In a move designed to halt the sale of decorative contact lenses as nonprescription fashion accessories, the U.S. House of Representatives has joined the Senate in passing legislation to require the U.S. Food and Drug Administration (FDA) to regulate all contact lenses as medical devices.

The Oct. 26 action, when signed by President George W. Bush, would effectively restore the FDA’s ability to use the full weight of its regulatory power against retailers who offer decorative plano contact lenses for sale without prescription.

“The unregulated, unsupervised use of decorative contact lenses has been shown to be extremely hazardous to one’s health,” according to Rep. John Boozman, O.D., (R-AR) the only optometrist serving in Congress and the driving force behind the legislation. “I’m particularly proud that the AOA backed my bill so strongly from day one, and that its lobbying efforts helped make the issue a priority for Congress in 2005.”

Representative John Boozman and his colleagues in Congress have acted decisively to restore an eye health protection that consumers need and deserve,” said AOA President Richard L. Wallingford, O.D.

Responsible for regulating food, dietary supplements, drugs, cosmetics, medical devices, biologics and blood products, the FDA regains full power to halt improper cosmetic CL sales.
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President’s Column

Protecting our patients

It’s not traditional to exchange gifts at Halloween, larger than a chocolate bar, but on this October 31st, through a proactive lobbying effort on Capitol Hill, the AOA has helped the U.S. House of Representatives enact a small fraction of a bill that will help keep our patients safe this Halloween.

The bill, introduced by Rep. Waxman and Sen. Kennedy for their friends is U.S. Rep. John Boozman, O.D. Since his election to the U.S. House of Representatives, this AOA member has worked tirelessly to enlist his colleagues in the House and Senate to solve this serious eye health problem. We also want to thank Rep. Waxman and Senators DeWine, Enzi and Kennedy for their commitment to seeing this public health problem addressed.

Chief among those friends is U.S. Rep. John Boozman, O.D. Since his election to the U.S. House of Representatives, this AOA member has worked tirelessly to enlist his colleagues in the House and Senate to solve this serious eye health problem. We also want to thank Rep. Waxman and Senators DeWine, Enzi and Kennedy for their commitment to seeing this public health problem addressed.

Thousands of bills — some more worthy than others — are introduced in Congress every year, and only a small fraction are ever seriously considered, much less enacted into law. As a driving force behind this bill and a resource on eye care recognized repeatedly during the final passage debate that took place on the floor of the U.S. House of Representatives on October 26th, optometry demonstrated how to get things done where many, many other groups have failed.

Several years ago, when the first decorative contact lenses were introduced, I thought most of us hailed the move as an exciting way to energize the contact lens market and as a great way to introduce contact lenses to teenagers and young adults. That’s the generation we have long sought as the target demographic for contact lenses. Many of us welcomed the opportunity to see these new patients, counsel them on responsible eye wear choices and ensure they were getting proper care.

Historically, the FDA protected zero refraction lenses as medical devices, but in 2003 the agency explained that it did not have statutory authority to regulate decorative contact lenses as medical devices. It is clear, as far different, was far different.

We have long held that contact lenses of any kind are not cosmetics, and we are grateful to our friends in Congress who worked hard to restore this category of contact lenses to the proper classification of medical device. And as a profession, we, as a profession, can do a good thing for our patients. We’ve worked constructively with organized ophthalmology for the sake of all our patients. It is my hope that partnerships such as this one can lead to more cooperation, in particular in professional education.

Meanwhile, I think we, as a profession, can save this victory for our patients. We’ve done a good thing for contact lens wearers, and as a profession, have made some new friends.

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Glance at the States

Missouri ODs honor senator for support of children’s eye exams

During the Missouri Optometric Association Annual Convention, Sen. Christopher “Kit” Bond (R-MO) was awarded the Friend of Optometry award. Zoe Lyle, executive director of the MOA, and longtime friend of Sen. Bond, presented the award and outlined his activities on behalf of optometrists. “Whether it’s quietly using his position on the appropriations committee to assure optometrists continued presence in the VA hospitals or working for funding for the (University of Missouri-St. Louis) College of Optometry Mobile Eye Center or advocating for eye exams for children, Senator Bond has through the years shown support for good eye health,” Lyle said.

Bond played a vital role in the effort to raise awareness about the importance of eye exams for children, according to Lyle. “This year, he revealed publicly that he has permanent vision loss caused by a late diagnosis of amblyopia when he was a child,” she said. “As part of his effort to raise awareness, Senator Bond appeared in a Check Yearly, See Clearly campaign public service announcement (PSA), with the National Amblyopia youth spokesperson, about the importance of eye exams for children.

Although the PSA was only released this summer, it has already been published in 40 newspapers across the country and has reached more than 200,000 Americans on this important issue. Posters and stand-up cards featuring the PSA will be distributed to eye care professionals, schools, and libraries throughout Missouri.

In accepting the award, Bond said, “It is truly an honor to be considered a Friend of Optometry. I appreciate the work that optometrists do for all patients, but especially for kids. Every child in Missouri deserves the opportunity to reach their full potential, but it takes more than a book-bag full of pencils, paper, books and rulers to equip children with the tools necessary to succeed in school.”

Bond noted that “Good vision is critical to learning. Eighty percent of what kids learn in their early school years is visual. However, according to the CDC, only one in three children receive any form of preventive vision care before entering school. That means many kids are in school right now with an undetected vision problem.”

During his remarks, Bond observed that one in four children has a vision problem that can interfere with the learning process. And, some children are labeled “learning disabled” or “disruptive” when they may actually have an undetected vision problem. “Seventy percent of juvenile offenders had undiagnosed vision problems,” he stated. “Without at least one comprehensive eye exam, some of our children will continue to fall through the cracks. “I can sympathize with these kids because I suffer from permanent vision loss in one eye as a result of undiagnosed amblyopia in childhood. I know a few things about being a child with vision problems,” Bond said.

“Amblyopia is the No. 1 cause of vision loss in young Americans. If discovered and treated early, vision loss from amblyopia can be largely prevented. Had I seen an eye doctor before I entered school, I could have avoided a lifetime of vision loss.”

From left, Missouri Optometric Association Executive Director Zoe W. Lyle; MOA President-Elect Thomas Greene, O.D.; MOA West Central Trustee Mark Curtis, O.D.; AOA Vice President Kevin L. Alexander, O.D., Ph.D.; Sen. Christopher ‘Kit’ Bond (R-MO); MOA Immediate Past-President Richard Wilson, O.D.; MOA Treasurer Gregory Goetzinger, O.D.; MOA Past-President Lee Ann Barrett, O.D.; and MOA St. Louis Associate Trustee Thomas Cullinane, O.D.
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and other useful information about purified FloraGLO® Lutein, nature’s nutrient for healthy eyes.

More than 100 studies indicate that lutein may reduce the risk of developing age-related macular degeneration. It may also play a role in reducing the risk of cataracts.

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The Senate Finance Committee has approved federal budget legislation that would prevent a planned 4.4 percent cut in Medicare Part B physician payments next year. The bill would provide for a 1 percent increase instead.

Congress probably will not finalize any measures to ward off next year’s planned fee cut until just before legislators adjourn in December, according to speakers at the recent AOA Advocacy Mega Meeting.

However, the Oct. 25 Senate committee action offers encouraging evidence that Congress will spare health care practitioners a cut in their Medicare reimbursements next year and, eventually, adjust the Medicare fee-setting formula to prevent future cuts, according to the AOA Advocacy Group.

“The Senate Finance Committee’s proposal is only a short-term solution, but it demonstrates that Capitol Hill understands that payment cuts are unacceptable,” the AOA Advocacy Group reported in a special edition of its AOA Washington Office e-newsletter last month.

The 4.4 percent fee decrease now planned for 2006 is the latest in a series of Medicare pay cuts announced over recent years as the result of a factor in the complex Medicare fee-setting formula known as the Sustainable Growth Rate (SGR).

The SGR ties future Medicare reimbursements to the recent performance of the U.S. economy.

AOA is part of a broad coalition of health care provider groups.
Marshall in running to be first OD to lead American Public Health Association

When the governing council of the American Public Health Association meets in December to vote on the next president-elect of the 50,000-member organization, it will be the first time one of the candidates will be a doctor of optometry.

Edwin Marshall, O.D., M.P.H., a 30-year member of APHA, and past chair of the organization’s board, is one of two candidates for the top office.

“When I started at APHA, the question was, ‘Why is optometry involved in public health?’” Dr. Marshall said. “We have moved from that position to having a candidate for the organization’s top office.”

He has already passed one milestone in the process; being vetted by the APHA nominating committee and selected as one of two candidates for the presidency.

Among the 24 sections of APHA, the Vision Care Section, with 400 members, is one of the smallest. “We’ve done relatively well, and are well-represented in the APHA leadership,” Dr. Marshall said.

Mel Shipp, O.D., Dr. P.H., currently serves on the board as treasurer. In recent years, three ODs have been in the top posts of APHA, with Suu Wong, O.D., serving on the board with Drs. Marshall and Shipp.

“Because APHA is such a diverse organization, you never know how an election will turn out,” Dr. Marshall said. “Much will depend on my ability to convince members of APHA that I am not only conversant in the issues that affect optometry, but with the wide range of public health issues that affect society, and that I can be a strong and effective advocate for APHA’s legislative priorities.”

Those priorities are: strengthening the public health infrastructure, improving access to health care, and eliminating health disparities.

“When one serves on the board, one doesn’t represent one’s secular issues,” Dr. Marshall said. “It is your role to advance the priorities of the organization.”

Reduction of adverse behaviors.

“Much will depend on how an election will turn out,” Dr. Marshall said. “Much will depend on my ability to convince members of APHA that I am not only conversant in the issues that affect optometry, but with the wide range of public health issues that affect vision, and their effects on the health of the eye,” he said. “With the advent of Healthy People 2010 and Healthy Eyes Healthy People®, we begin to connect the dots from the very specific clinical interests of optometry to the general health factors that affect vision, and become more effective promoters of health and well-being and the prevention of disease through counseling our patients on the ill effects of adverse behaviors.”

Dr. Marshall encourages other ODs to become involved with public health professionals, not because he is running for office, but because the opportunities for collaboration allow increased communication with other professions and because such collaboration benefits society in the long run, society.

In addition to being on the faculty at Indiana University College of Optometry, Dr. Marshall is an active member of the National Rural Health Association and recently presented at the first AOA NRHA federal Office of Rural Health Policy meeting on “Rural Primary Eye Care.”

He is also one of only four ODs who are Fellows of the Society of Primary Care Policy.

Vision Goal and Objectives

Healthy People 2010

Overall Goal

Improve the visual and hearing health of the nation through prevention, early detection, treatment, and rehabilitation.

Vision Objectives

- Increase the proportion of persons who have a dilated eye examination at appropriate intervals.
- Increase the proportion of preschool children age 5 and under who receive vision screening.
- Reduce uncorrected visual impairment due to refractive errors.
- Reduce blindness and visual impairment in children and adolescents age 17 years and under.
- Reduce visual impairment due to diabetic retinopathy.
- Reduce visual impairment due to glaucoma.
- Reduce visual impairment due to cataract.
- Reduce occupational eye injury.
- Increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home.
- Increase the use of vision rehabilitation services and visual and adaptive devices by people with visual impairments.
**Eye on Washington**

**FTC warns ‘leading CL seller’ against FCLCA violations**

The Federal Trade Commission (FTC) has issued a formal warning to “a leading contact lens seller” stating that the company may be violating the Federal Fairness to Contact Lens Consumers Act (FCLCA).

This enforcement action comes after the AOA initiated a series of meetings this year with FTC officials in Washington, DC, to discuss reports of prescription verification abuses by certain sellers and to forward hundreds of specific violation complaints from ODs across the country.

The FTC has also been hearing from concerned members of Congress who want the agency to address complaints from optometrists.

Earlier this year, after being briefed by AOA members and staff in the Washington Office, Sen. Ben Nelson (D-NE), Rep. Tom Osborne (R-NE) and Rep. Tammy Baldwin (D-WI) sent letters to FTC Chair Deborah Platt Majoras asking for prompt action.

“The FTC’s warning is a positive first step toward addressing the problems we have identified with the tactics of certain contact lens sellers,” said Michele Haranin, O.D., chair of the AOA Federal Relations Committee.

“It’s essential that ODs who are aware of FCLCA violations by sellers continue to forward their complaints to the FTC and send copies to the AOA Washington Office. We will continue to follow up with the agency and with members of Congress, and urge appropriate enforcement action.”

The FTC’s October 14 warning to the unnamed company cites complaints that the retailer is not allowing contact lens prescribers adequate opportunity to respond to requests for verification of contact lens prescriptions. In keeping with FTC policies, the name of the contact lens seller was not released.

At the same time, the commission has also announced results of an investigation that found contact lens prescribers are providing patients with copies of their prescriptions, as required under the act. (See box)

Enacted in December 2003, the FCLCA, for the first time, placed the retail contact lens industry under federal regulation, imposing federal penalties for selling contact lenses to consumers who do not hold valid prescriptions, requiring eye care providers to release prescriptions to all contact lens patients, and requiring contact lens sellers to verify prescriptions with prescribers.

The FTC Contact Lens Rule, which went into effect in August 2004, spells out exactly what contact lens sellers and prescribers must do to comply with the FCLCA.

The rule requires all eye care practitioners to provide contact lens patients with copies of their prescriptions, whether they ask for a copy or not.

It requires contact lens retailers to verify those prescriptions before filling them through “direct communication” with prescribers. Sellers can confirm prescriptions via telephone, fax machine, e-mail or other appropriate methods.

However, the rule requires contact lens retailers to give prescribers adequate opportunity to respond to prescription verification requests.

It specifically requires lens sellers to provide enough information to respond to prescription verification requests, requires those retailers to wait up to a full eight business hours for a response, and requires them to refrain from badgering eye care practitioners with multiple, identical verification requests for the same patient.

A contact lens seller can consider a prescription to be valid if a prescriber does not respond to a verification request over the course of eight business hours. The FTC warning letter cited complaints from practitioners who said they are often unable to respond to verification requests because the contact lens seller’s fax lines are often busy.

The letter urged the contact lens seller to review the FTC Contact Lens Rule and revise company practices as necessary to ensure operations are in compliance with the rule’s requirements.

1-800 Contacts, the nation’s largest contact lens retailer, has been the subject of numerous complaints to the FTC from AOA members who say company telephone and fax lines, designated for prescription verification, are often busy. Verification calls generated by an “autodialer” mechanism have also generated complaints from ODs.

The AOA Washington Office is continuing to meet with FTC officials and brief Members of Congress regarding these complaints.

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**FTC undercover shoppers find prescribers complying with law**

Contact lens prescribers were found to be releasing prescriptions, in compliance with the law, in the course of an FTC follow-up investigation in cooperation with state attorneys general in New York and Pennsylvania.

Under a “test shop” program, the FTC staff sent undercover test shoppers to determine if prescribers were providing contact lens prescriptions to patients at the completion of the contact lens fitting, as required by the FTC contact lens rule.

Agents were instructed to check on compliance among a group of prescribers who received FTC warning letters in October 2004. “The test shop revealed that the prescribers were releasing prescriptions as the Rule requires,” FTC staff announced.

Accordingly, the FTC staff has determined that no further action with respect to the prescribers is required at this time,” the FTC announcement concluded.

However, eye care practitioners should continue to be vigilant in complying with the law, the AOA Office of Counsel emphasized.

Reports of FCLCA violations can be filed online at www.ftc.gov or by calling 1-877-FTC-HELP.
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Rita recovery holds lessons for all ODs

Hurricane Rita made landfall near Beaumont, TX, where Brian Blount, O.D., both practiced and lived. When Dr. Blount found out the hurricane was headed his way, he knew what to expect based on previous experience. “For someone who doesn’t know what a hurricane is like, think of a tornado that lasts seven hours,” Dr. Blount said. A year and a half later, Dr. Blount went through Hurricane Camille. When Hurricane Katrina hit, it flooded his brother’s house. “I learned my lesson,” said Dr. Blount. A mandatory evacuation was ordered for Beaumont, TX, and he drove nearly 200 miles to his cousin’s house in Coushatta, LA. When Dr. Blount returned home following the evacuation, he found a disaster zone. He had to cut trees blocking the road to his house. Then he discovered a 160-year-old oak tree had fallen on his roof. Dr. Blount has not yet received insurance estimates for his home, and is waiting for adjusters to inspect it. He has received $2,000 from the Optometric Disaster Relief Fund. Despite the wind and water damage, Dr. Blount’s house was still inhabitable. That was not the case with his office. The 16,400-square-foot building that housed his practice lost its roof. “Anybody that’s leasing space never thinks to look at the roof,” said Dr. Blount. “It was just built in 1999, but it had a shoddily built roof that just ripped off.” The office Dr. Blount shared with his partner, Leigh Kimball, O.D., sustained severe water damage. “The equipment is pretty much ruined, and we’re going to have to redo all the fixtures,” he said. The damage estimate for the office is $500,000. Dr. Blount believes it will take two to three months to rebuild that office. Dr. Blount had another office damaged in Sibbee, TX, further inland from Beaumont. He hoped that office would be re-opened in a month. “Optometrists need to have yearly reviews of their insurance,” Dr. Blount said. “That piece of equipment they added, the increased value of their building, all the supplies, plus the expanding expenses of your inventories all need to be taken into account.” Dr. Blount stressed the importance of having business interruption insurance that also covers employees and replacement insurance that provides comparable items without calculating depreciation values. “My main tip is not to have a catastrophe along with a million others,” Dr. Blount said. “It’s tough to get attention.” Dr. Blount said he is not one to complain. He said the linesmen have been phenomenal at getting the electricity back on. “Beaumont actually looks fairly normal; it’s an amazing transformation,” he said. “I’ve seen groups from Pennsylvania, New York, Florida, Colorado, and New Mexico all pour in and here and help get it all back up. Almost 100 percent of the people have electricity after one month.” Dr. Blount also expressed his thanks to the AOA “for extending a gracious hand to optometrists stricken by the hurricanes.”

The American Optometric Institute (AOI) established an Optometric Disaster Relief Fund designed to provide immediate financial relief for all optometrists who have experienced the loss of or severe damage to their practice and/or home. AOI is a Missouri non-profit corporation established by the American Optometric Association. Contributions can be made online at www.aoa.org, or by writing to The AOI Optometric Disaster Relief Fund, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881. To apply, ODs can either download a form from the AOA Web site, www.aoa.org or call their state optometric association. The association will verify the need and distribute the funds.

ASC0 working on policy for response to disasters

The Association of Schools and Colleges of Optometry will develop an “ASC0 Role in Disasters,” policy following the enormous relief efforts undertaken by schools following the destruction by Hurricanes Katrina and Rita. The new policy aims to position ASC0 as the “Information Clearinghouse and Communications Central” during the response to future disasters. The policy will outline ways for optometric education to respond to needs, both individually and collectively, after local, regional, and national crises. Immediately after hurricanes, schools and colleges of optometry mobilized resources and treated thousands of patients. In response to Hurricane Katrina, the University of Houston College of Optometry (UHCO) set up on-site clinics at the Astrodome/Reliant Arena and George R. Brown Convention Center in Houston, providing complete eye care and handling issues like ocular urgencies and prescription refills for glaucoma medication. “Eye and vision care services were accessed more than the care from any other discipline,” said UHCO Dean Earl L. Smith III, O.D., Ph.D. A total of 2,800 patients were treated at the facilities. Of those, 6 percent were diagnosed with glaucoma and 30 percent were diagnosed with eye disease. UHCO faculty member Lloyd Pate, O.D., worked at the Astrodome and treated a number of victims including a boy who had broken his arm and was grateful to be able to see again. Dr. Pate also discovered severe diabetic retinopathy in several patients, many of whom were referred for surgery the same day as their examination. Doctors at UHCO’s clinical facilities at the University Eye Institute saw more than 600 patients for replacement glasses and critical eye care. The hurricane response efforts were so well organized that an officer of the U.S. Public Health Service (PHS) looked at them for insight into the clinical care aspects of emergency responses. “I am interested in demonstrating to those in charge of deploying PHS officers that eye care is a realistic service that can and should be provided to disaster victims,” said Cmdr. Lawrence Zubel, O.D., optometric liaison to the Office of Force Readiness and Deployment of the PHS. Dr. Zubel said he intends to show
Three key entities to set stage for national EHR network

The U.S. Department of Health and Human Services (HHS) has announced contracts for the establishment of three new strategic partnerships, intended to advance the development of a planned National Health Information Network (NHIN). The announcement came just weeks after the first meeting of the new AOA Health Information Technology (HIT) Study Group.

A new AOA Health Information Technology (HIT) Study Group was established by the AOA Board of Trustees to monitor the development of the NHIN. It will also advise appropriate agencies and regulatory bodies—including the three new public-private partnerships—regarding the impact of the planned NHIN on optometry.

The HHS’s announcement of the three new public-private partnerships illustrates that the national electronic health information network is under way and that every health care practice—including every optometric practice—must be prepared to access information networks, to be used by payers and providers, sooner than many may think,” said AOA HIT Study Group Chair Barry Barresi, O.D.

The announcement also serves to outline some of the myriad technical issues that the government and the national health care system will have to address as the NHIN is developed.

It also demonstrates that the development of the NHIN will mean there will be an array of new entities and agencies with which AOA will have to interact, Dr. Barresi said.

“Organized optometry must be at the table as plans and policies for the National Health Information Network are developed,” AOA President Richard L. Wallingford, O.D., said.

Under the HHS health information technology initiative, every American is to be given the option of a Web-accessible personal electronic health record.

Health care practitioners and institutions could access the electronic health records through the network when providing care.

HHS sees adoption of electronic health information technology as a way to reduce the nation’s health care costs by eliminating duplication of services, as well as a way to prevent health care errors.

In this year’s State of the Union Address, President George Bush called for electronic health records to be made available to all Americans over a 10-year period.

The new strategic partnerships represent a major step in accelerating the adoption of new health information technology in the rest of the nation’s health care system and in securing the portability of health information across the U.S., according to HHS. HHS, on Oct. 6, awarded three contracts totaling $17.5 million to private, non-profit groups that “will form strategic partnerships to develop the building blocks necessary for achieving the president’s goal of widespread adoption of interoperable electronic health records within 10 years,” according to a department statement.

The new Health Information Technology partnerships are being established to:

- Create and evaluate processes for “harmonizing” health information standards;
- Develop criteria to certify and evaluate Health Information Technology products, and;
- Develop solutions to address variations in business policies and state laws that affect privacy and security practices that may pose challenges to the secure communication of health information.

As part of the contracts, these partnerships will deliver reports to the American Health Information Community (to be known simply as the Community,” according to HHS). The Community is a new federal advisory committee that is chaired by HHS Secretary Mike Leavitt and Rita, the need for portable patient information that can follow the patient has never been more important.”

“These contracts are a significant milestone in a broader strategy to spur technical innovation for nationwide sharing of health information and adoption of electronic health records,” said David J. Brailer, M.D., chair of the Office of the National Coordinator of Health Information Technology (ONCHIT) within HHS.

“This work will set the stage for an Internet-based architecture that will allow secure, timely and accurate exchange of health information among patients, clinicians, and other authorized health care entities.”

For information on the implementation of EHRs in optometric practices, see “Moving Toward the Paperless Office” in the Practice Strategies section of the September issue of Optometry: Journal of the American Optometric Association and “Portrait of an Electronic Optometric Office” in the Practice Strategies section of the October issue of Optometry: Journal of the American Optometric Association.

Additional articles will appear in Practice Strategies in the coming months.

Health Information Technology Update

The AOA HIT Study Group was established by the AOA Board of Trustees to monitor the development of the NHIN. It will also advise appropriate agencies and regulatory bodies—including the three new public-private partnerships—regarding the impact of the planned NHIN on optometry.

The AOA HIT Study Group Chair Barry Barresi, O.D., said. “Given what we recently experienced with Hurricanes Katrina and Rita, the need for portable patient information that can follow the patient has never been more important.”

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Additional articles will appear in Practice Strategies in the coming months.
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* A.C. Nielsen [FDM including Wal-Mart Household Panel Data], period ending 10/30/04.

Reference:
FDA, from page 1

FDA had considered all contact lenses to be medical devices until April 2003 when the agency, on technical grounds, reclassified plano decorative CLs as cosmetic devices when sold for purposes other than vision care. The agency regulates drugs and medical devices more stringently than cosmetics.

The reclassification drew an immediate outcry from an AOA-led coalition of eye and health care advocacy groups. Rep. Boozman, with Rep. Henry A. Waxman (D-CA), in May 2003, introduced an amendment to the Federal Food, Drug, and Cosmetic Act to restore FDA regulatory authority over the lenses. The measure won House approval in November of that year. However, it had still failed to clear the Senate Committee on Health, Education, Labor and Pensions (HELP) when the 109th Congress adjourned.

This year, when the 109th Congress convened, the bill was not only reintroduced in the House (H.R. 371) by Rep. Boozman and Rep. Waxman, but introduced in the Senate (S. 172) by Sen. Mike Enzi (R-WY) and Sen. Edward M. “Ted” Kennedy (D-MA). Following a conference with AOA Keyperson Roger Jordan, O.D., new Senate HELP Committee chair Sen. Mike Enzi (R-WY) promised to promptly move the legislation toward Senate floor action.

The Senate passed the measure July 29 with final House action coming Oct. 26. In both houses, approval came on voice votes indicating overwhelming approval.

“Decorative and other non-corrective contact lenses, dispensed without a prescription or fitting from licensed professionals, have been linked to corneal ulcers and other opthalmic problems,” Enzi said following the bill’s approval. “That’s a health risk that needs our attention, and I’m pleased that Congress has taken action to give the Food and Drug Administration greater authority to protect users of these products, particularly children and adolescents, from unsafe and unregulated non-corrective lenses.”

Lawmakers “fast-tracked” the legislation to ensure passage before Congress adjourned this year, despite a hectic year-end legislative schedule, noted AOA Advocacy Group Director Jon Hymes.

Rep. Boozman commended lawmakers for taking action on the bill prior to Halloween when sales of the lenses generally peak.

In addition to AOA, proponents included Prevent Blindness America, the American Academy of Ophthalmology and contact lens-maker Novartis, the parent company of CIBA Vision.

Decorative plano contact lenses—often with striking colors or an unusual design—have proven an increasingly popular, although potentially misuse, fashion item over recent years.

The lenses are reportedly available without prescription at many variety stores, beachwear shops, gas stations and even video stores, particularly along the East Coast. The 2003 FDA reclassification came just as plano decorative lenses were growing in popularity.

In an April 2003 directive to field agents, the FDA advised that when contact lenses are not marketed specifically for vision correction, the agency might not have the proper statutory authority to regulate the lenses as medical devices. The advisory was based on an opinion by the agency’s general counsel.

The reclassification came despite an increasing number of reports to the FDA’s MedWatch voluntary adverse events reporting system (800 FDA-1088) regarding problems associated with decorative plano contact lenses.

Just months prior to the reclassification, the FDA issued a press release warning consumers about the risk of permanent eye injury, and even blindness, associated with decorative contact lenses distributed without a prescription and without proper fitting by an eye care professional.

The FDA’s Center for Devices and Radiological Health issued a Public Health Web Notification directed to health care professionals, noting significant risk of blindness and other eye injuries if non-corrective decorative cosmetic lenses are distributed without an eye care professional’s involvement. An article on the subject also appeared just prior to the reclassification in the FDA’s Consumer magazine.

The cosmetic CL bill was designated one of the AOA Advocacy Group’s top legislative priorities for the year. AOA Keypersons visited the offices of every senator and congressperson this spring, during the annual AOA Congressional Conference and Hill Day lobbying effort, in support of these legislative priorities.

The new amendment to the Federal Food, Drug, and Cosmetic Act takes effect immediately when signed by President George W. Bush.

“I’m particularly proud that the AOA backed my bill so strongly from day one, and that its lobbying efforts helped make the issue a priority for Congress in 2005.” — Rep. John Boozman (R-AR)
Medicare, from page 6

(including the American Medical Association) that is urging Congress to revise the formula by replacing or modifying the SGR. The SGR is blamed for a 5.4 percent cut in Medicare Part B reimbursements in 2002. In 2003, health care practitioners saw that cut partially restored with a 1.6 percent increase in Medicare reimbursements. However, that increase came only after the U.S. Centers for Medicare and Medicaid Services (CMS) proposed a 4.4 percent cut in physician reimbursements and Congress intervened. Part B providers were narrowly spared a 3.7 percent pay cut in 2004 and a 4.5 percent pay cut in 2005, receiving instead a moderate 1.5 percent increase each year—thanks to provisions included by lawmakers in the Medicare Modernization Act (MMA) of 2003. Left unchanged, the Medicare fee-setting formula will cut reimbursements 26 percent over the next seven years. Lawmakers reportedly agree that they will ultimately have to change the Medicare fee-setting formula, according to AOA Advocacy Mega Meeting speakers. However, as the result of several complicating factors, Congress will probably put off any action to permanently fix the formula until at least next year. Some senior citizen groups such as the American Association of Retired Persons (AARP) are blaming a recently announced 13 percent increase in Medicare premiums on physician reimbursement.

Massive unanticipated expenses for hurricane relief are placing unanticipated strain on the federal budget. Permanently changing the formula has been estimated to cost as much as $180 billion over 10 years. Even the Senate’s proposed temporary fix is expected to cost $10.8 billion over five years. AOA, along with many in Congress, are urging the CMS to take administrative steps that would ease the problem. Lawmakers are hoping that CMS will remove the cost of prescription drugs from the physician payment formula. That would reduce the cost of a legislative fix by as much as $100 billion. CMS says it is studying whether it has the legal authority to take such action.

AOA is also asking CMS to ensure that increases in Medicare spending on physician services that stem from government-mandated improvements in Medicare benefits—such as preventive care and screening services—are appropriately treated. AOA is also asking that the SGR reflect the impact of Medicare National Coverage Decisions on the health plan’s physician spending.

The AOA Advocacy Group is asking AOA members to contact their representatives in Congress in support of measures to prevent Medicare fee cuts. AOA has made available a toll free telephone line for use by all health care providers in contacting Congress. Practitioners can contact legislators by calling (800) 833-6354 and following the prompts. AOA members can e-mail messages to legislators using the AOA Legislative Action Center feature on the AOA Advocacy Group page of the AOA Web site (www.aoa.org).

CLCS Mentor Program needs mentors

The CLCS Mentor Program’s mission is to provide added guidance, support and collegiality to optometry students throughout their academic careers. Through ongoing communication between established practitioners and students, the program intends to promote and enhance the student’s exposure to knowledge of contact lens practice, as well as the plethora of practice management issues facing new graduates in today’s optometric practice. The long-term goal for this program is to foster professional relationships that will endure throughout the careers of the mentor and the protégé.

To participate, contact the CLCS office or fax the following to the CLCS at (314) 991-4101.

Yes, I would like to be a CLCS Mentor.

Name __________________________

City __________________________ State ___________ Zip __________

Phone # __________________ Fax # __________________ Email __________________

The AOA CLCS leadership thanks you for your interest in the program and looks forward to your active participation. If you should have any questions or need additional assistance, please contact the CLCS office at (800) 365-2219, ext. 224 or 137, or e-mail JEBecker@AOA.org.

For details on special AOA-endorsed programs:

- Credit Card Processing System
  - Bank of America Merchant Services 877-695-2472
  - United Parcel Service 800-325-7000
  - Equipment Leasing
    - Great America Leasing 800-274-2641
    - Popular Leasing USA 800-365-3992
  - Human Resources Assistance
    - Gevity Staff Leasing 888-271-7066
  - Long-Term Disability Insurance AGIA 800-245-4454
  - On-Hold Messages
    - The Original On-Hold Company 800-688-4181
  - Practice Appraisals
    - Irving Bennett Business and Practice Management Center – PBO 215-780-1237 or 1235

Practice Appraisal & Mediation
Gary Moss, O.D.
978-692-2999

Professional Liability Insurance
Marsh/Seabury & Smith 800-503-9230

Retirement Planning
Equitable Life Assurance Society of North America
Existing Plans 800-526-2701
New Plans 800-523-1125

Long-distance Service
AOA Telecommunications Network 800-237-8015

Rental – Automobile
National Car Rental 800-227-7368

Still@NationalCar.com

Gen. Info 800-421-2110

Student Debt Consolidation
AOA Advantage Program 866-408-5626

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New AOA survey – Tell us what you think

AOA is mailing a Member Services Survey to a stratified random sample of members to gain a more accurate understanding of which AOA programs and services are of particular importance to members, their families and their optometric practices.

AOA intends to use the input to better measure which services are most valuable to ODs in all practice settings.

AOA President Richard Wallingford, O.D., said when asked about the survey, “Here’s a good opportunity for OD members to tell us what they think about the survey, O.D., said when asked about the survey.

The InfantSEE™ representatives distributed more than 400 brochures and bracelets to more than 200 doctors visiting the booth.

Several doctors requested additional information and brochures.

While there were a few pediatricians who exhibited ambivalence toward the program, Dr. Jens said there were an overwhelming number of doctors who were glad that optometry was provided a comprehensive picture of the eye and vision health of a child.

Several visitors stopped by the InfantSEE™ booth to tell their stories. A pediatrician from Florida stopped by to express gratitude for the program and to share his experience of being detected with anisometropic amblyopia at age 7. He recalled the difficult amblyopia treatment regimen provided by his optometrist and explained that his lack of successful treatment was spurring him to take his young children to his optometrist for eye examinations to ensure that they did not carry the same amblyopia risk factors that he had.

The doctor acknowledged the value of a retinoscopic evaluation of an infant to further the eye care service that an infant receives from a pediatric well-baby visit.

He said he hopes the InfantSEE™ program will be embraced by pediatricians in the future.

AOA hosts exchange to help ODs get back on their feet

In response to hurricane disasters, AOA Optometry’s Career Center™ has compiled a list of employment opportunities and job seekers, as well as offers of housing, equipment, and other assistance available to affected ODs. The list is available on the Web site at www.aoa.org/x4500.xml.

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AOA NEWS 16

Pediatricians, from page 1

to AOA.

the survey to complete the survey and return it to AOA.

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Another visitor’s story clearly illustrated the importance of eye examinations. The woman lived in Canada, where eye exams are required for children entering elementary school. When she brought her 6-year-old child in for the eye exam, she decided to have her 3- and 4-year-old children checked as well.

The 4-year-old child was diagnosed with amblyopia, and she had no previous indication that there was a prob-

lem. The woman was a family practitioner, and her husband was a pediatrician.

Representatives from the National Association of Pediatric Nurse Practitioners (NAPNAP) and from children’s hos-
pitals in Boston and Columbus, OH, all showed special interest in InfantSEE™.

The booth also gave the InfantSEE™ represen-
tatives an opportunity to connect with the media.

Premie Magazine, Pediatric News, Pediatrics for Parents, and Contemporary Pediatrics all plan to include information about the program in upcoming issues.

For more information, visit www.aoa.org/x4500.xml
The OFRD that because all the eye care needed is not emergent, it is worth deploying eye doctors for a few weeks at a time to disaster areas. He said that there is more need than just time-critical emergency care, which would be delivered before relief aid arrives.


Schools responded by helping fellow ODs affected by the hurricane as well as patients. Five Southern College of Optometry (SCO) students lost their family homes and over 100 alumni experienced damage or devastating loss to residences and practices when Hurricane Katrina struck. More than 80 were affected by Hurricane Rita.

SCO organized a relief effort that included providing shelter in the homes of faculty, staff and students. The school also placed affected alumni with other ODs so they could continue practicing optometry.

“Going forward, finding work is probably going to be the biggest challenge for many of these alumni who have lost their practice or who have no patients to go back to,” said Lisa Wade, O.D., SCO vice president of institutional advancement.

SCO treated hurricane victims who had been relocated to Memphis, TN. They provided services through the Eye Center, along with eyewear and prescriptions.

A relief effort by the University of Alabama Birmingham School of Optometry was also successful. In addition to providing evacuees with eye care and spectacles, the school offered alumni assistance.
“With VisionWeb Enhanced, my staff can process insurance claims directly from our practice management system, without entering the claims data twice!”

- Dr. Laurie Sorrenson, Lakeline Vision Source

Process Claims Electronically

With the introduction of VisionWeb Enhanced to their practice, Dr. Sorrenson’s staff has been able to upload claims directly from their practice management system and process them electronically. Not only is this process HIPAA-compliant, but it also eliminates time spent on re-entering claims data to be processed. Dr. Sorrenson and her staff are now able to increase profitability and receive reimbursements sooner. Now Dr. Sorrenson and her staff can spend more time with patients and less time on the processes that used to bog them down. After all, her patients are her business.

Find out what VisionWeb Enhanced can do for your practice. Call 1-800-590-0873, or visit www.govisionweb.com/enhanced to learn more.
Parents of uninsured children can find out if those children qualify for low-cost or free health care coverage by calling toll-free telephone line (877) KIDS-NOW.

"State insurance programs designed to cover children have provided low-cost or free health care coverage to millions of children in recent years, but there are millions more who are still eligible," said Sarah Shuptrine, national program director of Covering Kids & Families, a program of the Robert Wood Johnson Foundation, which operates the telephone service.

"Many people still do not know about the availability of these programs, and parents in working families might assume their children would not qualify," Shuptrine said.

Covering Kids & Families just concluded a major nationwide effort to enroll eligible children in public coverage programs during the back-to-school season and increased awareness of the (877) KIDS-NOW telephone line.

AOA is a Covering Kids & Families partner organization.

Going Without: America’s Uninsured Children, a new Robert Wood Johnson Foundation study released in conjunction with the back-to-school campaign, finds one-third (32.9 percent) of uninsured children in America went without medical care for an entire year.

Conversely, nearly 88 percent of their insured counterparts received care during the same period.

Even uninsured kids who received medical care did not always see a doctor when they needed one, the report also finds. Uninsured children were 10 times more likely not to receive the medical care they needed, compared to children who have insurance (6.2 percent vs. 0.65 percent), the report found.

"Everyone in America needs access to affordable health coverage, but when the health of a child is at stake, the need is all the more urgent. That is why political leaders, musical artists and athletes are coming together to encourage enrollment in available programs," said Rita Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation.

"No child in America should have to go without a doctor’s visit or skip needed care, and no parent should have to make that decision. Low-cost or free coverage is available for seven out of 10 uninsured children.”

The new research finds the number of uninsured children in America has decreased by nearly 2 million since 1998, largely due to enrollment in government programs.

During this same period, 1.2 million more parents became uninsured.

Uninsured Hispanic and black children are less likely to receive medical care than uninsured white children.

Nationally, more than 40 percent (41.4 percent) of uninsured Hispanic children went without any medical care during the year, compared to just a quarter (25.7 percent) of uninsured white children.

And uninsured black children (14.7 percent) are less likely to receive all needed medical care than uninsured white children (3.9 percent).

Uninsured kids often do not have a regular doctor or nurse.

Nearly nine out of 10 (85.9 percent) who have health coverage reported that they have someone they think of as their personal doctor or nurse, compared with just more than half of children (56.8 percent) who are not insured.

The research was prepared by analysts at the State Health Access Data Assistance Center (SHADAC), located at the University of Minnesota, and the Urban Institute in Washington, D.C.


To view the state-by-state research report, locate Covering Kids & Families activities, or download materials in English or Spanish, log on to www.coveringkids-andfamilies.org.
Group petitions FDA for black box warning of blindness risks from ED drugs

Consumer advocacy group Public Citizen filed a petition to the U.S. Food and Drug Administration asking them to immediately require a black box warning for doctors and patients about possible vision loss associated with erectile dysfunction drugs.

The petition also included the hypertension drug Revatio and was co-filed on Oct. 20 with Howard D. Pomeranz, M.D., one of the first ophthalmologists to publish studies linking the drugs to blindness. The group is concerned about popular drugs such as Viagra (sildenafil), Cialis (tadalafil), and Levitra (vardenafil). Viagra accounts for more cases of ischemic optic neuropathy (ION) than any other drug at 19 percent, according to Public Citizen.

Viagra has been connected to NAION (nonarteritic ischemic optic neuropathy), which occurs when blood flow is blocked to the optic nerve, said Bruce Onofrey, O.D., who is also a pharmacist. The number of case reports of ION per million prescriptions was 25 times higher for Cialis and 18 times higher for Viagra compared to patients taking Lipitor, a cholesterol-lowering medication used by people with similar cardiovascular risk factors, said Public Citizen.

Although the current FDA-approved labeling states that “it is not possible to determine whether these events are related directly to these medicines, to other factors such as high blood pressure or diabetes, or to a combination of these,” many case reports document that vision loss has occurred in close association with the use of these drugs. Several reports show that patients with temporary vision loss experience the same loss again after re-exposure to the drug, according to Public Citizen.

“When it’s a combination of a pre-existing condition and a combination of drugs, it’s a perfect storm,” said Dr. Onofrey. “The drugs are not necessarily the principal cause, but they are contributory.”

In the petition, Public Citizen asked for more prominent drug labeling in the professional package insert, which would require using bold type placed in a black box to make it stand out.

In addition to ION, 60 other instances of related conditions have been reported to the FDA between 1998 and 2004. Patients taking these drugs have also reported blindness, blindness unilateral visual field defect, scotoma, and optic nerve infarction, among other things. There were 89 million prescriptions for the drugs written during that time.

During Phase II and III studies of Viagra, 3 percent taking the drug reported abnormal vision compared to 0 percent taking a placebo. Abnormal vision is defined as mild and transient, predominantly color tinge to vision, and also increased sensitivity to light or blurred vision. In these studies, they reported only one patient discontinuing use of the drug because of abnormal vision.

Dr. Onofrey advises patients taking the drugs to discontinue use if they experience a transient ischemic attack (TIA), temporary loss of vision, visual distortion, migraines, or color-tinged vision.

Paraoptometric Section seeking award nominees

The AOA Paraoptometric Section is requesting nominations for the Paraoptometric of the Year Award. The award is given annually to the optometric assistant or technician who has made the most outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

The Awards Committee will judge the nominees’ performance based on the following criteria: service to optometry and paraoptometric associations, public service, and personal endorsement. Nominations do not have to be winners of the state Paraoptometric of the Year Award. State winners are not automatically entered in the national contest. Nominees must be members of the AOA Paraoptometric Section and membership must be in good standing.

Nominations can be submitted by a state, regional, or local paraoptometric organization, an AOA member OD, or an AOA paraoptometric member. Nomination forms are available through state associations and on the Web site at http://www.aoa.org/documents/pynomination-form.pdf. To request information about the rules and criteria pertaining to this award, as well as a nomination form, email PS@aoa.org, call (800) 365-2219, ext. 222, or fax (314) 991-4101.

All nomination forms must be submitted by Feb. 10, 2006.

The Paraoptometric of the Year Award will be presented Thursday, June 22, 2006 at a luncheon during Optometry’s Meeting™ in Las Vegas. The honoree will be recognized during the Opening Session and will receive a plaque, roundtrip airfare to Optometry’s Meeting™, three nights’ lodging at the headquarters hotel, and $500 to assist with travel expenses.

The award is sponsored by CIBA Vision.
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- **Signs and Plaques** - Clearly mark the important locations in your office with our large selection of signs. Name badges and plaques also available.

Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)

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E-mail: KEBeach@aoa.org
On the Web: www.aoa.org under membership services/order department
Toll-free: automated telephone (800) 262-2210 available 24 hours a day, 7 days a week
Industry Profile: VisionWeb

VisionWeb is committed to the success of independent optometry. Because of this commitment, in 2003 the AOA became an equity affiliate in VisionWeb, the online service to help streamline and simplify the practice of eye care. This affiliation has implications for every AOA member. It is important to know the facts in order to take advantage of all the relationship offers.

VisionWeb was created to harness the power of the Internet to improve efficiency within the eye care practice. As in other industries, it was decided that a neutral, online platform for the transfer of information among practices, suppliers, payers, and manufacturers would help to increase productivity and allow businesses, including eye care practices, to focus more on providing superior patient care and service.

VisionWeb Essential: Online orders and more

Eye care practices use VisionWeb Essential – a free service – to place, track, and manage their product orders. Because it is an open and neutral portal, VisionWeb is not a buying group, and is not involved in any pricing relationships you may have with your suppliers. Any special arrangements you may have, such as buying group pricing, are not affected by using VisionWeb to place orders. In fact, using VisionWeb Essential actually strengthens your relationship with suppliers while helping to improve your business:

- VisionWeb’s “smart” engines virtually eliminate errors before they can occur, resulting in fewer call backs and improved turnaround time.
- Online order status eliminates follow-up phone calls to the lab and helps you manage patient expectations.
- Best of all, since VisionWeb Essential is free, there is no risk. Registering is easy, and can be done online at www.visionweb.com.

VisionWeb Enhanced: Online claims and more

Most practices face the challenge of finding a HIPAA-compliant, easy-to-use solution for managed care patients. With VisionWeb Enhanced, you have the ability to conduct transactions with Medicare, Medicaid, Blue Cross/Blue Shield, and hundreds of commercial payers. Using VisionWeb Enhanced can help increase the functionality of your practice management system by allowing you to upload batches of claims from information already entered into the practice management software. Specific features include:

- HIPAA-compliant claims submission
- Realtime eligibility checks, authorizations, status
- Improved claim acceptance rates
- Integrates with practice management programs
- Subscription levels for all practice sizes.

Benefits to the AOA

Because AOA is an equity affiliate in VisionWeb, state optometric associations have the opportunity to earn royalties. States can earn up to 2½% percent of the transaction fees generated by members (these are small fees paid by suppliers for each order received through VisionWeb), but each state needs to “opt in” to the program. There is no risk of conflict with any buying groups. States should contact Mike O’Malley, at (512) 241-8512. For more on the AOA-VisionWeb relationship, contact Jessica Clark at jclark@visionweb.com.

For more about VisionWeb’s services, call (800) 874-6601. To view a demonstration, visit www.visionweb.com and click on “Take a Tour.”

CIBA Vision helps pass decorative CL legislation

CIBA Vision strongly advocated the passage of legislation to end the unregulated sale of plano decorative contact lenses by requiring the U.S. Food and Drug Administration (FDA) to classify them as medical devices. The House gave final approval to S. 172 on Oct. 26, providing an immediate and long-term remedy to a serious public health problem.

“Regulating plano decorative lenses as medical devices will help to ensure their safe use and maintain the ocular health and visual welfare of the American public,” said Scott Merce, general counsel for CIBA Vision. “In addition, it will maintain the strict quality guidelines in manufacturing, inspection, quality control, and sterilization that the FDA requires for other medical devices.”

Some of the steps CIBA Vision has taken to minimize the misuse of lenses, help eliminate illicit sales of color contact lenses, and educate the public include:

- Selling lenses only to eye doctors and authorized accounts
- Educating CIBA Vision sales representatives, accounts, and distributors about this policy and encouraging them to report unlawful sales of lenses
- Reporting complaints of unauthorized sale of contact lenses to appropriate enforcement agencies
- Working with appropriate regulatory agencies (FDA, state attorneys general, and state optometry and medical boards) to stop illegal vendors
- Working with news organizations that are exposing the public health hazard associated with the illegal dispensing of contact lenses.

The Fendi Fall 2005 Collection, distributed exclusively by Marchon Eyewear Inc., features a generous range of style. The first Fendi handbags were created by master saddlers in Rome in 1925. The Selleria collection was made of leather and hand crafted in the spirit of the time. Fendi Selleria eyewear designs are inspired by this classic collection. They are hand crafted in limited numbers and are adorned with the characteristic Selleria interior plaque. Some styles feature hand-sewn leather temples. Others combine metal and zyl, decorated with hand-embedded crystals configuring the “F” logo on temples. Shown are styles F 603, F 602R, and FS399L.
SVS and Alcon distribute eye emergency kits

The AOA Sports Vision Section distributed an Alcon-sponsored “Eye Emergency Kit” to all SVS ODs and allied members to promote the importance of protective eyewear for athletes and provide information for proper triage in the event of an eye injury.

SVS members who received the kit are asked to help promote these worthy objectives by passing this kit on to a certified athletic trainer in their community.

The kits and supplies, donated by Alcon Laboratories, Inc., include: One bottle of sterile eye wash solution, one bottle of contact lens disinfecting solution, and three contact lens cases. The kits also feature a new bag design that includes a pocket for enclosing the OD’s business card and a laminated eye emergency triage card that addresses such issues as superficial injuries to the eyelid, foreign objects in the eye, eye pain, blunt trauma, burns, and injury prevention.

On Nov. 2, Alcon’s optometric sales representative for the St. Louis area, Kevin Sewell, traveled to the University of Missouri—St. Louis College of Optometry campus to assemble the kits with the help of nearly 20 optometry students.

“Alcon is happy to continue support of this program,” said Dave Sattler, Alcon director of professional relations. “Alcon saw a need for this program, and our products fit this need.”

Preventable eye injuries are of the utmost importance to AOA, specifically to the Sports Vision Section. The SVS views the kits as a way to address one of the 10 objectives of the AOA’s Healthy Eyes Healthy People Initiative—increasing the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home.

“Alcon saw a need for this program thanks to Alcon’s generosity,” said SVS Chair Jack Gardner, O.D. “This program serves as a catalyst to provide greater service to the athletes as well as to strengthen the inter-professional relationship between certified athletic trainers and ODs.”

AOA members who wish to purchase additional kits may contact the SVS office at (800) 365-2219, ext. 224 or by email at SVS@aoa.org.

Equipment needed for African optometry schools

New and used optometric instruments, as well as optometric textbooks, are needed by VOSH chapters at African schools of optometry, according to VOSH International.

“Greatly needed are battery-operated diagnostic instruments, autorefractors, lens bars, phoropters, frames, lens blanks, and non-perishable optical supplies,” said VOSH International President Ruth S. McAndrews, O.D.

All equipment should be in good, usable condition.

Hand-held instruments should use “C” or “D” cell batteries instead of rechargeable types.

“If possible, please include copies of manuals,” Dr. McAndrews added.

The Kwame Nkrumah University of Science and Technology (KNUST) and The University of Cape Coast (UCC), both in the nation of Ghana, will be recipients of the first shipment of equipment, slated to depart in December 2005.

In late 2006, VOSH International hopes to send a second shipment of equipment to the Abia State University and the University of Benin, both located in Nigeria.

Equipment needed for African optometry schools

Local ophthalmic equipment distributors may be able to provide proper packing and packaging, particularly for larger instruments, Dr. McAndrews said.

In some cases, local Rotary Clubs may be willing to help with shipping costs, she added.

Donations should be sent to: World Medical Relief, Ghana Equipment Container, 11745 Rosa Parks Blvd. Detroit, MI 48206-1270.

Vera Wang releases limited runaway series frames

The Vera Wang Luxe sunwear collection by Couteur Designs released a Limited Edition Runway Series. The series includes five designs inspired by Vera Wang and her design aesthetic.

Each Runway Series frame is exquisite and available in a limited edition of 150 pieces per design.

The collection features two zyl and three metal designs for fashionable women looking for a hint of glamour in their sunwear. Several frames are decorated with baguette stones and delicate jewels for a runway look. The oversized designs feature a new toric lens that provides an extreme wrap for the face.

Each toric lens can be custom made to fit a variety of prescriptions through Solia.

Shown is style Runway 4.
A OA's volunteer structure is supported by 96 staff members. For more information on OA's programs and services, you may contact the staff at the following numbers.

Accounts Payable and Travel Reimbursement 800-365-2219 x248
Accounts Receivable 800-365-2219 x239

Getting in touch with AOA

Children’s/Binocular Vision Topical Interest Group (TIG) 800-365-2219, x225
SDBrown@aoa.org
Classified Advertising 212 633-3986
K.Spurlock@elsevier.com
Clinical Care Information 800-365-2219 x209 or x244
JLWeaver@aoa.org
Clinical Practice Guidelines 800-365-2219 x237 or x244
BTxowski@aoa.org
Commission on Paraoptometric Certification 800-365-2219 x135, x210
DMByrd@aoa.org
SAland@aoa.org
Communications Group 800-365-2219 x212
SMWasserman@aoa.org
Contact Lens and Cornea Section 800-365-2219 x137 or x224
URichard@aoa.org
Continuing Education: Opt. CE Other Assns. 800-365-2219 x117
ILAMO@aoa.org
Credits-AOA CE 800-365-2219, x256
Council on Research 703-739-9200
AmOptCOR@aol.com
Diabetes Initiative - CMS 703-739-9200
KHipp@aoa.org
Endowment Fund 800-365-2219 x133, or x134
RAbraun@aoa.org
LABoyland@aoa.org
Environmental/Occupational Vision 800-365-2219 x244 or x209
JLWeaver@aoa.org
Ethics and Values 800-365-2219 x232
UPCarlock@aoa.org
Event Calendar 800-365-2219
EventCalendar@aoa.org
Eye Care Benefits 703-739-9200
TVWeaver@aoa.org
Federal Government Relations Center 703-739-9200
JFHyman@aoa.org
Finance Center Accounts Payable 800-365-2219 x239
Accounts Receivable 800-365-2219 x241
Geriatrics/Nursing Facility 800-365-2219 x237
BTxowski@aoa.org
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KWeaver@aoa.org
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RAbraun@aoa.org
LABoyland@aoa.org
Infants’ & Children’s Vision Coalition 800-365-2219, x245 or x244
JLWeaver@aoa.org
InfantSEE™ 800-365-2219, x286
InfantSEE@aoa.org
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NBrazil@aoa.org
ADFleischer@aoa.org
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JEDuchateau@aoa.org
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Information and Loans x117, 101, 102, or 104,
Calendar of meetings, x117 Visionlink, x102
ILAMO@aoa.org
Low Vision Rehabilitation Section 800-365-2219 x253
SDBrown@aoa.org
Managed Care 703-739-9200
TVWeaver@aoa.org
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SDBrown@aoa.org
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JFWeaver@aoa.org
Medicare Policy 703-739-9200
KHipp@aoa.org
Member Records (AOA) 800-365-2219 x131
MemberRecords@aoa.org
Member Services 800-365-2219 x238
MemberServices@aoa.org
Military Memorials and Tributes (Book of Memory) 800-365-2219, x134
LABoyland@aoa.org
Museum 800-365-2219 x102
LDrape@aoa.org
National Diabetes Month Program (November) 800-365-2219, x267
AmOptCOR@aol.com
New Technology 800-365-2219 x244 or x209
JLWeaver@aoa.org
Optometric Standards 800-365-2219 x244 or x209
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LDSmelt@aoa.org
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LDSmelt@aoa.org
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JLWeaver@aoa.org
Professional Relations 703-739-9200
KHipp@aoa.org
Public Health Issues 703-739-9200
JLWeaver@aoa.org
Refraction Surgery Topical Interest Group (TIG) 800-365-2219, x253
SRay@aoa.org
Quality Assessment and Improvement 800-365-2219 x237
BTxowski@aoa.org
Save Your Vision Month 800-365-2219, x263
SDBrown@aoa.org
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JLWeaver@aoa.org
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DBKincaid@aoa.org
State Licensees/State Optometry Laws 800-365-2219 x266 or x236
SCooper@aoa.org
Student and Faculty Programs 800-365-2219 x111
KJJohnson@aoa.org
Surveys 800-365-2219 x238
LMBaumstark@aoa.org
Third Party Issues 703-739-9200
TVWeaver@aoa.org
VISION USA 800-365-2219 x261
VISIONUSA@aoa.org
Web Site Information 800-365-2219 x219
GCMckinley@aoa.org
Meetings

November

FLORIDA OPTOMETRIC ASSOCIATION
2005 FOA Eye Symposium
Nov. 19-20, 2005
Ft. Lauderdale, Fl
800/399-2334
kellie@floridaeyes.org

For more meetings information, visit www.AOANews.org.

To submit an item, send a note to EventCalendar@aoa.org

December

SOUTH CAROLINA OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
Dec. 1-4, 2005
Westin Resort, Hilton Head Island, SC
803/799-6721
FAX: 803/799-9992
Optichk1@aol.com

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February

TROPICAL SEA E Feb. 1-7,
St. Kitts Marriott Royal Beach
Resort, Frigate Bay, St. Kitts,
West Indies
Helen Jacobs
281/ 992-0002
Helen@tropicalseae.com
www.tropicalseae.com

MINNESOTA OPTOMETRIC
ASSOCIATION ANNUAL
MEETING
Feb. 2-4, 2006
Northland Inn Brooklyn Park,
952/ 841-1122 or 800/ 678-
8232  FAX: 952-921-5801
jessica@minnyedocs.org
www.minnyedocs.org

SOUTHERN CALIFORNIA
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ESSENTIALS OF CORNEAL
RE-SHAPING
Feb. 6, 2006
Southern California College of
Optometry
714/ 449-7442
714/ 992-7809
setkinson@scco.edu
www.scco.edu

LIGHTHOUSE
INTERNATIONAL
FITTING & PRESCRIBING
TELESCOPES
Feb. 9, 2006 New York NY
cczeto@lighthouse.org

SUMMIT II–
OPTOMETRY 2020
Feb. 9-12, 2006
DFW Hyatt Dallas, TX
www.aoa.org

HEART OF AMERICA
CONTACT LENS SOCIETY
Heart of America Annual
Contact Lens and Primary Care
Congress
Feb. 10-12, 2006
Hyatt Regency Crown Center
Hotel Kansas City, MO
contact@hoacs.org
www.hoacs.org

PACIFIC BEACH WINTER
SEMINAR
Feb. 10-12, 2006
West Palm Beach Marriott
561/ 792-9110 or 561-471-
0888 ( M & R)
pbwinterseminar@yahoo.com
www.floridaeyes.org

SOUTHERN CALIFORNIA
COLLEGE OF OPTOMETRY
JULES STEIN/ SCCO CE
Program Feb. 12, 2006
Southern California College of
Optometry
714/ 449-7442
714/ 992-7809
setkinson@scco.edu
www.scco.edu

TEXAS OPTOMETRIC
ASSOCIATION
2006 Annual Convention
Feb. 16-19, 2006
Renaissance Hotel, Austin TX
512/ 707-2020
512/ 326-8504
TexOp@aol.com
www.texasoptometry.net

D.26

OEP CLINICAL CURRICULUM
VT/Strabismus & Amblyopia
Feb. 16-19, Phoenix, AZ
800/ 447-0370
www.babousa.org

BRITISH COLUMBIA
ASSOCIATION OF
OPTOMETRY/CES/ Optofair
Feb. 11-13, 2006
Fairmont Waterfront Hotel and
Vancouver Convention &
Exhibition Centre
604/ 270-9909
info@optometrists.bc.ca
www.optometrists.bc.ca

SOUTHERN CALIFORNIA
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JULES STEIN/ SCCO CE
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see Meetings, next page
Meetings

March

UNIVERSITY OF MO. ST.
LOUIS COLLEGE OF
OPTOMETRY & OPTICIANSHIP
EDUCATION INSTITUTE
Las Vegas, NV
March 1-3, 2006
Flamingo Hotel, Las Vegas, NV
314/ 516-5615
ellerbusch@umsl.edu
optometry.umsl.edu

TROPICAL SEA E
Curacao, 2006
March 1-7, 2006
Curacao Marriott Beach Resort, Curacao, Netherlands Antilles
Helena Jacobs
281/ 992-0002
helen@tropicalseaee.com
www.tropicalseaee.com

NORTH DAKOTA
OPTOMETRIC ASSOCIATION
CONTINUING EDUCATION CONFERENCE
Grand Forks, ND
Nancy Kopp
701/ 258-6766
701/ 258-9005
nikopp@bismant.net
www.ndeyeinfo.com

MONTANA OPTOMETRIC
ASSOCIATION
BIG SKY SKI CONFERENCE
March 2-5, 2006
Huntley Lodge Big Sky Resort, Big Sky, MT
406/ 443-1160
406/ 443-6414
uwet@mteyes.com
www.mteyes.com

NORTHEASTERN STATE
UNIVERSITY COLLEGE OF
OPTOMETRY
4 STATE STUDENT SYMPOSIUM
March 4, 2006
INSCCO, Campus, Thibodaux
918/ 456-5311 x4033
918/ 456-2104
mccom@nsuk.edu
arapho.nsu.edu/optometry

DADE COUNTY OPTOMETRIC
ASSOCIATION
MIAMI NICE
March 3-5, 2006
Owens Colonnade Hotel Coral Gables, FL
305/ 896-5018
FAX: 772/ 334-9223
susie683@aol.com
www.miamieye.com

SOUTHERN CALIFORNIA
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OCULAR DISEASE PART 1
March 4-5, 2006
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714/ 449-7442
714/ 992-7809
sattrinso@scco.edu
www.scco.edu

19TH ANNUAL EYE SKI CONFERENCE
March 6-11, 2006
Lodge at Mountain Village
Park City, Utah
419/ 475-6181
tandilkin@buckeyeexpress.com
www.eyeakitch.com

GREAT LAKES CONGRESS
March 5-6, 2006
Ramada Inn Chicago North
Shore Hotel Northbrook IL
jeffgiles@wbcglobal.net
SEE-N-SKI 2006
March 5-8, 2006
Coors Tahoe, Lake Tahoe,
702/ 220-7444
nosaMO3@yahoo.com
www.nevadaisoptometric.org

20TH ANNUAL EYE SKI OPTOMETRIC CONFERENCE
March 5-10, 2006
Park City, UT
www.eyeakitch.com

OCULAR THERAPEUTICS IN
CANCUN
March 8-12, 2006
Fiesta Americana Condesa
Cancun, Mexico
Dr. Litwak
856-429-7415
ocuclar9@aol.com
www.oculartherapeutics.com

OPTOWEST 2006
March 9-12, 2006
Long Beach Convention Center, Long Beach, CA
800/ 877-5738,
916/ 441-3990
FAX: 916/ 448-1423
jessicas@coavision.org
www.optowest.com

MAINE OPTOMETRIC
ASSOCIATION
SUGARACOF SKI MEETING
March 10-11, 2006
Sugarbowl Resort, Kamasket Valley ME
207/ 666-9920
207/ 666-9933
MOA.Offices@MaineEyeDoctors.com
www>MaineEyeDoctors.com

SOUTHWEST COUNCIL OF
OPTOMETRY
EDUCATIONAL CONFERENCE AND
EXPOSITION
March 10-12, 2006
Hotel Intercontinental - Dallas, TX
214/ 992-0002
Helen Jacobs
www.tropicalseae.com
helen@tropicalseae.com
281/ 992-0002

AIOE CLINICAL CURRICULUM
VT: Learning Related Visual
Problems
March 24-27, 2006
Baltimore, MD
Theresa Krejsi
800/ 447-0370
www.babousa.org

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EXPO EAST
March 30-April 2, 2006
Jacobian’s Lighthouse Convention Center, New York, NY
Hotel & Travel 800/ 388-8106
or 312/ 527-7300
www.visioneXpo-east.com

April

INTERNATIONAL CONGRESS
OF OPTOMETRY
April 2006
Sydney Australia
www.optolythologist2006.com
br

NEBRASKA OPTOMETRIC
ASSOCIATION
NCA Spring Convention
April 1-2, 2006
Omaha Embassy Suites
Omaha, NE
402/ 474-7716

ACA Spring Planning Conference
April 19-23, 2006
St. Louis, MO
www.aoa.org

May

AOA CONGRESSIONAL
CONFERENCE
May 1-3, 2006
Washington, DC
www.aoa.org

ARIZONA OPTOMETRIC
ASSOCIATION
Annual Congress
May 4-7, 2006
Hilton El Conquistador Resort
Tucson, AZ
520/ 795-0555
FAX: 520/ 279-0055
info@aoa.org

FLORIDA OPTOMETRIC
ASSOCIATION
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- The Refractive Express: Are You On-Board?
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Administrative Assistant
University of Missouri-St. Louis
College of Optometry
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St. Louis, MO 63121
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taylormb@umsl.edu

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The ideal candidate must hold an O.D. degree or its equivalent and have a demonstrated track record as an effective fundraiser and a successful record of financial management. The Dean, as an advocate for the College and its faculty, must promote positive change, and be committed to advancing Pacific’s unique role in optometric education. Visit the employment board at www.pacificu.edu for a complete position description and further information about Pacific University and the College of Optometry.

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HAWAII - Optometric practice for sale in Honolulu. Located near the busy Ala Moana Shopping Center. Great opportunity. Call L. Miyamoto, O.D. at 808-949-7098


Massachusetts/Rhode Island Growing multi-specialty optometry practice has part-time and full-time positions available in Southern Massachusetts and Rhode Island. We offer excellent compensation, established patient base and flexible schedule (no evenings or weekends). Full-time benefits include: paid malp, health & dental ins, 401k, etc. H-1B sponsorship available Fax CV 1-866-657-5400 or email: caring@healthdrive.com or call toll free 1-877-724-4410


Established NEW YORK Practice for Sale 12 month gross with room for expansion in WESTCHESTER County; TAMPA, FLORIDA with 450K gross; MISSISSIPPI - DELTA with 480K gross; MISSISSIPPI OD has a vacancy for a 2-5 year contract.

Buyers immed. available for practices in Orlando, Chicago, DC, Savannah. Call Sandra Kennedy at National Practice Buyers (800) 201-3888.

New Hampshire. Full-time or Part-time Associate OD for group commercial practice. So. New Hampshire Location / flexible schedule (603) 893-5288

Associate OD for group commercial practice. So. New Hampshire Location / flexible schedule (603) 893-5288

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OPTOMETRIST WANTED Large, fast-paced, state-of-the-art optometric practice in multidisciplinary managed care setting seeks full-time Florida Board Certified Optometrist. Position involves primary eye care, medical management of ocular disease including glaucoma, contact lens care, and co-management of surgical patients. Must have strong people skills and a positive attitude. Prefer minimum of 5 years clinical experience; practice in optometry/ophthalmology setting or residency training are a plus. 4 day work week, generous benefit package. More info at www.capital-health.com. FAX CV to (850) 383-3401, Attn: Daniel J. Lazar, OD

Oregon - OPTOMETRIST

Dept of Veterans Affairs Southern Oregon VA Hospital & Outpatient Clinics in White City, OR has a vacancy for a Permanent Part-Time Optometrist specializing in therapeutic and primary care. The Eye Care Candidates must have excellent clinical skills, residency training is preferred. The clinic is located in the beautiful Rogue Valley, a full-service, rural community with easy access to a wide variety of outstanding recreational and cultural opportunities. Excellent benefit packages. For more information and application materials contact WASSORC Human Resources office (541) 826-2111 ext. 3207 Department of Veterans Affairs An Equal Opportunity Employer


Wisconsin - Optometric practice has FT & PT positions available in the Madison, Eau Claire, Stevens Point, and Wausau areas. We offer excellent compensation, established patient base and flexible schedule. F/T benefits include: paid malp, health & dental ins, 401K, etc. H-1B visa sponsorship available. Fax CV 1-866-657-5400 or email: caring@healthdrive.com or call toll free 1-877-724-4410

Wisconsin: Optometrist - Half time: The Fox Valley Veterans Affairs Clinic, a satellite of the Milwaukee Veterans Affairs Medical Center is located in Appleton, Wisconsin, a friendly, growing community.

We are recruiting for a half-time Optometrist who is a U.S. Citizen and is Board Certified/Eligible. This is a community based Primary Care clinic providing comprehensive outpatient care to approximately 15,000 veterans. Some flexibility in hours possible. Competitive salary and comprehensive benefit package. Send resume and cover letter to: Gail McNutt, M.D., 10 Tri-Park, Appleton, WI 54914. E-mail to Gail.McNutt@med.va.gov, or fax to 920-831-7906. Questions call 920-831-0070. EOE/Random Drug Screen

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Canon CR-6-45NM Non Mydriatic Retinal Camera, Brand New – Excellent Condition, fully digital and expandable to digital using Canon or other third party systems. Comes with Woodlyn electric table. 5 years young, it’s been in our family practice since day 1. It pays for itself. Call about delivery options. Jim Williams, Eye to Eye Optometry, Mexico, MO. $8500. OBO. 573/581-8911 or jim@eye2.com

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There's nothing more powerful than long-term patient success

- **Powerful Efficacy**—The IOP lowering you expect from the most prescribed agent*.
- **Tolerability**—The lowest incidence of hyperemia in its class**.
- **Persistence**—More patients stayed on XALATAN longer than other prostaglandins (PGs) and other first-line monotherapies.
- **The #1 prescribed IOP-lowering agent** and the only PG indicated for first-line use.

Because patient success depends on **EFFICACY, TOLERABILITY, and PERSISTENCY**

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XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

**Important Safety Information**: XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered. Iris pigmentation is likely to be permanent while eyelid skin darkening and eyelash changes may be reversible. The effects beyond 5 years are unknown.

Most common ocular events/ovens and symptoms (6% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy.

Please see footnotes, references, and brief summary of prescribing information on adjacent page.