

Optometry Board
Summary of Budget Recommendations - Senate

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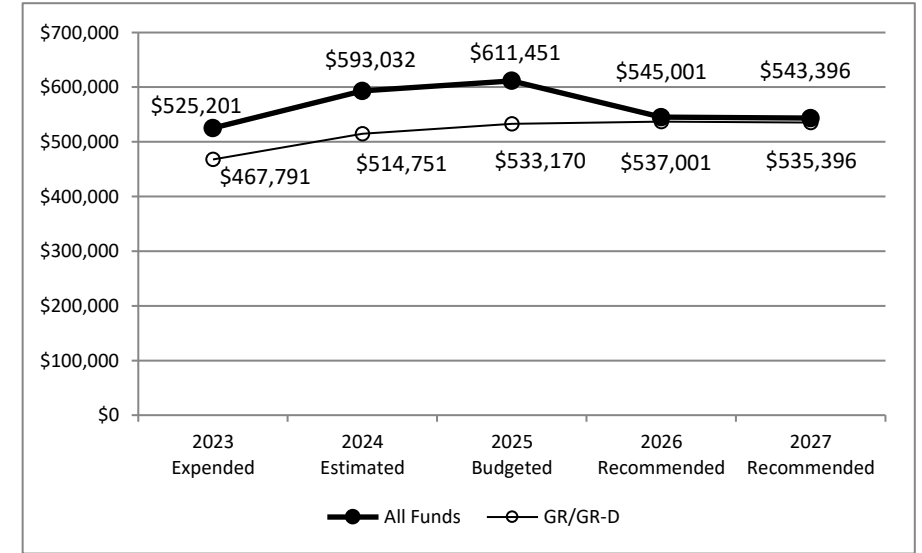
Janice McCoy, Executive Director

David Petit, LBB Analyst

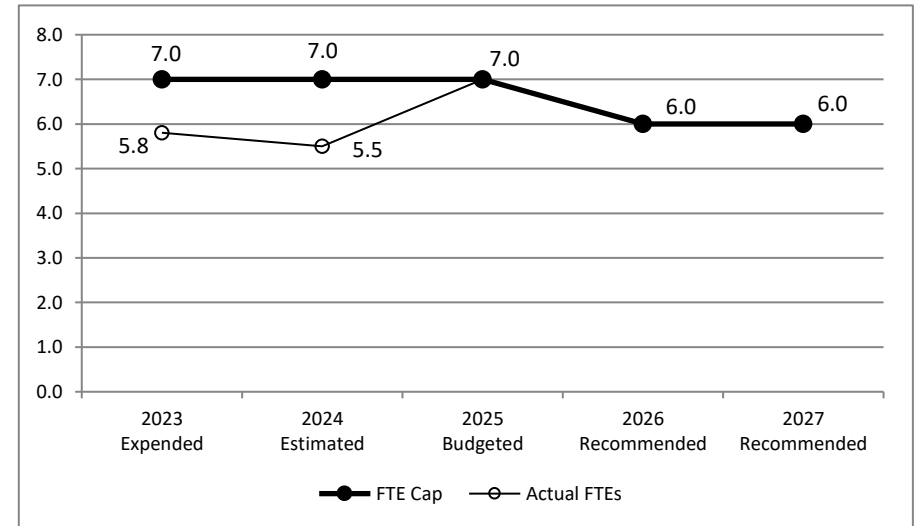
Method of Financing	2024-25 Base	2026-27 Recommended	Biennial Change (\$)	Biennial Change (%)
General Revenue Funds	\$1,047,921	\$1,072,397	\$24,476	2.3%
GR Dedicated Funds	\$0	\$0	\$0	0.0%
<i>Total GR-Related Funds</i>	<i>\$1,047,921</i>	<i>\$1,072,397</i>	<i>\$24,476</i>	<i>2.3%</i>
Federal Funds	\$0	\$0	\$0	0.0%
Other	\$156,562	\$16,000	(\$140,562)	(89.8%)
All Funds	\$1,204,483	\$1,088,397	(\$116,086)	(9.6%)

	FY 2025 Budgeted	FY 2027 Recommended	Biennial Change	Percent Change
FTEs	7.0	6.0	(1.0)	(14.3%)

Historical Funding Levels (Millions)



Historical Full-Time-Equivalent Employees (FTEs)



The bill pattern for this agency (2026-27 Recommended) represents an estimated 100.0% of the agency's estimated total available funds for the 2026-27 biennium.

Optometry Board
Summary of Funding Changes and Recommendations - Senate

Funding Changes and Recommendations for the 2026-27 Biennium compared to the 2024-25 Base Spending Level	General Revenue	GR-Dedicated	Federal Funds	Other Funds	All Funds	Strategy in Appendix A
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SIGNIFICANT Funding Changes and Recommendations (each issue is explained in Section 3 and additional details are provided in Appendix A):

A)	Increase of \$9,816 in General Revenue funding to more accurately reflect agency funding needs for the National Practitioner Data Bank	\$9,816	\$0.0	\$0.0	\$0.0	\$9,816	A.1.3
B)	Transfer 1.0 FTE and \$214,474 in General Revenue funding from Strategy A.1.1, Licensure and Enforcement, to new Strategy B.1.1, Indirect Administration, to more accurately reflect agency Indirect Administration costs	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	A.1.1, B.1.1
C)	Decrease of \$140,562 in Interagency Contracts associated with the transfer of 1.0 FTE to the Health Professions Council	\$0.0	\$0.0	\$0.0	(\$140,562)	(\$140,562)	A.1.1

OTHER Funding Changes and Recommendations (these issues are not addressed in Section 3 but details are provided in Appendix A):

D)	Increase in funding to cover agency's share of cost increases at the Health Professions Council	\$9,251	\$0.0	\$0.0	\$0.0	\$9,251	A.1.1
E)	Increase in funding to biennialize the statewide salary adjustments included in the 2024-25 appropriations	\$5,209	\$0.0	\$0.0	\$0.0	\$5,209	A.1.1
F)	Increase in estimated funding for Texas.gov	\$200	\$0.0	\$0.0	\$0.0	\$200	A.1.2

TOTAL SIGNIFICANT & OTHER Funding Changes and Recommendations	\$24,476	\$0.0	\$0.0	(\$140,562)	(\$116,086)	As Listed
<i>SIGNIFICANT & OTHER Funding Increases</i>	\$24,476	\$0.0	\$0.0	\$0.0	\$24,476	As Listed
<i>SIGNIFICANT & OTHER Funding Decreases</i>	\$0.0	\$0.0	\$0.0	(\$140,562)	(\$140,562)	As Listed

Optometry Board
Selected Fiscal and Policy Issues - Senate

1. **Transfer 1.0 FTE to the Health Professions Council.** Recommendations include transferring 1.0 FTE to the Health Professions Council (HPC). The Optometry Board has one FTE on payroll that reports to and is directed by HPC and is financed by appropriations originating at HPC. Prior to the 2006-07 biennium, HPC did not have a bill pattern in the General Appropriations Act, and when HPC wanted to add a staff member, an open FTE slot at the Optometry Board was used for the purpose, and an interagency contract arrangement was set up. Both agencies are requesting the transfer of the FTE, and both have included the funding increase and decrease associated with this change in their base requests.

2. **National Practitioner Data Bank.**
 Recommendations provide \$28,000 in General Revenue for the National Practitioner Data Bank (NPDB) as requested by the agency to provide funding amounts that more accurately reflect actual expenditures. This is an increase of \$9,816 from the 2024–25 spending level. The NPDB is a national repository of information on medical malpractice payments and certain adverse actions related to health care practitioners. When queried, the NPDB would alert the agency if a license applicant or licensee had faced adverse action, such as a license suspension, in another state or territory. The agency is statutorily required to query at least one national practitioner database, such as the NPDB.

 Recommendations also remove estimated authority for funding appropriated to Strategy A.1.3, National Practitioner Data Bank. This strategy and the associated Rider 3, National Practitioner Data Bank, both assume that the agency has a dedicated revenue source for this program and provides authority to all revenues collected for this purpose, but the agency has never implemented a licensing fee for NPDB and does not wish to. Instead, the agency covers NPDB costs with other licensing fee revenue through appropriation authority that is transferred into the strategy from Strategy A.1.1, Licensure and Enforcement. This arrangement eliminates the need for the strategy to have estimated appropriation authority. Similarly, recommendations include deletion of agency Rider 3, National Practitioner Data Bank, which establishes the estimated appropriation authority for the strategy.

3. **Indirect Administration Strategy Funding.** Recommendations include relocation of the agency's Indirect Strategy to a new Goal B, Indirect Administration, as approved by the LBB and Governor's Office staff for the agency's bill pattern structure. Recommendations also relocate 1.0 FTE and \$214,474 in General Revenue Funds to new Strategy B.1.1, Indirect Administration, and remove the same from Strategy A.1.1, Licensure and Enforcement, that was included in the agency's base request. The agency's base request included \$12,500 in General Revenue and no FTEs in the Indirect Administration strategy. This recommendation increases the Indirect Administration appropriation by an amount equal to the Executive Director's salary cap in each fiscal year to more accurately reflect the agency's Indirect Administration costs.

**Optometry Board
Rider Highlights - Senate**

Deleted Riders

2. Contingency for Behavioral Health Funds. Recommendations delete this rider as all provisions are currently covered in Article IX, Section 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

3. National Practitioner Data Bank. Recommendations delete Rider 3, National Practitioner Data Bank (NPDB). As the agency has never charged a licensing fee associated with the NPDB and does not wish to, the rider is irrelevant as there is no revenue for it to direct. See Selected Fiscal and Policy Issue number 2.

Optometry Board
Items Not Included in Recommendations - Senate

	2026-27 Biennial Total			Information Technology Involved?	Contracting Involved?	Estimated Continued Cost 2028-29
	GR & GR-D	All Funds	FTEs			

Agency Exceptional Items Not Included (in agency priority order)

None

TOTAL Items Not Included in Recommendations	\$0	\$0	0.0			\$0
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**Optometry Board
Appendices - Senate**

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* Appendix is not included - no significant information to report

Optometry Board
Funding Changes and Recommendations by Strategy - Senate -- ALL FUNDS

Strategy/Goal	2024-25 Base	2026-27 Recommended	Biennial Change	% Change	Comments
LICENSURE AND ENFORCEMENT A.1.1	\$816,779	\$692,333	(\$124,446)	(15.2%)	Recommendations include changes to General Revenue and Interagency Contracts appropriations as follows: a) Increase of \$9,251 in General Revenue to cover the agency's share of increased costs at the Health Professions Council (HPC) via IAC. Agency is an HPC-member agency and utilizes HPC's Shared Regulatory Database. b) Increase of \$5,209 in General Revenue to biennialize the statewide salary adjustments included in the 2024-25 appropriations. c) Net increase of \$1,656 in General Revenue related to the reallocation of funding from Strategy B.1.1. d) Decrease of \$140,562 in Interagency Contracts associated with the transfer of 1.0 FTE to the Health Professions Council.
TEXAS.GOV A.1.2	\$46,890	\$47,090	\$200	0.4%	
NATIONAL PRACTITIONER DATA BANK A.1.3	\$18,184	\$28,000	\$9,816	54.0%	Recommendations reflect a \$9,816 increase in General Revenue appropriation authority to more accurately reflect agency funding needs for the National Practitioner Data Bank.
PEER ASSISTANCE A.1.4	\$94,000	\$94,000	\$0	0.0%	
Total, Goal A, LICENSURE AND ENFORCEMENT	\$975,853	\$861,423	(\$114,430)	(11.7%)	
INDIRECT ADMINISTRATION B.1.1	\$228,630	\$226,974	(\$1,656)	(0.7%)	The agency's base request moved 2.0 FTEs and \$216,130 in General Revenue from Strategy B.1.1 to A.1.1. Recommendations return 1.0 FTE (the Executive Director) and \$214,474 in General Revenue (the Executive Director's biennial salary) to B.1.1 to more accurately reflect Indirect Administration costs.
Total, Goal B, INDIRECT ADMINISTRATION	\$228,630	\$226,974	(\$1,656)	(0.7%)	
Grand Total, All Strategies	\$1,204,483	\$1,088,397	(\$116,086)	(9.6%)	

**Optometry Board
FTE Highlights - Senate**

Full-Time-Equivalent Positions	Expended 2023	Estimated 2024	Budgeted 2025	Recommended 2026	Recommended 2027
Cap	7.0	7.0	7.0	6.0	6.0
Actual/Budgeted	5.8	5.5	7.0	NA	NA

Schedule of Exempt Positions (Cap)					
Executive Director, Group 2	\$100,732	\$103,984	\$107,237	\$107,237	\$107,237

Note:
 a) The State Auditor's Office Report, *Executive Compensation at State Agencies* (Report 25-702, October 2024) indicates a market average salary of \$108,797 for the Executive Director position at the Optometry Board. The agency is not requesting any change to the Executive Director's salary or salary cap.