AOA backs congressional move to crack down on illegal contact lens sales

Following up on a directive issued last month by AOA President Tommy Crooks, O.D., the AOA Washington Office mounted an active campaign with Congress and the Federal Trade Commission (FTC) to spotlight deficient and illegal prescription verification practices used by the Internet and mail order contact lens sales industry.

The AOA Washington Office sought to build support for new legislation designed to fix the problem.

A bill addressing the issue, drafted by Rep. Ed Whitfield (R-KY) as the Contact Lens Consumer Health Protection Act (HR 6117), was introduced in September.

The action followed a Sept. 15 congressional hearing on contact lens sales issues during which Wiley Curtis, O.D., representing the AOA, urged Congress to make new prescription verification safeguards for patients a top priority when changes to the Fairness to Contact Lens Consumers Act (FCLCA) are considered.

In developing HR 6117, Rep. Whitfield listened closely to the patient safety concerns detailed by ODs in his western Kentucky district and across the country.

“Prescription verification abuse by third-party contact lens vendors is a significant problem,” said Rep. Whitfield. “Completing contact lens sales without properly verifying a patient’s prescription is an unacceptable business practice and clearly contrary to the best interest of consumers’ health.”

Rep. Whitfield said, “My legislation will facilitate communication between doctors and third-party vendors, ensuring that patients receive products that are safe and compatible with their documented
SOMETHING NEW IS ON ITS WAY.

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The World’s First PGA without BAK.*
AOA responds to CL verification problem with positive solutions

It's one thing to document when a system is broken. It's far better to come up with constructive solutions. That's what AOA has done with the process of verifying contact lens prescriptions and ensuring patient health.

It's clear, despite the enactment of the Fairness to Contact Lens Consumers Act (FCLCA), and efforts by the Federal Trade Commission (FTC) to enforce the act, we are still faced with unscrupulous contact lens sellers who disregard patient health in favor of a quick sale. Violations of the law have been plentiful, and we've turned the documentation of these violations over to the FTC. To their credit, they have been diligent in issuing warning letters to companies that are not complying with the law.

But there comes a time when you realize that the law needs major revision.

Ever since the FCLCA was enacted, ODs have been following the rules. The FTC has found that optometrists are complying with the law and releasing prescriptions as required. On the other hand, the contact lens sellers have been dancing around the law, making prescription verification difficult, playing games with expiration dates and making the process as difficult and time-consuming for eye doctors as possible.

We appreciated the opportunity to share our concerns in testimony before Congress.

Now, we've worked with key congressmen to introduce legislation that addresses the ongoing problems.

Working closely with local optometrists, the Kentucky Optometric Association and the AOA, Rep. Ed Whitfield (R-KY) has just introduced the Contact Lens Consumer Health Protection Act, (HR 6117), amending the FCLCA.

HR 6117 seeks to improve the FCLCA's ability to provide an efficient means for patients to safely purchase their contact lenses.

Reps. Charlie Norwood (R-GA), John Boozman, O.D. (R-AR), Ron Lewis (R-KY), Ralph Hall (R-TX), Connie Mack (R-FL) and Tom Allen (D-ME) are original sponsors of the bill.

Here is a summary of the provisions of HR 6117 and how those provisions address ongoing problems:

❖ In response to the ability of optometrists to communicate patient safety concerns to contact lens sellers, the bill would require each seller to establish a toll-free telephone/e-mail patient safety hotline for optometrists to communicate patient health concerns related to prescription verification requests.

A communication from an optometrist to the patient safety hotline would suspend the eight-business hour verification period until the specified health concerns are addressed.

❖ In response to barriers to prescription verification used by certain contact lens sellers, including the use of automated telephone “robo-calls” into optometric offices, the bill would allow optometrists to specify to sellers their preference for fax, e-mail or telephone prescription verification contacts. Sellers would be required to make available at least two of the communication choices.

❖ In response to complaints about deficient prescription verification practices, the bill would increase the penalties

See Solutions, page 5

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medical history.” According to the AOA Advocacy Group, the Whitfield bill seeks to strengthen consumer safeguards on the contact lens prescription verification practices being used by third-party vendors that allow for orders to be filled without a prescription or overfilled beyond what was directed by an eye doctor.

In putting the needs of patients first, Rep. Whitfield’s HR 6117 is aimed at putting a stop to the use of automated telephone systems “robo-calls” by sellers into the offices of eye doctors and increasing fines to be imposed by the Federal Trade Commission on online and mail order sellers who violate the law.

“Contact lenses are regulated medical devices requiring a valid prescription from a licensed doctor. Third-party vendors that overfill prescriptions or who do not verify the prescriptions they are filling endanger the health and welfare of the customers they purport to serve. My legislation will ensure the proper balance of consumer choice and the health and safety of the American public,” added Whitfield.

The AOA, the Kentucky Optometric Association and the American Academy of Ophthalmology have formally endorsed HR 6117.

As AOA News went to press, the bill’s co-sponsor list included Reps. John Boozman, O.D., (R-AR); Charlie Norwood (R-GA); Tom Allen (D-ME); Ralph Hall (R-TX); Ron Lewis (R-KY); Mark Blackburn (R-TN); Mike Ross (D-AR); and Connie Mack (R-FL). Many of the Whitfield bill’s provisions are being opposed by the biggest Internet contact lens seller, 1-800 Contacts, Inc.

Over the last two years, the Utah-based company has mounted an aggressive, multi-million dollar lobbying campaign in Washington, DC, and state capitals seeking to compel changes to how manufacturers may market limited distribution contact lenses. In 2005, a 1-800 Contacts-backed “channels of distribution” provision inserted in a congressional appropriations bill was defeated. A similar appropriations provision – based on legislation sponsored by Sen. Robert Bennett (R-UT) – continues to receive consideration in the Senate.

According to the AOA Advocacy Group, in order for the U.S. House of Representatives to recognize the urgent need to strengthen prescription verification safeguards and fully protect optometric patients, congressional co-sponsors must be added to HR 6117.

“Congressman Whitfield listened to optometry’s concerns and has taken action to put a stop to prescription verification abuses by unscrupulous Internet and mail order contact lens sellers,” said Jon Hymes, AOA Washington Office director.

Try to urge their representatives to support Congressman Whitfield’s bill and to put patient safety first.”

“Doctors, patients, manufacturers and even sellers themselves have reported serious violations of the law by Internet and mail order contact lens sales companies,” said Joe Ellis, O.D., an optometrist in Benton, KY, and AOA trustee.

“By sponsoring legislation to crack down on unscrupulous contact lens sellers, Congressman Whitfield is taking decisive action to safeguard the eye health of my patients in western Kentucky and contact lens consumers across America,” Dr. Ellis said.

“It’s a sad and disturbing fact that certain Internet and mail order contact lens sellers are putting their profits ahead of our patients,” said Dr. Crooks.

“Thanks to Rep. Whitfield’s leadership, Congress can take action to ensure that the interests of patients come first.”

Over the last year, optometrists, consumers, manufacturers and even sellers themselves have reported serious violations of the law by Internet and mail order contact lens sales companies.

In October, the Federal Trade Commission (FTC) issued a formal warning letter to 1-800 Contacts after evaluating complaints about its prescription verification practices.

In late June of this year, the FTC issued a series of 18 warning letters to sellers of cosmetic contact lenses for failing to comply with the requirements of the Fairness to Contact Lens Consumers Act based on statements on the sellers’ Web sites.

More recently, in August, the FTC imposed formal sanctions on Walsh Optical, an Internet contact lens seller.
Provisions of HR 6117

The AOA Advocacy Group released a summary of HR 6117:

In response to barriers imposed by certain contact lens sellers restricting the ability of optometrists to communicate patient safety concerns, the bill would require establishment by each seller of a toll-free telephone/e-mail patient safety hotline for optometrists to communicate patient health concerns related to prescription verification requests. A communication from an optometrist to the patient safety hotline would suspend the eight-business hour verification period until the specified health concerns are addressed.

In response to complaints about the use of automated telephone “robo-calls” to optometric offices as a mechanism for prescription verification, the bill would allow optometrists to specify to sellers their preference for fax, e-mail or telephone prescription verification contacts. Sellers would be required to make available at least two of the communication choices.

In response to complaints about their deficient prescription verification practices, the bill would increase the penalties for Fairness to Contact Lens Consumers Act violations including fines to unscrupulous Internet and mail order sellers that could be imposed by the Federal Trade Commission (FTC) to $100,000 per violation.

The bill further requires the FTC, with input from the FDA, to provide a report to Congress on seller verification abuses and the harm caused to consumers.

For FCLCA violations including fines to unscrupulous Internet and mail order sellers that could be imposed by the Federal Trade Commission to $100,000 per violation.

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In order for the U.S. House of Representatives to recognize the urgent need to strengthen prescription verification safeguards and fully protect optometric patients, we need more congressional co-sponsors for HR 6117.

Use the AOA online Legislative Action Center, at www.aoa.org, or other means, to contact your congressman/woman today to urge that he/she co-sponsor H.R. 6117.

In your message, provide your representative’s office with details of the deficient or illegal sales practices you have seen used by online or mail order sellers, including inaudible “robo-calls,” contact lenses sold without verification of a prescription, overfilling of prescriptions and inability to communicate patient information to sellers.

Also, provide relevant information from your communications with members of Congress and their staff to the AOA Washington Office. Please contact Alicia Kerry Jones, AOA assistant director of Government Relations, at ajones@aoa.org.

As we have all seen, this is an issue that affects all of our practices and our patients on a daily basis. Now, thanks to our organization’s pro-active advocacy efforts, we have an opportunity to help Congress get it right.

By continuing AOA’s leadership in contact lens legislation, we are working to solve a serious problem, and protect our patients’ health.

Wiley Curtis, O.D., testifies before the House subcommittee on Oversight and Investigations Sept. 15.
Rep. Boozman running for 4th term


“It closed a loophole in the FDA regulations that allowed contact lenses to be regulated the same way as lipstick. Because it was defined as a cosmetic device, it could be sold in flea markets and salons. There was a spike in infections because there was no one there to tell those who were buying them how to properly care for the lenses. We took care of this problem by getting them regulated as medical devices,” he said.

Rep. Boozman is only the fourth OD to serve in Congress and is the only one currently serving.

Rep. Boozman serves on three House committees: Veterans Affairs, Transportation & Infrastructure and International Relations. In the next term, we will be working very hard on trying to revamp the Medicare payment schedule,” he said. “Providers are faced with a four percent cut, which is what the formula is spitting out. We need a new payment plan to at least give providers what they got before, if not more when you adjust for inflation.”

“We need to support funding in medical research. We need to find cures for various eye ailments and other diseases,” he said.


“I have a close relationship with Arkansas optometrists as well as optometrists around the country. I’m working hard to represent health care and optometry. Optometry plays a large role at the state and national levels and is helpful at getting important things pushed through.”

For information or contribute to his campaign, visit www.boozmanforcongress.com.

AOA HIPAA Privacy Manual Form 13A represents the type of form that can be used in patient agency requests. It can be downloaded at www.aoa.org/hipaa.xml.

AOA members who wish to ensure they are responding properly to requests for contact lens prescriptions can find forms, useful for contacting the patient to establish “proof of agency,” on the AOA Web site, according to the AOA Office of Counsel.

As reported in the Sept. 19 AOA News, at least one major online contact lens retailer has begun asking eye care practitioners to provide complete copies of patients’ contact lens prescriptions. These requests for complete prescriptions are distinct from the contact lens verification requests that most practices have become used to receiving from contact lens retailers under terms of the Fairness to Contact Lens Consumers Act (FCLCA).

There are two relevant prongs to the FCLCA: 1) a regular prescription verification request – a route in which a contact lens seller provides required information about the patient and the prescription, and which triggers an eight-business hour time frame in which to respond, and 2) a claim to be a patient’s agent, a route that entitles the patient’s agent to a copy of the patient’s actual prescription, but does not trigger an eight-business hour time frame in which to respond.

Under the second patient’s agent route, the patient’s agent need not provide the information required for a normal verification request, but the doctor cannot just assume the agency is valid without some validation by the patient of the legitimacy of the agency relationship.

This is safely accomplished by the patient providing a release that complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), appropriately designating the person or seller as the patient’s agent.

Conversely, no such HIPAA release is needed, or can be required, under the first route, the normal prescription verification route.

The AOA Office of Counsel emphasizes that in order to ensure compliance with both the FCLCA and the HIPAA Privacy Rule, health care practitioners must establish that any party requesting a copy of a prescription on behalf of a patient, by providing nothing more than the patient’s name and address, is genuine-ly acting as an authorized “agent” for the patient.

Again, this is not necessary with a normal prescription verification request, because there the seller is providing much more information (described under HIPAA as “Protected Health Information”) pursuant to the requirements of the FCLCA.

Do not confuse a verification request with a claim of agency – they are two very different things under the FCLCA and optometrists need to treat each one appropriately.

Written requests should be sent to both the retailer and the patient in question asking for proof of agency, before any prescription is released, the AOA Office of Counsel continued.

Either party may supply a HIPAA-compliant authorization from the patient.

If requesting an agency document from the seller, AOA advises simply asking for the document, which the seller should already have in its possession.

The optometrist does not have to supply a form for the seller’s use.
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It’s that good.”
More than a dozen ODs in bids for state houses

More than a dozen optometrists or candidates closely related to the profession are up for election Nov. 7.

Supporting and electing these candidates affords optometry the chance to have a voice when important decisions are made on patient access, prescriptive authority, provider discrimination, scope of practice, children’s vision and other important issues at the state level.

The following candidates are running for state office this year:
- James McClendon, Jr., O.D., of Alabama, is running unopposed for the state House. He is a Republican in the state re-election as a running unopposed for a Republican in the state House.
- Jeff Gonnason, O.D., of Alaska, ran unopposed for the state House in the primary as a Republican.
- Bette Lasky, who is married to Elliot Lasky, O.D., is running for re-election in the House. Dr. Marquardt was named the state Legislator of the Year by the American Legislative Exchange Council in 1999.
- Terry Marquardt, O.D., of New Mexico, is a Republican running for re-election in the House. Dr. Marquardt was named the state Legislator of the Year by the American Legislative Exchange Council in 1999.
- Arthur J. Corvese, O.D., of Rhode Island, is also running to be the House Democratic majority leader. For more information or to contribute to his campaign, e-mail pricestra@sio.midco.net.
- Gary L. Odom, Tennessee Optometric Association executive director, is running unopposed for re-election as a Democrat. He is also running to be the House Democratic majority leader. For more information, visit his Web site at www.GaryOdom.com.
- Monte Olson, who is married to Lisa Glenn, O.D., Wyoming Optometric Association board member, is running for the House. Contributions can be sent to Box 186, Daniel, WY 83115. Campaign finance laws vary widely by state. Contact your state association for more information about supporting state campaigns.
California adoptions licensure by endorsement for ODs

California Gov. Arnold Schwarzenegger signed into law SB 579, which sets standards for licensure by endorsement along with other changes to the Optometry Practice Act, on Sept. 18. The bill, introduced by Sen. Sam Anestad, authorizes the California State Board of Optometry to issue a license to a person who has passed a licensing exam in another state, submits proof of licensure in good standing in every state where he or she holds a license and pays an application fee. The law also gives the board authority to approve an application where the person’s time in active practice is less than 5,000 hours during five of the seven consecutive years immediately preceding application, and pays an application fee. The law also gives the board authority to approve an application where the person’s time in active practice is less than 5,000 hours during five of the last seven consecutive years if the person has been displaced by a federally declared emergency and cannot relocate to his or her state of practice within a reasonable time without economic hardship. In addition, in such circumstances, the board may also reduce or waive the application fee. “Both we and the state board decided it was a good time to work on this after Hurricanes Katrina and Rita last year,” said Tim Hart, director of Government & External Affairs for the California Optometric Association (COA). Hart noted that a precedent had also recently been set for licensure by endorsement for dentists that helped with the timing of the optometry bill. In addition, the new law will amend existing law that makes it illegal to advertise optometric services as free or without cost. “One member of the state board was an InfantSEE™ volunteer, and he felt compelled to remove his name from the InfantSEE™ provider list because his name was listed on the site advertising free services,” said Hart. Situations like that will no longer be a problem after the law goes into effect Jan. 1, 2007. The new restrictions allow for publicizing charitable events such as free eye screenings at schools and health fairs as long as any contingencies, such as requiring the purchase of eyeglasses or contact lenses, are disclosed.

Nearly a dozen inquiries have already been made by optometrists in other states about the new licensing process in California. For more information, visit www.optometry.ca.gov. “We applaud the California Optometric Association and the California Board of Optometry for enacting this important piece of legislation,” said Steven A. Loomis, O.D., chair of the AOA State Government Relations Center (SGRC). “Based on the direction of the House of Delegates, establishing licensure by endorsement in all 51 jurisdictions is a high priority for SGRC and the AOA.”

California adopts licensure by endorsement for ODs

Elizabeth Chen, a former CEO of two biotech companies in Massachusetts, has been elected as the sixth president of The New England College of Optometry (NECO). Frank DiMella, chair of the Board of Trustees, made the announcement Sept. 21. Chen has held a number of leadership positions in the biotech and pharmaceutical industries for the past 20 years. She was the founding CEO of Marathon Biopharmaceuticals in Hopkinton, MA, and the head of Circe Biomedical in Lexington, MA. Chen is the first woman and the second non-optometrist to head NECO, the oldest optometry college in the country. The college, founded in 1894, has over 400 professional graduate students and 140 full-time, part-time and adjunct faculty.

Chen replaces Alan Laird Lewis, O.D., Ph.D., an alumnus of NECO who has served as president since 1999. He announced last year that he planned to return to teaching and research at the college. Chen, a graduate of both Yale University and The Wharton School at the University of Pennsylvania, is a trustee of the Boston Latin School Association, a private foundation providing support to her alma mater.

Chen emigrated with her family from Taiwan in 1971 and grew up outside Chinatown in Boston’s South End. She currently lives in Lexington, MA.
For the fourth consecutive year, AOA exhibited at the National Association of Community Health Centers (NACHC) annual meeting.

According to AOA staffer, John Whitener, O.D., MPH, there were numerous requests for assistance in setting up eye care services in community health centers. “While optometrists such as AOA’s Community Health Center Committee Chair Roger Wilson, O.D., have worked more than 20 years in a community health center, only 18 percent of Federally Qualified Community Health Centers provide comprehensive eye care services either in-house or on a contractual basis,” said Dr. Whitener.

Health centers deliver preventive and primary care to more than 15 million patients regardless of their ability to pay. Health centers fund care of their patients with Medicaid, Medicare, CHIP, Early Periodic Screening Diagnosis and Treatment (EPSDT), sliding scale fees and grants from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

AOA Community Health Center Committee members Lillian Kalaczinski, O.D., and Dr. Wilson provided attendees with detailed information about optometry. They focused on how a comprehensive eye care program contributes to decreasing disparities in access to eye care and offered health center managers an interactive business model that forecasts operating expenses and revenues of an eye practice. The opening plenary session featured Jack Dillenberg, DDS, MPH, the dean of the Arizona School of Dentistry and Oral Health at Still University, a nationally recognized name in public health leadership and development.

Dr. Dillenberg spoke on the changing definition of primary care, which is moving from a narrowly focused system to a more comprehensive, interdisciplinary care system. He said community health centers also need to change to a comprehensive, interdisciplinary model.

“Dr. Dillenberg’s comments seem to reflect the opinion of community health administrators and providers that I spoke with at the NACHC meeting. Every center is expanding and adding services, including eye care, to their clinic. Now is the time for optometry to become involved in community health work and to take our place in the multidisciplinary health team,” said Dr. Kalaczinski, who practices in a Community Health Center in Grand Rapids, MI.

“Optometry has a great opportunity to collaborate with community health centers in adding eye care services. I am hopeful that new graduates and state optometric societies will recognize this as a new career path for those ODs interested in community health. Health centers are hiring ODs and they offer competitive salaries and benefits,” said Dr. Wilson, vice president/chief operating officer, New England Eye Institute.

AOA, the National Association of Community Health Centers, the Massachusetts League of Community Health Centers and the New England Eye Institute recently signed a letter of agreement to lead an effort to secure funding to underwrite the costs of a needs assessment study for eye care services at community health centers.

The organizations also will develop a collaborative strategy to respond to the results of the needs assessment study. The AOA Community Health Center (CHC) Committee has been working since April 2006 to produce this letter of agreement.

*All the organizations in this consortium support access to high-quality, comprehensive and affordable eye and vision care for medically underserved populations in community health centers.*

AOA formally agrees to work with community health centers

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According to Roger Wilson, O.D., chair of AOA’s Community Health Center Committee, the AOA Community Health Center Committee was approved as a standing AOA Committee by the AOA Board in the fall of 2005.

Optometrists interested in more information on optometry at community health centers should contact AOA-CHC Chair Roger Wilson, O.D., at wilsorf@neco.edu or contact AOA Assistant Director of Federal Relations John Whitener, O.D., MPH, at (800) 365-2219, ext. 4284.
A Japanese optometrist who has provided vision services to over 100,000 uprooted people around the world over the course of more than two decades will be awarded the United Nation’s top prize for assistance of refugees.

The 2006 Nansen Refugee Award Committee found that Dr. Akio Kanai, chair-man and chief executive officer of Fuji Optical, based in Japan’s northern island of Hokkaido, had “rendered exceptional service to the refugee cause” for his dedication to easing the plight of refugees in Nepal, Thailand, Azerbaijan and Armenia by testing their eyes and providing them with more than 108,000 pairs of glasses, the UN High Commissioner for Refugees (UNHCR) said.

The prize includes a $100,000 grant from Norway and Switzerland for a refugee-related project of the winner’s choice and is scheduled to be presented in October during the annual gathering in Geneva of UNHCR’s governing Executive Committee.

The amount of time and expertise given to this issue by AOA was nothing less than incredible. Jon Hymes and his staff at AOA were amazing at how well they know the system in Washington, and how things get accomplished. It’s far more complicated than I ever realized.

On many levels, one has to be prepared for any number of regulatory and legislative changes which could have a direct effect on how we practice. I’m confident that our team at AOA is diligently monitoring and influencing those situations, and continue to be great advocates on our behalf.

I’d like to encourage all our members to take time to get involved with their state associations and the AOA in any capacity possible. The future of our profession and the care we’re able to provide our patients depend on it.

Also, please consider contributing to the AOA PAC. They are our voice in Washington.

Steven S. Wolfe, O.D.
Omaha, NE
The AOA Commission of Ophthalmic Standards awarded the first Seal of Acceptance to several Liberty Sport products. Liberty Maxx-20, Maxx-21, Maxx-30, and Maxx-31 passed the necessary test procedures and met the requirements for the Seal of Acceptance in the category of Eye Protectors for Selected Sports (ASTM F803) testing.


The latest offering in health insurance is a group of health insurance plans collectively known as “Mini-meds.” These plans offer limited benefits for less cost than traditional managed care plans and may cover a particular segment of the population—such as young adults or low-wage, high-turnover employees.

Traditional plans cannot meet all health benefit needs. For the employer, there is cost and the need for a high participation rate. Administering the plan is labor-intensive. Low-wage employees with limited income may not be able to afford traditional health insurance and may not be eligible because they could leave the job before the end of the required waiting period.

Most childless adults cannot qualify for Medicaid despite low or no income, which leaves them without health care. A recent report by 60 Minutes disclosed that half of all personal bankruptcies are due to medical bills. Kaiser Permanente research has shown that having health insurance improves overall health and decreases mortality by 10 to 15 percent. Further research indicates that preventive care and early intervention decrease costs and increases retention. The Mini-meds reduce premiums by reducing the services. The subscriber must estimate, in advance, what types of services he or she will need. Unlike traditional managed care, not all services are covered, and those that are have limits.

Traditional health insurance and Mini-meds appear to be merging. Some plans now have higher benefit limits, $5,000 for higher premiums. These plans cover the needs of most subscribers, but do not pay for expensive care such as transplants or newer, very expensive cancer treatments.

There are also “hybrid” plans that offer $30,000 to $50,000 in benefits, but with this level of benefit traditional underwriting criteria and controls are used. Still, by offering products that cover what most subscribers need, at an affordable price, all these plans are gaining popularity. Most emphasize disease prevention and early treatment. At the early stages of a disease, treatment is relatively cheap, but as it progresses, treatment becomes more expensive.

Only a few years ago, with premiums skyrocketing, companies and insurers both wondered how to provide coverage to those who needed it. The future should bring more changes as the market adjusts to both the needs of the public and the ability of the public to pay for needed health care.

Additional information can be obtained from Tom Weaver at TWeaver@aoa.org or (703) 837-1343.

The ODs representing optometry at the National Academies of Practice annual meeting recently honored two members who “left optometry with a significant loss due to their passing... and were founding members of the National Academy of Practice in Optometry.” W. David Sullivan, Jr., O.D., and William Ludlam, O.D., were honored with contributions from NAPO to their alma maters, Southern College of Optometry and Pacific University. Above, from left are Norman Haffner, O.D., Ph.D., William Cochran, O.D., of SCO; William Padula, O.D., chair of NAPO, and Richard Hopping, O.D.

AOA Insurance Committee sheds light on Limited Benefit Medical Plans: “Mini-meds”

The AOA awards first Seal of Acceptance for sports eye protectors

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AOA News

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The ODs representing optometry at the National Academies of Practice annual meeting recently honored two members who “left optometry with a significant loss due to their passing... and were founding members of the National Academy of Practice in Optometry.” W. David Sullivan, Jr., O.D., and William Ludlam, O.D., were honored with contributions from NAPO to their alma maters, Southern College of Optometry and Pacific University. Above, from left are Norman Haffner, O.D., Ph.D., William Cochran, O.D., of SCO; William Padula, O.D., chair of NAPO, and Richard Hopping, O.D.

AOA News

The latest offering in health insurance is a group of health insurance plans collectively known as “Mini-meds.” These plans offer limited benefits for less cost than traditional managed care plans and may cover a particular segment of the population—such as young adults or low-wage, high-turnover employees.

Traditional plans cannot meet all health benefit needs. For the employer, there is cost and the need for a high participation rate. Administering the plan is labor-intensive. Low-wage employees with limited income may not be able to afford traditional health insurance and may not be eligible because they could leave the job before the end of the required waiting period.

Most childless adults cannot qualify for Medicaid despite low or no income, which leaves them without health care. A recent report by 60 Minutes disclosed that half of all personal bankruptcies are due to medical bills. Kaiser Permanente research has shown that having health insurance improves overall health and decreases mortality by 10 to 15 percent. Further research indicates that preventive care and early intervention decrease costs and increases retention. The Mini-meds reduce premiums by reducing the services. The subscriber must estimate, in advance, what types of services he or she will need. Unlike traditional managed care, not all services are covered, and those that are have limits.

Traditional health insurance and Mini-meds appear to be merging. Some plans now have higher benefit limits, $5,000 for higher premiums. These plans cover the needs of most subscribers, but do not pay for expensive care such as transplants or newer, very expensive cancer treatments.

There are also “hybrid” plans that offer $30,000 to $50,000 in benefits, but with this level of benefit traditional underwriting criteria and controls are used. Still, by offering products that cover what most subscribers need, at an affordable price, all these plans are gaining popularity. Most emphasize disease prevention and early treatment. At the early stages of a disease, treatment is relatively cheap, but as it progresses, treatment becomes more expensive.

Only a few years ago, with premiums skyrocketing, companies and insurers both wondered how to provide coverage to those who needed it. The future should bring more changes as the market adjusts to both the needs of the public and the ability of the public to pay for needed health care.

Additional information can be obtained from Tom Weaver at TWeaver@aoa.org or (703) 837-1343.
Optometry offers eye assessments at Veterans of Foreign Wars’ national convention

During the 107th Veterans of Foreign Wars (VFW) National Convention in Reno, NV, Aug. 26-31, more than 9,000 delegates to the national meeting of the nation’s largest veteran’s organization had the opportunity to learn firsthand about eye and vision care.

Members of the AOA’s Professional Relations Committee and optometrists from the Northern Nevada Optometric Society, as well as doctors from the Reno VA facility, offered eye health and vision assessments to all convention attendees.

In all, 400 patients were seen in a special AOA examining room staffed by volunteer optometrists, optometric interns, optometrists from the medical center in Reno, and AOA staff during the five-day event. The eye examinations were offered as part of a veteran’s health fair that is a featured part of the annual convention.

The Reno VFW Convention marked the third at which volunteer optometrists have offered complimentary eye examinations.

In addition to assessing hundreds of veterans for eye health care and vision problems, the effort at the annual meeting of the 1.8 million-member organization represents an important outreach effort, demonstrating the importance of regular comprehensive eye care to generations of aging veterans and other segments of the aging population, according to Kelly Hipp, AOA director of Professional Relations. “AOA would especially like to thank the doctors of the Northern Nevada Optometric Society, particularly, Doug Devries, O.D., for his hard work in securing ODs and interns to aid in this worthwhile event,” Hipp said.

“A special thanks also goes to Marla Plecha, O.D., at the VA Medical Center in Reno for providing the equipment for this event.”

The VFW will hold its 2007 annual meeting in Kansas City, MO.
Fall frame fashions make waves

Costa Del Mar, a leader in performance sunglasses for water enthusiasts, featured its 2007 collection theme around the Galapagos Islands. At Vision Expo West in Las Vegas, Costa Del Mar announced the launch of the first-ever high performance sunglasses designed exclusively for women. Shown is style Vela, which is a term Caribbean fishermen use for sailfish. For more information, visit www.costadelmar.com.

Luxottica’s Dolce & Gabbana brand is designed to be innovative and anti-conventional, underlining an instinct for sports and having fun. Shown is style 8008, an oversized mask. The wrap-around style features a plastic frame and a cut logo on the upper arm, traced out in tiny metal studs. It is available in the following colors: black, purple, dark green, red, white and blue.

The 2006 Nautica eyewear collection is designed for an adventurous and spirited lifestyle. Shown is the Marksman, a new spin on the classic shooting sunglasses with polarized lenses and spring hinges. Offered in three colors: black, silver and gunmetal.

Framescape designed a completely screwless frame collection with interchangeable parts. The hinge design, shown at right, provides a comfortable flex and releases safely under excessive stress. It snaps easily back into place. The frames are available in a wide variety of styles and colors, including style 2002 shown below. For more information, visit www.framescape.com.

REM Eyewear designs stylish fit

REM Eyewear Creative Director and Vice President of Design Blake Kuwahara, O.D., and fashion designer Carolina Herrera are shown together during fashion week in New York. For the Carolina Herrera eyewear collection, which is represented by REM division Base Curve, Dr. Kuwahara created exclusive looks including a style entirely covered in lace. REM also recently announced the release of three new styles in the Jones New York collection. Shown is style J423, a modified metal oval. The lenses are back-mounted, making for a more lightweight frame. The multilaminated temples feature a unique beveling at the center, which then twists at the tip to reveal a secondary color. For more information, visit www.remeyewear.com.

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Industry Profile: Transitions

Interview with Carole Braatteig, manager, Education and Training, Transitions Optical, Inc.

Transitions Optical, Inc. — maker of the No. 1 recommended photochromic lenses worldwide, Transitions® lenses — is committed to raising awareness about the dangers of ultraviolet (UV) radiation to the eyes. Over time, this mission has expanded to encompass a global focus on the need for eye protection and “healthy sight.” Born of this idea are the recently introduced concept of “Healthy Sight Counseling” and a range of initiatives to explore factors that can compromise healthy sight, like medications.


Our Healthy Sight Counseling curriculum was recently recognized by the World Council of Optometry for incorporation into optometry schools. It was authored by several industry experts, including the AOA’s Jeffrey L. Weaver, O.D. To support the “Healthy Sight Counseling” approach, Transitions provides research, education resources and in-office tools. Most recently, Transitions introduced a clinical review paper, Ocular Effects Associated with Medications, and a medications database that will allow eye care professionals to access information on medications that may affect healthy sight.

AOA: Why was the topic of medications chosen and how can eye care professionals educate patients?

CB: Consumers are taking more medications than ever before, making the potential for side effects more likely. Our recent survey revealed that while nearly half of Americans are taking medications, almost a quarter don’t tell their eye doctor. And less than a third know the potential adverse side effects on their eyes.

Recognizing these troubling findings, we decided to centralize available information on this topic for eye care professionals. The Ocular Side Effects Database, launched at the AOA Optometry’s Meeting™, is available at www.transitions.com/medications, and through the AOA Web site.

We’ve also created a toolkit explaining how to incorporate discussion on medications into eye exams and use patient education tools — like the Sight Line newsletter and in-office counter card, customizable through the Transitions Online Marketing (TOM) tool — to reinforce the message.

AOA: How can the profession learn more?

CB: A short, in-office workshop is available to show how the Healthy Sight Counseling approach can be incorporated into practice; and a COPE-approved course on medications, authored by Siret D. Jaanus, Ph.D., will be introduced at the Great Western Council of Optometry exhibition in October.

For more information, visit Transitions.com or contact Transitions Optical Customer Service at (800) 848-1506.

Companies combine to design new Drivewear™ lenses

At a joint press conference at Vision Expo West last month, Younger Optics and Transitions Optical unveiled Drivewear™ lenses, the first polarized photochromic lenses to darken behind a car windshield.

“In the industry, it’s hard to find something revolutionary, but this is,” said David Rips, president and CEO of Younger Optics. “In overcast or low light conditions, the lenses change to a green-yellow color, providing high contrast, minimizing glare and maximizing useful light.

In daylight driving conditions, the lenses turn a copper color, which reduces glare and excess light and highlights reds and greens, providing good traffic signal recognition. When outdoors, the Drivewear™ lenses turn a dark reddish-brown color, providing maximum comfort by filtering excess light.

Drivewear™ lenses combine Transitions Photochromic Technology and NuPolar® polarization. Drivewear™ is one of several new products that fall under the category “Activated by Transitions™,” which designates special purpose tinted lenses that use advanced Transitions photochromic technology, but are not included in the product category of Transitions Lenses®.

Using Activated by Transitions™, advanced dyes in Drivewear™ lenses react to visible light in addition to UV light, allowing the lenses to change color in response to current driving conditions. NuPolar® technology provides protection from blinding glare.

“These are not just two technologies thrown together, but technologies designed intelligently,” said Rips. “Drivewear™ is positioned as everyday eyewear,” said Dave Cole, general manager of the Americas, Transitions Optical. “Those who don’t wear Transitions as everyday lenses don’t know how hard their eyes are working.”

Younger Optics released Drivewear™ lenses Sept. 1 in single-vision resin hardcoating.

For more information, visit www.dri
veewearlens.com.
Essilor expands Varilux product lines

Shamir relaunches premier PAL

Shamir leadership announced the relaunch of Creation at Vision Expo West. From left, Vice President of Marketing Matt Lytle, Vice President of Sales Carmen Renschler, CEO Raanan Naftalovich and President Hilaire van der Veen.

Shamir of America announced the expansion of its Varilux® Physio 360™ and Varilux Physio™ product lines with new materials at Vision Expo West in Las Vegas.

“Clearly, no product on the market offers your patients the vision benefits of Varilux Shamir relaunches benefits of Varilux your patients the vision on the market offers

materials at Vision Expo West in Las Vegas.

“Launching Creation was a very exciting step for us. We knew it would be a hit with both the ECPs and patients. Creation represents the next level in premium progressive lenses. It provides an aesthetic appeal with an advanced technological design, resulting in a flatter surface allowing for higher resolution,” Naftalovich said.

The Creation lens is developed with patent-ed Freeform Optics™ that use digital molds, which allows them to produce a lens that has six times better resolution than leading competitors, according to Shamir.

“Launchings success reinforces our commitment to offer superior designed lenses,” said Carmen Renschler, vice president of sales. “The feedback received from ECPs regarding their patients’ ease of adjusting to the new lens has been phenomenal.”

For more information, visit www.shamir-lens.com.

EMRlogic enhances appeal of software

Amy Sacks Eyewear and Accessories announced the addition of new eyewear jewelry and cases to its collection of reading glasses, sun readers and sunglasses. The new jewelry includes necklaces designed with frosted glass, natural river stones and “beaded beads,” which are tiny seed beads woven together. The necklaces can be worn alone or as an accessory to hang and hold eyewear. For more information, visit www.amysacks.com.

EMRlogic made several announcements regarding its OD Professional™ practice management software and other industry leaders at Vision Expo West in September.

EMRlogic and Acumenex announced a joint effort to create an integration platform between OD Professional and LensPort, a consumer contact lens portal. “Retailers and independent optometrists are losing significant volumes of contact lens reorderst to online marketers,” said Matt Whitney, Acumenex.com president. “LensPort is a Web-based solution for automating patient order input, prescription verification, billing and fulfillment. It enables traditional retailers and eye care professionals to drive patient online reordering through their businesses, rather than losing that revenue to online retailers.” For more information, visit www.acumenex.com.

EMRlogic and Eyefinity also announced the release of OD Professional’s interface for VSP claims submissions. OD Professional users can now electronically submit VSP claims and lab orders, along with non-VSP insurance claims. For more information, visit www.eyefinity.com.

EMRlogic provided information about Kellner-CCOM and SurePractice data conversion into OD Professional. The highly automated conversion now allows for a seamless transition to a premier high-end solution, according to EMRlogic.

For more information about the practice management software, visit www.odprofessional.com.
November

LIGHTHOUSE INTERNATIONAL LV1 – Pediatric Low Vision Care Nov. 2-3, 2006 New York, NY 212/821-9487 czaste@lighthouse.org www.lighthouse.org/oa

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING Nov. 4-8, Boston, MA www.apha.org

OEP CLINICAL CURRICULUM EXAMINING INFANTS AND CHILDREN THROUGH AGE 3, Nov. 4-5, Grand Rapids, MI 800/447-0370 www.babousa.org

MARYLAND OPTOMETRICAL ASSOCIATION, INC. CONVENTION AND CONTINUING EDUCATION FORUM Nov. 11-12, 2006 Hyatt Regency, Baltimore 410-727-8000 wwwwmarylandeyes.com

AMERICAN ACADEMY OF OPHTHALMOLOGY Nov.11-14, Las Vegas, NV

AMERICAN ACADEMY OF OPTHALMOLOGY ASSOCIATIONS OF OPTICANS (NYSSCO) AND THE OPTICANS ASSOCIATIONS OF NEW JERSEY (CNJ) A NEW YORK AND NEW JERSEY CONTINUING EDUCATION SEMINAR Nov. 15, 2006 Dave & Busters, at Palisades Center, West Nyack, NY 518/426-0599 nyssco@optilink.com www.nyssco.org

BROWARD COUNTY OPTOMETRICAL ASSOCIATION GOAL COAST EDUCATIONAL RETREAT Jan. 20-21, 2007 Hyatt/Par 66 Hotel, Ft Lauderdale, FL 800/808-5018, 772/483-3274 brenton@browardeyes.org www.browardeyes.org

PRESIDENTS’ COUNCIL January 25-27, 2007 St. Louis, MO

ARIZONA OPTOMETRICAL ASSOCIATION 33rd Annual Invitational Bronstein Contact Lens Seminar January 26-28, 2007 Chopardal Suites Hotel, Scottsdale, Arizona Jane Lynch 602/279-0255 FAX 602/266-6556 jane@aoazoa.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS Jan. 28-29, 2007 Mohegan Sun Casino, Uncasville, CT Debra Bresnahan dbresnahan@eyes.com

February

MINNESOTA OPTOMETRIC ASSOCIATION, INC. February 1-3, 2007 Brooklyn Park, MN

AEA CRUISE SEMINARS – Western Caribbean Feb. 3-10, 2007 Star Princess Dr. Mark Rosanova 888/638-6009 aaeacruises@aol.com www.optometriccruiseseminars.com

HEART OF AMERICA CONTACT LENS SOCIETY CONTACT LENS AND PRIMARY CARE CONGRESS, Feb. 16-18, 2007 Hyatt Regency Crown Center, Kansas City, MO www.hoacls.org registration@hoacls.org or 316/681-0991

AEA CRUISE SEMINARS – South America February 12-24, 2007 Golden Princess Dr. Mark Rosanova, President 888/638-6009 aaeacruises@aol.com www.optometriccruiseseminars.com

10TH TEXAS OPTOMETRICAL ASSOCIATION ANNUAL MEETING February 15-18, 2007 Renaissance Austin Hotel, Austin, TX 512/701-1299 http://texasoptometry.net

SECO Feb. 21-25, 2007 Alfalfa, CA www.seconternational.com
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- The successful candidate must demonstrate ability to articulate with enthusiasm and energy the value to patients of effective ophthalmic services and materials.
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Candidates for these positions must submit a letter of interest, current curriculum vitae, and a list of three professional references to:

Jimmy D. Bartlett, O.D., Sc.D., Chair,
Department of Optometry,
School of Optometry,
1716 University Blvd., University of Alabama at Birmingham,
Birmingham, AL 35294-0010

Deadline for receipt of applications is December 1, 2006 or until the positions are filled.

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Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier Ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.

Miscellaneous

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