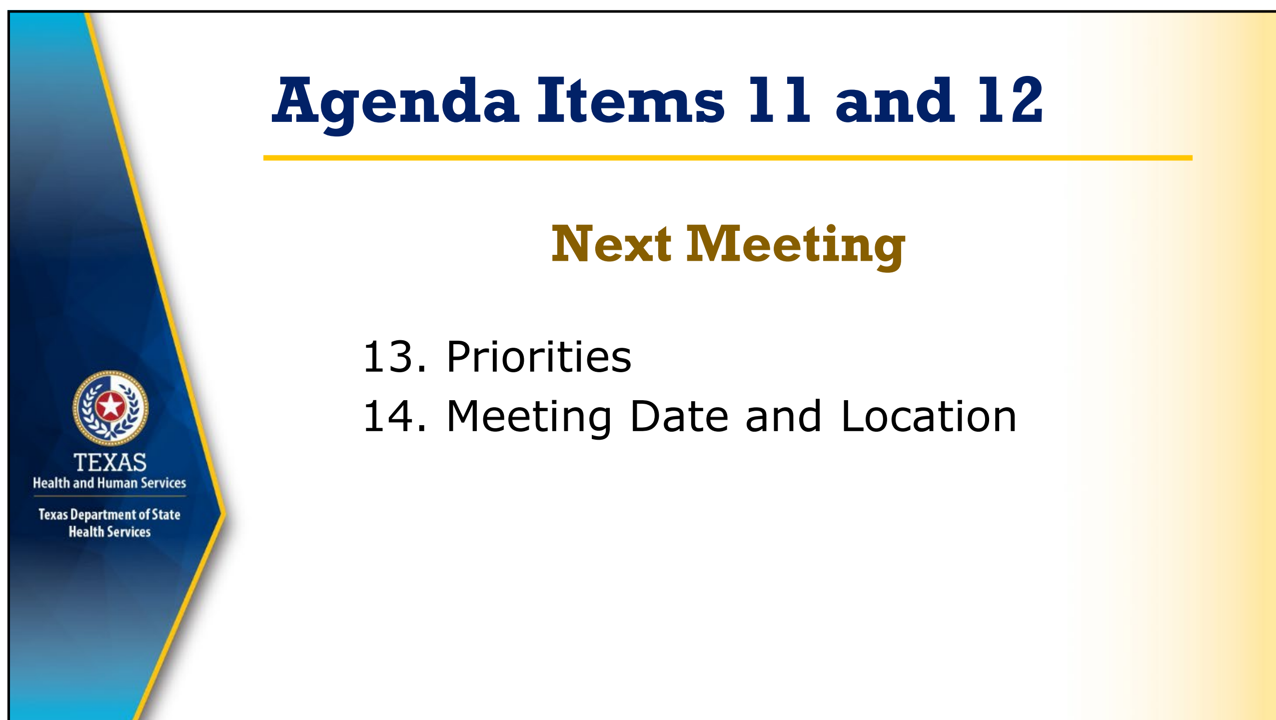
Agenda Item 11 and 12



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Adjourn

Thank you!

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Meeting Minutes Sept 27

Medical Advisory Board

September 27, 2003, Open

Meeting

Members of the MAB present: Algis Baliunas, MD, Leanne Burnett, MD, Ryan Buter, MD, Tom Coopwood, MD, Gerlyn Friesenhan, MD, Wendell Grogan, MD, Will Lavalley, MD, Audrey Nath, MD, David Tasker, MD, Azreen Thomas, MD, Kevin Tomsic, MD Note: A Quorum was present.

Non-MAB members present: Jorie Klein, Karla Greathouse-Chilot, Laura Rios, Haley White, Ida Murguia, Marcy Heine, Goodluck, Elei

Minute
s

Agenda	Discussio n	Action Plan	Individual Responsible	Timelin e
Call to Order	Dr. Leann Burnett called the meeting to order	Program team explained the Open Meeting process and the virtual attendance expectations of having cameras on when speaking and raising their hand for comments.	All MAB Open Meeting attendees	None
Introductio n of new the MAB members	Dr. Burnett requested each new member of the MAB to introduce themselves during the roll call. See attendance Roster	Program staff completed the roll call and the new members introduced themselves.	MAB members	None

Update for the Department of Public Safety (DPS	Mary Hines and Goodluck Eli were present and provided on update on the leadership and the DPS processes for MAB. The discussed their role and participation in MAB **DPS/MAB Workgroup.**	No actions required.	-	-
Dr. Burnett presented the proposed Bylaws for the **MAB .**	The proposed Bylaws for the MAB were included in meeting invite for the members to review and comment. Dr. Burnett stated	MAB members were requested to review the Bylaws and be prepared to make comments and potentially vote to approve.	MAB members	Next MAB Open Meeting

	that the Bylaws will be on the next meeting agenda for a vote of approval. Dr. Burnett presented the information on the proposed Bylaws MAB officers, to include the Chair, Vice-Chair, and three Executive Committee Members. She stated that individuals interested in a MAB officer position should complete a nomination form or individuals who would like to nominate an individual need to complete a nomination form.	Dr. Burnett stated that the MAB program staff will send the nomination form out to the MAB members.	Jorie Klein	
Dr. Burnett presented the proposed revisions to the Medical History Form.	Dr. Burnett reviewed the form with the MAB members. Dr Burnett asked that comments or recommendations to form be sent to her. The updated Medical History Form will be reviewed at the next Open Meeting.	MAB members were requested to review the form and provide any feedback or comments.	MAB members	Next MAB Open Meeting

Discussion of the revisions to the DL45.	Dr. Burnett reviewed the recommendations for revisions to the DL45.	Members were asked to provide any recommendations or feedback regarding the current form to her. This is one of the items being reviewed through the DPS/MAB Workgroup.	MAB members	On-going

Discussion of the MAB Guidelines	Dr. Burnett briefly reviewed the MAB Guidelines and asked the members if they had feedback or recommendations to send them to her for discussion during the DPS/MAB Workgroup.	MAB members to review and provide feedback	MAB members	On-going
Action Items	Dr. Burnett reviewed the request for members to review the Medical History Form, DL45, and MAB Guidelines and provide feedback and recommendations.	MAB members to review and provide feedback.	MAB members	On-going
Update on the MAB Exceptional Item (EI)	Jorie Klein provided an overview of the EI process and support from the DSHS leadership and Legislators. The EI provided funding to increase the number of FTEs from two to thirteen. She also shared that the physician meeting payment can be increased from $100 to $150 through the rule revision process.	Program staff are working on recruiting the additional FTE. The rule revision process is being reviewed through the Physician PI meeting. Ida Murguia, legal counsel for MAB is leading the rule revision process.	Program staff	On-going

Statutory and Rule Revision Discussion	Texas Health and Safety Code, Chapter 12, Subchapter H, §§12.091 - .098 and Texas Administrative Code, Subchapter L, Rule §1.152 were reviewed by Ida	Members were asked to provide any feedback or recommendations to the rule revision. This will continue to be a discussion item during the MAB Physician PI workgroup.	Program staff MAB Physician PI workgroup All members of the MAB	Next Open Meeting of the **MAB**

	M urguia. She also reviewed the statutory authority that allows the MAB to conduct their business.			
Public Comment	No individuals signed up for Public Comment	-	-	-
Next Meeting Priorities	Bylaws Bylaws - Officers Medical History Form Rule Revisions			
Meeting was adjourned				

________________________________ __j__j____

Presiding Data

BYLAWS OF THE
MEDICAL ADVISORY BOARD
TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1. Board Name

Texas Department of State Health Services (DSHS) Medical Advisory Board (MAB) or (DSHS MAB).

2. Composition of the MAB

The MAB is a part of the Texas Department of State Health Services (DSHS). Within DSHS, the MAB falls under the Department of Consumer Protection and the EMS/Trauma Systems section. The MAB is composed of physicians from various specialties including internal medicine, cardiology, neurology, ophthalmology, integrative medicine, physiatry, surgery, and psychiatry. In addition, program specialists and the manager of the MAB interface with the physicians and the DPS (Department of Public Safety) to perform the duties of the MAB. The director of the EMS/Trauma section directly supervises the MAB.

3. Duties of the MAB

The MAB was established in 1970 to advise the Department of Public Safety (DPS) pursuant to Health and Safety Code, Title 2, Sec. 12.091-12.098. The Department of Public Safety (DPS) of the State of Texas may request an opinion or recommendation from the medical advisory board physician members on the ability of an applicant or license holder to operate a motor vehicle safely or to exercise sound judgment on the proper use and storage of a handgun. If DPS makes a request, a 3-physician panel is convened to consider the case or question submitted. Each panel member prepares an independent written report for DPS providing an opinion on the applicant or license holder's ability to safely operate a motor vehicle or their use of sound judgment in the proper use and storage of a handgun as appropriate. The panel member's report may also make recommendations relating to DPS's next action. As the driver licensing agency for Texas, DPS is solely responsible for all actions taken or initiated. The DPS decision may be appealed to the courts for final determination.

The MAB Bylaws are reviewed and approved by a majority vote of the physicians appointed to the MAB.

4. Guidelines for MAB Physician Members

Decisions by panel members with regard to the safe operation of motor vehicles are guided by the Guide for Determining Driver Limitations for the MAB (the Guide) which is a document that has been based on information in the National Highway Traffic Safety Association (NHTSA) and The American Association of Motor Vehicle Administrators (AAMVA)-"Driver Fitness Medical Guidelines-2009". In addition, the Guide undergoes ongoing revisions and modifications based on MAB member input. MAB physician members review medical facts provided by the licensee's physician in addition to other

relevant information such as drug and alcohol screens and reports by law enforcement. MAB physician members utilize their expertise and experience along with the Guide to reach their opinions.

Optometrist will review cases specific to the eye or vision referrals.

All MAB members must complete the required “Open Meetings Act” Texas Government Code CHAPTER 551 training prior to participation in a meeting.

Physicians may be removed from the MAB due to failure to participate in meetings or complete a minimum of 12 panel reviews annually, or due to inappropriate, unprofessional or disruptive behavior. A majority vote of the Executive Committee may recommend removal of a member. The decision may be appealed by written submission to the Commissioner.

5. Executive Committee

The MAB members will elect a Chair, Vice-Chair, and three additional members to serve as the Executive Committee. The Executive Committee will meet as needed to assist the MAB program staff with business operations. Executive Committee decisions require at least three members. All decisions made by the Executive Committee must be vetted and approved by MAB at the next scheduled meeting.

The Chair of the MAB will serve as the presiding officer and conduct business for the MAB at the scheduled open meetings.

The Vice-Chair of the MAB serves as a back-up to the Chair in the event the Chair is not able to participate in a meeting.

The additional three members of the Executive Committee serve as representatives of the MAB members for decisions required between the scheduled MAB meetings.

Terms for the Executive Committee members shall be three years with the exception of the initial voting year. The voting year will have varied terms to create staggered terms for the consecutive years and to ensure continuity in the Executive Committee. Executive Committee members shall attend a minimum of 75% of the scheduled meetings to remain in good standing.

- Chair 3 years – except the initial term for 4 years,
- Vice Chair 3 years,
- Executive Committee members 3 years; initial terms of initial members:
    - Executive Committee One - 1 year,
    - Executive Committee Two - 2 years,
    - Executive Committee Three - 3 years.
- Reelection of members or election of new members occurs by MAB membership vote at the first bi-annual open meeting of the new year.
- If lack of nominations, then the positions can be filled by appointment from the Chair.
- Executive Committee members can be elected to two consecutive terms, and then must sit out for at least one term.

6. Removal from the Medical Advisory Board

The DSHS Commissioner may remove a member from MAB for the following reasons:

a. A member does not timely complete, and review assigned medical packets.

b. A member, in a 12-month period, misses more than half of the MAB Open Meetings or subcommittee meetings or is absent from at least three consecutive meetings with or without notice to MAB.
c. A member displays disruptive behavior or unprofessional conduct.
d. A member does not maintain a high level of integrity that warrants public trust, including complying with all applicable ethics guidance provided by all aspects of the Texas Open Meetings Act and Public Information Act.
e. A member's status, credentials, or licensure alters the category or qualifications of their membership.
f. A member claims or appears to represent DSHS or MAB in a legislative or advocacy activity without approval from the Committee Chair and the HHSC Ethics Office in coordination with the DSHS Government Affairs Office and Committee Liaison. (A member is not prohibited from representing him or herself or another entity in the legislative or advocacy process).
g. A member discloses confidential, including draft, information acquired through participation on MAB not in accordance with the Bylaws.
h. A member votes or deliberates on an issue that presents a conflict of interest to the member, the member's family, or an entity with which the member is closely affiliated.

7. Committees

The MAB appoints committees it considers necessary to perform its duties. All committee meetings must follow the "Open Meetings Act" Texas Government Code CHAPTER 551. Committees will not have more that thirteen members. The MAB Chair will appoint the committee chair.

It is recommended that MAB members have six months of experience reviewing MAB referrals and have completed a minimum of twenty panels of case reviews prior to participation on a committee.

8. Workgroups

The MAB appoints workgroups it considers necessary to perform its duties. Workgroups have a specific assignment and timeline. Workgroups will not have more than eleven members. The MAB Chair will appoint the workgroup lead.

It is recommended that MAB members have six months of experience reviewing MAB referrals and have completed a minimum of twenty panels of case reviews prior to participation on a workgroup.

The current workgroup is the Process Improvement Workgroup (PIW). Members of the PIW are physician members of the MAB with additional interest and dedication to the mission of the PIW and the MAB. The assignment of the PIW, as reflected in its name, is to monitor and review the procedures of the MAB and make recommendations for improvement. The timeline of this workgroup is to complete this process by December of 2024, with the possibility of an extension based on the productivity of the workgroup.

Purpose of the PIW:
* To review of current processes of the MAB for efficiency
* To update the Guide as indicated to maintain its relevance to current medical knowledge and the law * To update the MAB History Form to maintain its relationship to the Guide.
* To interface with the MAB program manager and director of the DSHS and upon their request, to interface with other stakeholders.

One physician member of the PIW will head the committee. Should that physician step down or become inactive, the MAB Chair will appoint a new lead. The workgroup lead will conduct meetings on an as needed basis in concert with members of

the MAB program staff. In addition, the physician who heads the workgroup will interface with both the DSHS leadership of the MAB program and the physician membership regarding these issues. The head of the workgroup will also commit to attendance (in person or by video) with the DPS / DSHS Monthly Meeting and other meetings as deemed necessary by the leadership of the MAB program. All members of the PIW may also attend these meetings as they are able and offer input as desired. While a single physician is designated as head of the workgroup, it is understood that the position serves only to guide the workgroup in a collegial manner.

Recommendations made by the PIW for alterations in MAB procedures, the Guide and any relevant forms will be brought to all members of the MAB at the next scheduled biannual meeting for a vote to approve changes by the entire physician membership of the MAB.

9. Meetings

At minimum, there will be biannual meetings of the entire MAB scheduled on dates at the discretion of the membership. Meetings are scheduled to maximize the number of physician members who can attend. The purpose of the meetings includes addressing items brought to the agenda by the PIW, or to address agenda items brought forward by any member of the MAB physicians at their discretion with appropriate notice.

10. Conduct of meetings

All meetings will be conducted in accordance with the state “Open Meetings Act” Texas Government Code CHAPTER 551. Agendas will include the opportunity for the public comment as well as specific comment before any action is taken by the MAB. The operations of the meeting must follow the Advisory Council Coordinating Office’s requirements.

All documents associated with MAB agenda items will be submitted to DSHS no later than twenty business days in advance of the MAB Open Meeting.. MAB program staff will complete the review process and posting of the materials for distribution to MAB members and stakeholders no later than nine days in advance of the meeting.

A quorum must be present for the MAB to conduct business. A quorum is a simple majority of the members of the MAB.

11. Review of the MAB Bylaws

The MAB Bylaws will be reviewed every two years or as required due to legislative initiatives.

Bylaw Concerns

This letter is from both optometrist members of the Medical Advisory Board, W. Ryan Butler and Carolyn Carman, in response to the language used in the proposed new MAB bylaws regarding optometrists. We stand adamantly opposed to any effort that limits our role on the board in any way, especially limitations that don't apply to other members of the board. We are hereby making a motion (and seconding that motion) to amend the proposed bylaws by striking the 11 word sentence found in proposed bylaw #4; "Optometrist (sic) will review cases specific to the eye or vision referrals." We eagerly seek full support from all board members with our motion.

There are numerous reasons why the limitation of optometrists on the Medical Advisory Board is a harmful proposition. First, the administrators for the MAB have already been drastically overworked (and vastly underappreciated) for several years. With the recent resignation of Michaella this challenging work environment will quickly become much worse. This proposed rule will make it that much more difficult for them as they would have to sort cases for a select few board members. This proposed rule is unfair to our administrators as they sort through a workload that has already resulted in a backlog in excess of a year. Second, we must keep all members of the board global in their individual scope of work. Having just endured a global pandemic we know that we are not immune to catastrophic emergencies as COVID greatly affected our work efficiency and ability to communicate as a group. Who knows when the next emergency will strike, or what it will be? Another pandemic, a government computer network hacking, or even civil unrest would certainly result in another backlog of cases. Knowing that emergencies will arise again we need all board members to have full capabilities of serving to prevent this repeated backlog. Limiting any available board members' ability to work will have been a foolish action with no appreciable benefit. Third, we have historically stood as a unified body. Our solidarity being our greatest strength means everyone shares equally valid and respected opinions. Also, a unified body keeps individual members focused on our task at hand, serving the citizens of Texas, rather than quibbling and wasting precious meeting time arguing whose opinion is more important that another's in any given discussion. Adding a rule which limits any board member's participation is senseless bureaucratic policy.

The fourth reason why this proposed rule is harmful pertains to the very nature of an optometrist. This narrowly focused proposal can only come from one place; an outdated, uninformed, and incorrect stereotype of the optometrist in general. This proposed rule seems to come from the mindset that "optometrists only work with glasses and contact lenses", a thought which may have been

true in 1970, but similar to the rest of healthcare optometry has advanced dramatically in just the past 15 years, let alone the past 50 years.

From the very first panel meeting we attended Dr. Carman and I have experienced nothing but the utmost respect from other board members during our tenure on the MAB. In kind, we have returned this respect mutually with our hard work, ample time spent in deliberations, dedication to fair and objective clinical opinions, and sharing our knowledge with the board in an effort to advance our mission of keeping Texas a safer place. Individually the two of us have reviewed several hundred cases spanning the full scope of the board's authority while demonstrating exceptional clinical judgment and outstanding accuracy. Additionally, we have rewritten guidelines with updated standards from the medical community. Our work on the board has greatly surpassed that of the average board member. Yet, with all of this experience and history, not even one complaint nor concern has ever confronted Dr. Carman or myself, not from the public nor from fellow board members. On the contrary, back when MAB panel meetings occurred in person we would routinely spot mistakes other board members made in rendering their opinions, which involved us highlighting evidence that was missed within individual cases, explaining updated standards within the medical community, or revealing the latest trends within

the ophthalmic industry that may affect a specific driver's case. In total, Dr. Carman and myself have proven our strong clinical judgment in all areas of the MAB scope of work. We have shown that we are not merely technicians thoughtlessly following guidelines from a book. There simply is no basis, no evidence, and no justification for limiting the role of an optometrist on the **MAB.**

Similar to all other disciplines in healthcare optometry has advanced rapidly over the past several decades. With so many branches of medicine specializing due to improved technology (among other reasons) this has allowed optometry to successfully fulfill the mostly vacated role of a primary healthcare provider. From the first day in graduate school all optometrists are educated and trained regarding the whole human body, not only physiological optics. One needs to keep in mind that optometry postgraduate education is a 4 year doctoral program with off-site internships, national and state board examinations, and optional residency training.

Optometry is not medicine, and has no intentions of being in competition with medicine. Additionally, optometrists are competent and highly skilled healthcare providers capable of working alongside practitioners of medicine. The MAB is a shining example of this collaborative teamwork.

Optometry understands primary care. There are numerous systemic diseases that are often initially diagnosed in the optometrist's office. Our rich education in human anatomy and physiology prepares us for these encounters with patients. Many healthcare providers in other disciplines are often surprised by the amount of classroom time spent studying human anatomy, including ample laboratory work using cadavers.

Optometry understands neurology. With several semesters of study in neuroanatomy optometrists often work closely with neurologists in the treatment management phase with patients on a routine basis. A well discussed topic among neurologists and optometrists/ophthalmologists is where the brain "ends" and the eye "begins". Glaucoma is almost always a bilateral disease, which can only spread through the visual pathway of the brain...does this make glaucoma a neurological disease? Optometrists can pinpoint a lesion in the brain using mere visual field testing, often within a few millimeters, leading neurologists to save valuable time reviewing MRI results. The vastness of the visual pathway in the brain makes optometrists an excellent resource for any neurologist. Also, a very common trigger of seizures has to do with visual stimulation, something optometrists understand all too well.

Optometry understands cardiology. The entirety of the eye, especially the posterior chamber, is highly vascularized with numerous origins of blood supply (i.e., there is not one single artery to supply the whole eye). Only a vast comprehension of vascular anatomy and cardiology can help one truly understand the complex nature of the vasculature of the ocular area. Additionally, the eye is one of the only places in the human body to directly observe vasculature without using a scalpel. This architecture is what makes optometry so helpful to cardiologists. We have the ability to detect early signs of stroke, damage from hypertension, CVD, and asymmetric carotid artery function, just to name a few cardiovascular conditions. It is also well known in the ophthalmic industry the post-operative effect of major heart surgery on vision.

Optometry understands pharmacology. From our vast studies of clinical systemic pharmacology we are taught more than merely drug names and their major effect on the human body, but how those drugs work through pharmacodynamics and pharmacokinetics, their side effects, interactions with other drugs, and appropriate dosing as well as the dangers of overdosing. It's nearly impossible to find a drug that does not warn prescribers "may cause blurry vision", and optometrists must understand how each of these drugs can affect the visual system. Only a

thorough education and understanding in pharmacology can help an optometrist manage a patient's needs in regards to his/her medications.

Lastly, optometry understands rheumatology, endocrinology, and even psychology. Our patients present to us with a myriad of comorbidities, many which have a direct affect on the care they receive from optometrists. Rheumatologists depend heavily on the tests an optometrist can perform, if not for the potential side effects from the drugs they prescribe (including, but not limited to plaquenil), then for the progression of any auto-immune disease. Endocrinologists also depend heavily upon the input from optometrists for many reasons, but mostly because of diabetes. They need to know which patients present with diabetic retinopathy, a strong indication that the disease is not under adequate control. The psychological or mental disorders patients bring with them must be managed properly. Only when these disciplines of medicine are appreciated and the potential diseases they manage are fully known can an optometrist truly fulfill the role needed in the healthcare spectrum.

Over the many years that the MAB has existed in Texas a great trust has been established among all of its members. The optometrists who have served in the past, as well as the two currently serving, have procured and built upon that trust. It is a trust of our shared knowledge and respect for one another that has allowed this board to work effectively. A fundamental change to the work duties, as is proposed in the new bylaws, undermines this trust and threatens the very mission of our board. I strongly urge all board members to stand with us, Dr. Carman and Dr. Butler, in amending the proposed bylaws and delete the unnecessary and unsubstantiated limitation of optometrists on the MAB.

We truly appreciate your consideration.

Respectfully,

Dr. W. Ryan Butler,
OD Dr. Carolyn
Carman, OD

Nominations

Chair

L. Burnett, MD

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

_X_Chair _ Vice-Chair _Executive Committee Member (3 positions)

Nominee: _Dr Leanne Burnett MD__ Phone: _832-541-0636_______________

Email:_Leanne Burnett <burnett1eanne692@gmail.com>___

Zip code:_77545_____________________Medical Specialty:_Neurology___ _

Brief Bio sketch (work history); must be within 500 words.

I am a general neurologist and movement disorder specialist. In addition to owning my private practice, I served as an expert witness for 17 years and did peer reviews for a number of years. I served on numerous hospital committees including chairing the Ethics Committee and served on my hospital's executive committee for 8 years including 2 years as chief of staff. I also served on the Houston Area Parkinsons Society for 5 years including 2 as its president. I have a great deal of experience working with others in committee and leadership roles.

I have been on the MAB since 2021 and have chaired the Process Improvement Committee for the past 2 years with Drs. Lavalley, Stroud, Leston and Croft. During our tenure, we have revamped the Opinion Sheet and the Medical History Forms and rewritten the MAB Bylaws for Board approval. We are also revising the Rules which, upon approval, will increase reimbursement from $100 per packet to $150. We have also investigated the workings of the MAB in other states and intend to take up the processes and guidelines to reach driver determinations in 2024. In the future, we hope to streamline the function of the MAB and have the forms available for physicians to complete online which will ensure that providers complete these forms more thoroughly. Dr. LaValley is going to be spearheading our informatics efforts. In the last 6 months, I have also attended numerous meetings of the DPS and DSHS as we strive to bring the two organizations into closer alignment to improve efficiency and reduce the backlog of cases. I also wrote an article for the Harris County Medical Society soliciting new physicians for the MAB and communicated with many of these physicians in the process of their application to the MAB. I provided the onboarding for the new doctors. I chaired the September general meeting and will chair the December meeting

I hope to continue to serve the MAB as its chair for the next 3 years.

Nomination completed by:_ J. William Lavalley MD__ Date: _2023-11-28_

Vice Chair

W. LaValley, MD

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

Chair _X_ Vice-Chair _ Executive Committee Member (3 positions)

Nominee: J. William Lavalley MD________Phone: 512-794-8907

Email:__jwl@LaValleyMDProtocols.com____________

Zicode:_ 78759_ Medical Specialty:_ Integrative Medicine_

Brief Bio sketch (work history); must be within 500 words.

Dr. Lavalley is currently appointed by Texas Department of State Health Services (DHSH) Commissioner to the Texas Medical Advisory Board **(MAB)** since May 2020 serving as an active member on the DSHS MAB Process Improvement Workgroup (PIW) since October 2021.

Dr. Lavalley graduated from Baylor College of Medicine in Houston, Texas In 1986 and completed Family Practice Internship at the University of Louisville School of Medicine in 1987. Since 1988, he is licensed by the Texas Medical Board (TMB) and the College of Physicians and Surgeons of Nova Scotia (CPSNS) in Canada.

Since 1994, in the Canadian Medical Association (CMA), he is the founding Chairperson of the CMA's first Section of Integrative and Complementary Medicine - in the Nova Scotia division of the CMA, Doctors Nova Scotia (DNS). From 1997 to 2004 Dr. Lavalley was integral to Canada's development of the Federal Regulations for Natural Health Products and Canadian guidelines regarding Complementary M edicine. Dr. Lavalley was appointed by the federal Canadian Minister of Health to the Natural Health Products Advisory Panel (1997- 2000), the National Transition Team for the Office of Natural Health Products within Health Canada (1997- 2000), the Expert Advisory Committee of the Natural Health Products Directorate for the development of Regulations for Natural Health Products (NHPs) in Canada {2000-2004), and the Canadian National Advisory Group on Complementary and Alternative Medicine, Health (1998-1999).

He is a member of the American Medical Association **(AMA),** the Texas Medical Association (TMA), the Travis County Medical Society (TCMS), the Canadian Medical Association {CMA), and its Nova Scotia Division - Doctors Nova Scotia (DNS), as well as the College of Family Physicians of Canada (CFPC).

Nomination by:_ Dr Alison Leston MD_Date :_15 November 2023_

Executive Committee
Lenor Stroud, MD

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

_ Chair _ Vice-Chair _ Executive Committee Member (3 positions)

Nominee: Lenor Stroud, MD______________________Phone:_________________

Email:____

Zip code:_ _ _ _ _ _ _ _ _ _ _ Medical Specialty: Internal Medicine_

Brief Bio sketch (work history); must be within 500 words.

Leonor B. Frierson-Stroud, M.D., F.A.C.P. is a private practice Internal Medicine specialist with greater than 34 years of experience in both in-patient and out-patient care. She received her Liberal Arts degree from the Plan II Honors Program at the University of Texas at Austin in 1980.She earned her Medical Doctor degree from the University of Texas Health Science Center, San Antonio in 1985. She went on to Scott and White in Temple where she became Board Certified in Internal Medicine in 1989. She has served as the Chief of Medicine for Round Rock Hospital (19_) and interim Chief of Medicine for Seton Northwest Hospital (19_). She helped bring Manual Lymphatic Drainage treatment to central Texas as the Director of the first Lymphedema Clinic in the region

(__). Formerly, she has been on the faculty of Texas A&M and Dell Medical Schools as Associate Clinical Professor.

In addition to her clinical background, she has been a Type I Diabetic for over 50 years and a caregiver for family with significant health issues. These experiences put her in a unique position to understand the multi-faceted job the MAB performs.

Dr. Frierson-Stroud has been active, with the other members of the Process Improvement Sub-Committee, over the last 18 months in the process of modernizing and streamlining the function of the **MAB.** She has also been actively involved in reaching out to the physician community to increase the membership of the MAB. The aim is to facilitate the important mission of the MAB to as safe a driving environment as possible for the State of Texas. She would be honored to be able to continue this important mandate.

Alison Leston, MD

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

__Chair _ Vice-Chair X _Executive Committee Member (3 positions)

Nominee: _Alison Leston, MD PhD_______________Phone:_214-648-2104__

Email:_Alison.Leston@UTSouthwestern.edu____________________________ Zip code:_ 75390

________________________________Medical Specialty:_Neurology___________ Brief Bio sketch (work history); must be within 500 words.

As a member of the Federal Air Surgeon's neurology advisory panel, Or. Alison Leston has considerable experience in evaluating medical risks to transportation safet y. She also has experien ce working in a regulatory environment. On this panel, she advises the FAA on fitness to fly decisions for pilots with neurological concerns. She brings this experience to the Texas Medical Advisory Board (MAB) on which she served since 2020. She has served on the MAB Process Improvement Workgroup since its inception in 2021.

Dr. Leston earned her PhD in neuroscience from the University of Chicag o. Her MD and neurology residency and fellowship training were obtained at Washington University in St . Louis . After practicing as a community general neurologist 2006-2014 in St. Louis, she relocated to Texas. She has been a faculty member of the UT Southwestern Medical School since 2014. She is associate professor of neurology and head of the General Neurology section . Her clinical practice includes general neurology and is also a national referral center for pilots seeking neurological evaluation to support their application for FAA medical certification to fly.

In addition to her participation in MAB, Dr. Leston is Vice President of the International Aerospace Neurology Consortium and is a Trustee of the Civil Aviation Medical Association. She is able to offer her experience in certification medicine, specifically as it applies to operating a vehicle, to the Texas Medical Advisory Board.

Nomination completed by:_William Lavalley MD Date:_29 Nov 2023_

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

_X_Chair _ Vice-Chair _Executive Committee Member (3 positions)

Nominee: Peggy Russell, MD______________________Phone:_________________ Email:________

Zip code:_______________________Medical Specialty:_Geriatrics.___ Brief Bio sketch (work history); must be within 500 words.

Nomination completed by:_TomCoopwood,MD___ Date:_____________

N. Greishop, MD

Medical Advisory Board

Officer Nomination Form for December 1, 2023 Meeting

Please check the position that you are completing the nomination for:

_X_Chair _ Vice-Chair _Executive Committee Member (3 positions)

Nominee: Neil Grieshop, MD____________________Phone:______________

Email:____

Zicode:_ _ _ _ _ _ _ _ _ _ Medical Specialty: General Surgery _

Brief Bio sketch (work history); must be within 500 words.

Nomination completed by: _ TomCoopwood,MD __ Date:__________

Medical Advisory Board Officer Nomination Form

Please check the position that you are completing the nomination for:

_ Chair _ Vice-Chair _X_Executive Committee Member (3 positions)

Nominee: Ryan Butler, MD____________________Phone:________________ Email:_________________________________

2ip code:_______________________,Medical Specialty:__________

Brief Bio sketch (work history); must be within 500 words.

Nomination completed by:_ Tom Coopwood, MD___ Date:_____________

Voting and reference forms

Medical History Form

Texas Department of State Health Services

Jennifer A. Shuford, MD, MPH
Commissioner

PLEASE USE THIS COVER SHEET FOR YOUR FAX

FAX TRANSMITTAL

Date:	
Sender's Fax:	

To: Medical Advisory Board, Texas Department of State Health Services Fax: 512-834-6736			
Message: Medical forms - Driver Medical Evaluation			
		Medical Evaluation Date:	
Patient's Name:			
Patient's Driver's License Number:			
Physician Name:			
Physician Signature:			
Physician License #:		**Physician Specialty:**	
Physician Phone:		**Physician Fax:**	
Advanced Practice Provider (NP/PA) Name:			
Advanced Practice Provider (NP/PA) Signature:			
Advanced Practice Provider (NP/PA) License #:			
Please note: ***Medical forms completed by APP must be co-signed by Supervising Physician***			
Advanced Practice Provider Phone:		**Advanced Practice Provider Fax:**	
Number of pages after this cover sheet:			
For any problems or questions, please call (512) 834-6738 or (512) 834-6739			

The information contained in this facsimile message may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any unauthorized dissemination, distribution, copy, or use of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. Thank you.

Section A is required. **Sections B-K are relevant for specific diagnoses/conditions**

A. GENERAL
(SECTION A IS REQUIRED: FAILURE TO COMPLETE WILL RESULT IN RETURN OF FORM)

1) Condition(s) the patient is being treated for:

____

2) List all current medications (include dose and frequency. If prn, average frequency of use)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
6.	11.
7.	12.

3) When did you start providing care for this patient?
Date: ______________________

4) Date the patient was seen for this evaluation / date patient last seen?
Date: ______________________

5) In your opinion, can the patient safely operate a motor vehicle?
Yes _____ No _____

If No, please provide reason (mandatory) ______________________
Optional - Additional Comment : ______________________

____

6) Do you recommend a driving evaluation?
Yes _____ No _____

Complete additional Sections B-K which are relevant to your patient

B. BREATHING RELATED CONDITIONS **NOT APPLICABLE _____**

1) Does the patient have asthma? Yes _____ No _____
2) Does the patient have COPD? Yes _____ No _____
3) Dyspnea?

No _____
Yes _____ Yes, at rest
Yes _____ Yes, with exertion with O2 sat > 88% without supplemental O2
Yes _____ Yes, with exertion with O2 sat> 88% with supplemental O2
Yes _____ Yes, with exertion and O2 sat< 88% even with supplemental O2

C. DISORDERS OF SLEEP/ALERTNESS **NOT APPLICABLE ______**

1) **Does the patient have sleep apnea?** Y____|N____

a) If YES

What was the AHI (Apnea-Hypopnea Index) prior to treatment?	AHI _____
What is the AHI on treatment?	AHI _____
Is the patient compliant with treatment?	Yes ___ | No___
What is the Epworth Sleepiness Scale (ESS) on treatment?	ESS _____

2) **Does the patient have narcolepsy?** Y____|N____

a) If YES

Is the patient compliant on medication?	Yes ___ | No___
Does the patient have uncontrolled daytime sleepiness or sleep attacks?	Yes ___ | No___

If YES What is the frequency of the attacks and what was the date of the last attack? Frequency______________ Date __________________

D. VASCULAR DISEASE - TO BE COMPLETED BY CARDIOLOGY. **NOT APPLICABLE _____**

1) Cardiovascular Disease/ Heart Failure - Functional Classification American Heart Association (AHA):

_____ AHA Class I AHA Class I: No symptoms

_____ AHA Class II AHA Class II: Symptoms with strenuous activity

_____ AHA Class III AHA Class III: Symptoms with normal activity

_____ AHA Class IV Class IV: Symptoms at rest

2) Cardiovascular Disease/Heart Failure – Objective medical classification:

_______ Class A - No objective evidence of cardiovascular disease

_______ Class B - Objective evidence of minimal cardiovascular disease

_______ Class C - Objective evidence of moderately severe cardiovascular disease

_______ Class D - Objective evidence of severe cardiovascular disease

3) Angina Pectoralis:

_______ At rest or with minimal exertion

_______ With mild exertion (walking 1-2 blocks, climbing 1 flight of stairs)

_______ With moderate exertion

_______ With severe exertion

4) For Commercial Drivers Only:

Can the patient complete the Stage II of the standard Bruce protocol? **Yes** ______ **No** ________

5) Malignant hypertension or hypertensive urgency: **Yes** ______ **No** ________

6) Coronary Artery Disease/ Myocardial Infarction / D.V.T.

1) Yes ___|No___ Myocardial Infarction Date: ____________________
2) Yes ___|No___ DVT Date: ____________________
3) Yes ___|No___ Bypass grafting Date: ____________________
4) Yes ___|No___ Stenting Date: ____________________

5) Yes ___|No___ Cleared to drive? By PCP? Yes ___ |No___ (for drivers with Private Owner driver license) By Cardiology? Yes ___ |No___ (for drivers with Commercial driver license)

6) Yes ___|No___ Stable? On antiplatelet agents Yes ___ |No___ On anticoagulants Yes ___ |No___

7) Arrythmias:

a) Syncopal episode(s) associated with cardiac condition Yes _____ | No_____
If Yes, Date Date: ____________________________

b) Atrial fibrillation/flutter Yes _____ | No_____
Under treatment by cardiology Yes _____ | No_____
Heart Rate is controlled Yes _____ | No_____
On stable anticoagulation Yes _____ | No_____

c) AV nodal re-entry tachycardia Yes _____ | No_____
Symptomatic Yes _____ | No_____
Not symptomatic OR
controlled with catheter ablation or medical therapy Yes _____ | No_____

d) Wolff Parkinson White syndrome Yes _____ | No_____
With atrial fibrillation Yes _____ | No_____
Without atrial fibrillation Yes _____ | No_____

e) Ventricular tachycardia Yes _____ | No_____
History of sustained V tach Yes _____ | No_____
Nonsustained V tach Yes _____ | No_____
Controlled with medication Yes _____ | No_____
Date of tachycardia control Date: ____________________________

f) Other Arrythmias
Specify Type

g) Has Pacemaker been placed Yes _____ | No_____
Has AICD (defibrillator) been placed Yes _____ | No_____
Date of placement Date: ____________________________
Cleared/Released to drive by cardiology?
(for drivers with Commercial License) Yes _____ | No_____

7) Heart block – if applicable Check one

______ First Degree
______ Second degree Mobitz I
______ Second degree Mobitz II
______ Third degree
______ Cleared/Released to drive by cardiology?
(for drivers with Commercial License) Yes _____ | No_____

E. BLACKOUT (UNEXPLAINED temporary loss of consciousness with no recall) OR, SYNCOPE (fainting) **NOT APPLICABLE** _____

a) Single episode? Yes _____ | No_____
Multiple episodes? Yes _____ | No_____
If multiple, how many episodes in the last year? ________________

b) Date of episode (if single) or most recent episode Date: ________________
Cause of syncope: ________________

c) Vasovagal (cause of vagal episode if known) ________________

d) Neurocardiogenic Yes _____ | No_____

e) Hypotensive (cause of hypotension if known) ________________

f) Arrhythmia (complete relevant vascular section) Yes _____ | No_____

g) Other (cause if known) ________________

h) Unknown - provide records of any evaluation (general, cardiac, neuro) ________________

i) In your opinion, is the condition controlled? Yes _____ | No_____

F. NEUROLOGIC **NOT APPLICABLE** ______

1) TIA

a) Single episode? Yes _____ | No_____
Multiple episodes? Yes _____ | No_____
If multiple, how many TIAs in the last year? ________________

b) Date of most recent TIA Date: ________________
Stable on antiplatelet or anticoagulant therapy? Yes _____ | No_____

2) CVA / Stroke

a) Residual deficits: Yes _____ | No_____
_________ None
_________ Mild
_________ Moderate
_________ Severe

b) If moderate to severe, describe deficit(s)

____

c) Any visual deficits? (If yes, complete visual evaluation) Yes _____ | No_____

d) Any language deficits Yes _____ | No_____
If yes, describe ____

3) Seizures

a) Date of last seizure: Date: ________________

b) Number of seizures in the last year? ________________

c) On anticonvulsants? Yes _____ | No_____

d) The patient reliably takes his/her anticonvulsant? Yes _____ | No_____

e) Does the patient experience daytime somnolence with the medication? Yes _____ | No_____

f) Any other medication side effects which might interfere with driving? Yes _____ | No_____

If yes, what side effects? ______________________ Date: ______________

g) Does the patient consume excess alcohol? Yes _____ | No_____

4) Cognitive impairment/ Dementia

a) MMSE or MoCA score (in last 3 months - required) ______________

b) Has the patient had an O.T. evaluation for driver safety? Yes _____ | No_____
If yes, supply the report Yes _____ | No_____

c) Has the patient had neuropsychological testing in the last year? Yes _____ | No_____
If yes, supply the report Yes _____ | No_____

5) Vertigo/Dizziness

Severity

a) Minimal (intermittent or chronic mild) Yes _____ | No_____

b) Mild (acute episodic vertigo, stable on medication) Yes _____ | No_____

c) Moderate (Benign positional vertigo, acute/chronic vestibulopathy) Yes _____ | No_____

d) Severe (Meniere's Disease, nonfunctioning labyrinths) Yes _____ | No_____

6) **Other Miscellaneous neurologic disorders** (traumatic brain injury, movement disorders such as Parkinson's, Multiple Sclerosis, peripheral neuropathy)

a) Diagnosis: ______________________________

b) Severity (Check one)

__________ Mild

__________ Moderate

__________ Severe

c) If the condition is associated with cognitive impairment, complete Section F(4) above

G. PSYCHIATRIC NOT APPLICABLE ______

a) Diagnosis: ______________________________

b) At the time of this evaluation, is the patient

Aggressive, assaultive or excessively hostile? Yes _____ | No_____

Experiencing hallucinations or delusions? Yes _____ | No_____

Homicidal? Yes _____ | No_____

Suicidal? Yes _____ | No_____

Impulsive? Yes _____ | No_____

Paranoid? Yes _____ | No_____

Exhibiting impaired judgement? Yes _____ | No_____

c) Is the patient compliant with medication/ treatment? Yes _____ | No_____

d) Do medications cause any drowsiness or adverse effects that would impair driving? Yes _____ | No_____

e) In your opinion, is the psychiatric condition adequately controlled? Yes _____ | No_____

H. ALCOHOL AND DRUG USE/ABUSE NOT APPLICABLE _____

a) Substance used or abused: ______________________

b) Length of use/dependency: ______________________

c) Last known use ______________________

d) Number of times treated: ______________________

e) Month/year of last treatment: ______________________

f) Member of AA/NA: ______________________ Yes _____ | No_____

g) On Methadone/Antabuse Yes _____ | No_____

h) Urine drug screen (required for history of drug use-provide report) Yes _____ | No_____

Results Negative ? Yes _____ | No_____ Positive for: ______________________

i) Urine for alcohol ethyl glucuronide/ethyl sulfate (required for history of alcohol abuse-provide report) Yes _____ | No_____

Results Negative Yes _____ | No_____

I. METABOLIC DISEASE NOT APPLICABLE _____

a) Chronic severe or end stage renal failure Yes _____ | No_____
   If yes, compliant with medical therapy/dialysis? Yes _____ | No_____

b) Diabetes Yes _____ | No_____
   On oral agents Yes _____ | No_____
   On insulin Yes _____ | No_____
   HgbA1c Yes _____ | No_____

c) Any episodes of DKA, coma, shock or symptomatic hypoglycemia (confusion, loss of consciousness, altered mental status, motor deficits) Yes _____ | No_____
   If yes, date of last incident Date: ______________________

d) Number of incidents in the last year ______________________

e) Any incidents requiring hospitalization Yes _____ | No_____

f) Is the patient compliant with therapy? Yes _____ | No_____

g) Does the patient have a Continuous Glucose Monitor (CGM) Yes _____ | No_____

J. MUSCULOSKELETAL NOT APPLICABLE _____

a) Any functional impairment of upper or lower extremities (arthritis, weakness, spasticity)? Yes _____ | No_____
   If yes, specify condition and describe impairment:

   ____

b) Is the condition progressive? Yes _____ | No_____

c) Is assistive equipment employed? Yes _____ | No_____

d) If so, is the equipment effective in allaying functional impairment? Yes _____ | No_____

K. VISION (Must be completed by ophthalmology or optometry if vision is worse than 20/40 in best eye or there is diplopia or visual field impairment)

NOT APPLICABLE _____

a) Cause of visual impairment: ______________________

b) Visual acuity:
   Without correction: R 20/______ | L 20/______
   With present correction: R 20/______ | L 20/______
   With best correction: R 20/______ | L 20/______

c) Does the patient use a biopic telescope? Yes _____ | No_____
   If yes,
   Type of biopic telescope? ______________________
   Power of telescope? ______________________
   Visual acuity with telescope R 40/______ | L 40/______

d) Does the patient have diplopia? Yes _____ | No_____

If yes, is the diplopia constant? Yes _____ | No_____

e) Is the diplopia monocular? Yes _____ | No_____

If yes, which eye? ______________________

f) Is the diplopia correctable with a patch? Yes _____ | No_____

g) Does the patient have a visual field impairment? Yes _____ | No_____

If yes, describe type and degree of field loss

____

Opinion Sheet

MAB Medical Opinion Sheet

MAB Review Date:					
CLIENT NAME:	«LAST_NAME»	«FIRST_NAME»	«MID_NAME»	«SUFFIX»	«TITLE»
MAB CASE #:	«CASENBR»				
DL #:	«DL_NUM»	**Vehicle Class:** «VEHICLE_CLASS»			
Times before the Board: «XB4_BOARD»		**Date of Birth:** «DOB»		**Age:** «AGE»	
Medical problem:	«MED_PROBLEM»				

APPROVAL

☐ Vehicle Approved for referenced class {{ «VEHICLE_CLASS» – Also Approves Class M}}
Approval contingent upon DPS driving test? Mark [☐ YES | ☐ NO]
☐ Review at {{Click or tap here to enter text}} to verify control of {{Click or tap here to enter text}}
Restrictions: ☐ C: Daytime driving only ☐ D: Speeds up to 45 mph ☐ P8: Telescopic lens ☐ P31: Class C only ☐ Other:________________________

DENIAL

☐ No Vehicle – Justification required {{ Click or tap here to enter text. }}
☐ If not approved Class CDL and approved Class C Justification required {{ Click or tap here to enter text. }}

More information is required from: (Explain in justification)

☐ Hospital ☐ Examining Physician
☐ Internal Med ☐ Cardiology ☐ Ophthalmology ☐ Optometry ☐ Neurology ☐ Psychiatry ☐ OTHER ____

Mab Guidelines

See separate document

Recommended Rule Revisions

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 1 MISCELLANEOUS PROVISIONS

SUBCHAPTER L MEDICAL ADVISORY BOARD

§1.151 Definitions

The following words and terms when used in this section, shall have the following meanings, unless the text clearly indicates otherwise:

(l) MAB - The Medical Advisory Board is the body of physicians and optometrists licensed by the State ofTexas and established under authority of the Health and Safety Code Section 12.092, from which a panel is to be convened when opinions are requested by the Department of Public Safety. Each physician on the MAB is a MAB member or "member"

(2) DPS - The Department of Public Safety of the State of Texas, responsible for MAB referrals established under authority of the TAC Title 31 Subchapter C, Rule Section 15.58.

(3) DSHS - The Department of State Health Services which is responsible for administering MAB activities established under authority of the Health and Safety Code Chapter 12, Subchapter H. Medical Advisory Board, Sections 12.091-12.098.

(4) Bylaws - Bylaws of the DSHS Medical Advisory Board

(5) Applicant -- An individual referred by the DPS to the MAB for medical review to include applicants defined under Texas Health and Safety Code Section 12.092(2)(b)(l)(2).

(6) Commissioner - The commissioner of DSHS

(7) TMA - Texas Medical Association

(8) TOA - Texas Optometric Association

(l 0) MAB Panel - A body of at least 3 MAB members convened to review applicants and provide opinions at the request of the DPS. Additional members may be empaneled as necessary to reach a consensus op1mon.

(11) Medical Packet - Information provided to the members on the MAB panel inclusive of:
(a) records/in formation supplied by the applicant pertinent to the medical condition(s) under review
(b) other medical information/records provided by the applicant's health care providers pertinent to the

medical review and
(c) information provided by DPS including Supplemental Medical History form (DL-45), Medical Information Request form (DL-177), and accident reports. Other information may be included if considered pertinent to the review.

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 1 MISCELLANEOUS PROVISIONS

SUBCHAPTER L MEDICAL ADVISORY BOARD

§ 1.152 Operation of the Medical Advisory Board

A. MAB Membership
l.The commissioner shall appoint MAB members from:
a. Persons licensed to practice medicine in Texas, including physicians who are board certified in medicine, psychiatry neurology, physical medicine, or ophthalmology, and are jointly recommended by DSHS and the TMA established under the authority of Health and Safety Code Section 12.092 and
b. Persons licensed to practice optometry in this state who are jointly recommended by the DSHS and the Texas Optometric Association (TOA).
2. Members shall be paid a fee per Medical Packet review and for attendance of meetings as per the Bylaws.
3. Members may be recommended for dismissal, per the Bylaws, for failure to perform in a professional manner, failure to attend meetings regularly and failure to review the minimum required number of cases.

B. Function of the MAB
1. Upon a referral request from the DPS based on below established authority:
a. Texas Administrative Code (TAC) Chapter 15 Drivers License Rules, Rule 15.58 Medical Advisory Referrals or
b, Texas Administrative Code (TAC) Chapter 6 License to Carry and Government Code Subchapter H. License to Carry, Section 411.171

DSHS shall convene a MAB panel of a minimum of 3 MAB members
a. Each MAB member shall review the applicant's Medical Packet. Each member of a MAB panel ma examine any medical records or reports containing materials which may be relevant to the ability of the applicant to safely operate a motor vehicle or to exercise sound judgment with respect to the proper use and storage of a handgun.
b. Upon completion of the review, each member shall provide an independent opinion in the form of a written recommendation which shall state the member's opinion as to the ability of the applicant to safely operate a motor vehicle or to exercise sound judgement in the proper use and storage of a handgun. Any decision will be held in abeyance until all additional information deemed necessary for the medical review has been made available.
c. The members recommendations or opinions are provided to the DPS. The final decision to issue, renew restrict, or revoke a driver's license or license to carry a handgun shall rest entirely with the DPS as established under the authority of the Transportation Code Section 521.294(I) and (3).
d. All members are expected to act in an impartial manner in their medical reviews. Any member who is unable to be impartial as to any applicant before the MAB shall declare this impartiality and shall not participate in any MAB proceedings involving the applicant.

C. Medical Packet! .The applicant shall provide current medical information to the MAB which is pertinent to the medical condition(s) for which DPS requested the review. Information shall be provided within 20 days by a licensed physician or, in the case of medical conditions impacting vision, may be provided by an optometrist.

2. Any department approved health care provider or facility who treated the applicant may provide information regarding the applicant's fitness to operate a motor vehicle safely or the ability to exercise sound judgement with respect to the proper use and storage of a handgun. Information completed/provided by a midlevel provider must be cosigned by a physician except in the case of information from an optometrist who may sign ifreporting on a vision related condition.

D. Confidentiality

1. DSHS shall collect and maintain the individual medical records according to record retention requirements outlined in MAB bylaws from a physician, hospital or other health care provider necessary for use by the MAB and its members. All records provided shall be kept confidential as established by the Health and Safety Code Section 12.097.

2. All records, reports and testimony relating to the medical condition of an applicant:

(a) Are for the confidential use of the MAB, a MAB Panel or the DPS;

(b) Are privileged information; and

(c) May not be disclosed to any person or used as evidence in a trial except as provided below in Subsection 3.

3. In a subsequent proceeding under Subchapter H. License to Carry, Chapter 411, Government Code, or Subchapter N. Driver's License Denial, Suspension, or Revocation, Chapter 521

, , DSHS may provide a copy of the report of the MAB or MAB Panel and the Medical Packet relating to an applicant to:

(a) DPS;

(b) the applicant; and/or

(c) the presiding officer at the license to carry or driver's license hearing

4.. MAB physician opinions may be released to DPS for a license to carry or driver's license hearing with a certificate of custodian of records affidavit.

5. Health Care providers may request and shall be mailed a copy of any medical information provided by that health care provider subject to Open Records and HIPAA regulations.