AOA launches public awareness campaign, assists state efforts

In spite of the benefits patients receive from optometrists expanding their scope of practice, the general public needs to hear more about how optometrists help them.

“According to membership surveys and longstanding requests, enhancing optometry’s public image and recognition as a profession has been among the top priorities of AOA members,” said W. Pittman, O.D., president of the AOA.

“Members have been asking for AOA to embark upon a high level public awareness campaign to position optometry as the primary eye care profession serving the public. It’s clear that AOA members want us to spread the word about improved availability, extensive training and professionalism.”

At the same time, organized ophthalmology is attacking optometry at every level, on every issue. Children’s vision. Oral medications. Co-management. Surgery. Particularly in the last year, the American Academy of Ophthalmology has amassed resources to stop or initiate efforts in states and at the federal level that would stunt expanded patient care efforts by optometry.

Multi-million dollar communications, lobbying, and PAC campaigns have advanced in a matter of months, all aimed at discrediting optometry and rolling back the care that patients now receive. To combat these misleading attacks with a positive message, and to enhance optometry’s public image, AOA has embarked on the “largest public awareness campaign in the history of our association.”

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Lei Lippert, O.D.
The Salem Eyecare Center

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Until it’s time you discover your own competitive advantage? Visit www.govisionweb.com/office mate or call 1-800-369-3666 to find out how VisionWeb and OfficeMate can help your practice succeed.
Frank files for president-elect

Alan Frank, O.D., of Kingston, PA has announced his candidacy for AOA president-elect.

Dr. Frank has been in private practice for 29 years and presently owns three optometric practices.

One of those is the Children’s Eye Center, a pediatric eye care facility in northeast Pennsylvania that provides primary eye care mostly for children under the age of 5 and subcontracts the services of a pediatric ophthalmologist.

He has worked extensively with underprivileged children and also with Alzheimer’s patients.

For the past 20 years, he has been an active member of his local Jewish Community Center’s Athletic Board. He has also worked with the Children’s Service Center, which identifies and treats children with various behavioral problems. He is presently working with his state representative to develop standards for pediatric eye care. Dr. Frank is a member of the John Heinz Rehabilitation Medicine Staff.

Over the past few years, Dr. Frank has met extensively with executives of local insurance panels to educate them on improving the quality of their vision care products.

He is currently working with a local third-party payer to develop a regional model on early childhood professional eye exams.

Dr. Frank has served as a liaison between optometry and ophthalmology on many issues. He has also served as a member of the Northeastern Eye Institute Optometric Advisory Board.

Bipartisan children’s eye exam bill introduced

Bipartisan legislation for a $75 million federal grant program to provide comprehensive eye examinations for children, as well as necessary follow-up treatment, has been introduced in Congress.


It comes in the wake of new research by the Centers for Disease Control and Prevention showing millions of children do not receive the treatment of vision impairment, through a system of grants to states for eye exams and necessary follow-up care.

The bill has been referred to the House Committee on Energy and Commerce.

Rep. Ileana Ros-Lehtinen (R-FL)

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The Federal Trade Commission (FTC) has already sent more than 25 warning letters to contact lens sellers and prescribers concerning alleged violations of the Fairness to Contact Lens Consumers Act (FCLCA), commission attorney Charulata Pagar, J.D., reported during last month’s AOA Congressional Conference.

The Act, which became effective in February 2004, requires eye care providers to release prescriptions to their contact lens patients and contact lens sellers to obtain or verify prescriptions before dispensing lenses. The FTC issued its Contact Lens Rule last July detailing exactly what contact lens sellers and prescribers must do to comply with the law.

The FTC has sent warning letters in response to allegations the sellers had shipped lenses even though prescribers indicated that the prescriptions had expired.

The FTC has sent letters to prescribers citing complaints that they failed to release prescriptions to patients following completion of a contact lens fitting as required under the law.

Pagar did not indicate how many complaints alleging violations of the FCLCA have been received by the FTC, but said a warning letter could represent more than one complaint.

Pagar did not indicate how many of the warning letters were sent to eye care practitioners or how many were sent to sellers.

The FTC has not yet obtained any monetary penalties for infractions of the Rule. However, the commission staff considers the warning letters “a shot across the bow” for sellers or prescribers who may not be complying with the law.

“The Rule is still fairly new and the commission staff recognizes that the industry is in the midst of changing its practices to comply fully with the Rule,” Pagar noted.

To assist eye care practitioners and contact lens retailers in complying with the law, the FTC offers two documents, “The Contact Lens Rule: A Guide for Prescribers and Sellers” and a list of common questions and answers about the law, with both available through the Commission’s Web site (www.ftc.gov).

Complaints on automated systems

Pagar did not indicate if any of the warning letters concerned the automated voice messaging system used by one of the nation’s largest contact lens retailers, to request prescription verifications from eye care practitioners.

AOA Advocacy Group staff has been meeting frequently with FTC personnel regarding the use of automated verification systems and delivering hundreds of complaints from AOA members alleging FCLCA violations by the retailer.

AOA President Wesley E. Pittman, O.D., has sent a letter to one major retailer reflecting AOA members’ complaints about the system not complying with the Fairness to Contact Lens Consumer Act (FCLCA).

AOA Keypersons even raised the failure of certain automated verification systems to comply with the requirements of FCLCA as an issue on Capitol Hill during last month’s annual AOA Congressional Conference, urging lawmakers to ask the FTC what the agency is doing in response to the mounting number of complaints filed about the system.

So far, at least two legislators, Congresswoman Tammy Baldwin (D-WI) and Sen. Ben Nelson (D-NE) have contacted the FTC.

The system has been the source of widespread complaints from eye care practitioners who say the telephone messages are often difficult to understand and sometimes do not provide enough information to identify the patient for whom prescription verification is being requested—all violations of the FCLCA, according to AOA Congressional Conference materials.

Pagar acknowledged that “many prescribers object to the use of such automated telephone systems.”

However, she also said that FCLCA specifically authorizes contact lens sellers to send verification requests by telephone. Because the term “telephone” is commonly understood to include automated telephone systems.
systems, the commission concluded that it would be contrary to the intent of Congress to prohibit the use of such systems, she said.

“Some practitioners contend automated response systems that repeatedly fail to comply with FCLCA requirements may represent a calculated effort to discourage eye care providers from responding to verification requests, AOAO Congressional Conference materials note. The FTC Contact Lens Rule requires sellers to provide “a reasonable opportunity” for prescribers to respond to verification requests, Pagar noted. “Many prescribers would prefer to speak to a live person,” Pagar acknowledged. “However, neither the Act nor the Rule requires sellers to have a live person available to respond to calls, although sellers may choose to do so.” If the prescriber has left his or her response on an automated response system or on a contact person’s voice-mail and indicated that the prescription is expired or otherwise invalid, the Rule prohibits the seller from shipping lenses ordered, Pagar emphasized.

Pagar noted some prescribers have also complained about sellers who do not confirm that prescription verifications have been received. However, neither the FCLCA nor the FTC Contact Lens Rule require such confirmation, Pagar said.

Reports encouraged

The FTC encourages eye care practitioners to report any possible violations of the FCLCA, and provides a toll-free telephone line and a Web site to facilitate the process, Pagar said. However, those filing reports should offer as much information and documentation as possible to indicate that a violation has occurred, she emphasized. “If you are going to file complaints, we encourage you to give detailed,” Pagar said.

The Commission staff suggests that reports include the exact nature of the problem—such as inability to reach the party seeking verification as the result of a busy signal or an inoperative Web site, the name of the entity seeking verification, the time and date of the incident, and other pertinent details. In the case of automated voice messages, the Commission staff suggests that reports provide the most comprehensive verification of optometric data in the profession. It is designed to capture continuing education attendance at educational meetings for transfer to the ARBO Web site for access by both the doctor and the state boards of optometry in order to verify attendance information needed for state continuing education requirements for license renewal.

The purpose of the OE TRACKER program is to provide the most comprehensive verification of optometric data in the profession. It is designed to capture continuing education attendance at educational meetings for transfer to the ARBO Web site for access by both the doctor and the state boards of optometry in order to verify attendance information needed for state continuing education requirements for license renewal.

The OE TRACKER program is the first of its kind for optometry and will integrate the following components:

- All optometrists have been issued an individual Optometric Education Card (OE TRACKER card).
- Each card has a unique number, assigned by ARBO, magnetic strip and bar code.
- In registering for educational events, the unique identification number will be used to link the doctor to the courses being taken. This information is available for state boards of optometry.
- The OE TRACKER card is used to verify attendance information. After the educational event, the data will be verified and exported to ARBO’s Web site.

For those attending the AOA’s Meeting™ in Dallas, please bring your OE TRACKER card to verify attendance at educational meetings.

To report any possible violations, please call (866) 869-6852.

For more information, please call (703) 739-9497.

May 23, 2005 • 5
Dear Members:

It is with great emotion that I withdraw my name as a candidate for AOA trustee. It has been an honor and a privilege to serve the AOA as trustee and I thank you, the members, for giving me the opportunity.

The position of AOA trustee is a demanding one. There is work to do seven days of the week. There are reports to read, emails to answer, presentations to develop and, most importantly, there is communication regularly with you and your state association. These activities are a function of the day-to-day business of the AOA.

In addition to these regular duties, challenging issues can arise that demand an additional amount of energy and effort on the part of the trustee. All of the duties, though time-intensive, have been enjoyable, rewarding and interesting. I love the work.

But as you also know, the AOA board member is required to travel a great deal. We attend board meetings and committee meetings. We attend state, regional and national meetings. We visit optometry schools and participate in training meetings. We visit with business leaders, regulators and legislators. The travel has led me to places I have never been before. Each trip has been fun and has provided its unique set of memories. I cannot, however, keep up with the volume of this travel. For me, the commitment to my family has to be first and optometry has to be second. And right now my family commitment makes the required travel commitment to the AOA a real hardship.

It is for this reason alone I withdraw as a candidate for AOA trustee. I have offered my services to the AOA as a volunteer and hope to leave the door open for the opportunity to serve on the AOA Board again.

My tenure has been one of the most rewarding experiences of my life. The board is comprised of a very special group of bright, dedicated individuals. They have welcomed me from my very first day on the board.

We have gotten to know each other as brothers and sisters and, in knowing them as brothers and sisters, I have come to love them as family. Once again, thank you for allowing me to serve our profession in this manner.

Carol D. Record, O.D.
AOA Trustee

Send letters to:
Editor, AOA News
243 N. Lindbergh Blvd., St. Louis, MO 63141.
RAFoster@aoa.org.

AOA News reserves the right to edit letters submitted for publication.

Editor:
“Surprising results from a nationwide clinical trial show that many children age 7 through 17 with amblyopia may benefit from treatments” was the first line in an article published in the May 2, 2005 issue of AOA News.

The only surprising thing was the fact that the writer was surprised at the results. Optometrists have been curing amblyopia in patients of all ages for many years. Birnbaum, Koslowe and Sanet’s article about this was published in the Academy journal in 1977!

Please don’t express surprise when a future article is written about the effectiveness of amblyopia therapy in 18 through 80-year-old patients.

Daniel Lack, O.D.
Lake Katrine, NY

TIG survey looks for your input

AOA needs your help as we strive to continue to provide superior programs and services for all our members. In an effort to provide services to those members who may have an enhanced interest in various specialty areas of optometry, or who face challenges within their chosen practice settings, the AOA is considering offering one or more new Topical Interest Groups (TIGs).

Currently, the AOA offers two TIGs: Children’s/Binocular Vision and Refractive Surgery. TIGs exist solely in cyberspace, and they are offered FREE to AOA members.

TIG members are entitled to avail themselves of the following services, free of charge:

- An online forum where members can discuss the latest technologies and clinical information relative to their area of interest;
- A quarterly electronic newsletter;
- An online member directory for networking.

Please help us determine member interest in new TIG topics by completing our three item survey on TIG preferences, by June 10, 2005.

If there are other programs or services you would like to see AOA offer its members, please send them to sdbrown@aoa.org or call Stephanie Brown at (800) 365-2219, ext. 225.
Continuing what the AOA State Government Relations Center (SGRC) says could be a growing trend, Kansas, beginning in three years, will require ODs to have full prescriptive authority to renew their license.

“We’re happy with our bill,” said Kansas Board of Examiners in Optometry President Sharon Green, O.D. “It will ensure all Kansas ODs are on the same level of licensure, taking four licensure levels down to one.”

On April 7, Gov. Kathleen Sebelius (D) signed HB 2336 into law, amending the existing law regarding the licensure of optometrists.

Specifically, the bill requires applicants for an initial optometry license, or current licensees renewing their license for the two-year period commencing June 1, 2008, to be a therapeutic licensee. The bill also requires that applicants for a new or renewal license for the biennial period commencing June 1, 2010, be both a therapeutic and a glaucoma licensee.

Currently, Kansas has four levels of licensure—1) non-prescriptive authority, 2) diagnostic prescriptive authority, 3) therapeutic prescriptive authority without glaucoma drugs, and 4) therapeutic prescriptive authority with glaucoma drugs.

According to the AOA SGRC, the vast majority of states continue to have at least three levels of licensure: 1) non-drug authority, 2) diagnostic drug use only, and 3) legend drug prescriptive authority.

However, Kansas is one of 15 states where multiple levels of legend drug prescriptive authority licenses are also possible — making four and even five levels of licensure possible — something the SGRC strongly discourages.

“This bill is great for our patients,” explained Dr. Green. “No matter what OD they visit, the patient will be sure that optometrist can treat them to the full extent of the law: Sometimes, with pink eye for example, a patient could head to an optometrist, find out they’re not licensed to treat, then be referred to an entirely new optometrist. This bill saves the patient time and money.”

According to the AOA SGRC, level licensure has been somewhat controversial, particularly among older licensees and those optometrists who do not practice full-scope medical eye care.

While aware of potential controversy with passing a level licensure law, Kansas saw little uproar. “Most of the Kansas ODs are progressive and see how level licensure is good for the profession and for the patients we serve,” said Dr. Green.

Seeing potential conflict with the level licensure issue, the AOA SGRC has been exploring the issue for several years.

To the credit of the profession, no optometrist was ever “grandfathered” in and granted prescriptive authority without additional education, training, or testing, explained the AOA SGRC.

Some ODs, many of whom strongly support the legislative efforts, elected to continue practicing without prescriptive authority, rather than incur the expenses and time needed to gain authority.

Attempting to gain insight into the level licensure issue, the AOA Advocacy Group gave a presentation to the House of Delegates at the 2003 Optometry’s Meeting in San Diego, centering on whether prescriptive authority should be required for license renewal—then conducted an unofficial survey of the delegates:

56 percent believed that a license to practice optometry should automatically grant prescriptive authority; 12 percent said no; and 24 percent said “Not now, but in the future.”

60 percent felt the state should pass a law, or state board promulgate a rule, requiring prescriptive authority for license renewal.

64 percent believed a uniform license within a state would help gain access as a participating provider in managed care plans.

58 percent felt that it is not appropriate for some ODs in a state to hold prescriptive authority, while others do not.

The SGRC says that if the level licensure requirement is universally adopted, there would no longer be optometrists, diagnostic optometrists, topical and oral optometrists, glaucoma optometrists, etc. There would just be optometrists.

“This would not eliminate the problem that prescriptive authority varies somewhat from state to state; however, within a state all optometrists would be licensed to provide the same services,” said AOA SGRC Chair David A. Cockrell, O.D. “It prescriptive authority is required for license renewal, those without it would lose their license to practice the next time their license is up for renewal.”

SGRC Executive Committee member and a past chair of the AOA Licensure and Regulation Committee, Gary W. Lasken, O.D., agrees with Kansas and Dr. Green, claiming that one level of licensure would benefit the patient.

The state of state laws

Optometry is the only one of the four independent doctoral-level professions (with medicine, dentistry, and podiatry) where some practitioners hold prescriptive authority and some do not.

With their law, Kansas became the sixth state to pass a level licensure requirement, joining Illinois, Mississippi, North Dakota, Oklahoma, and Oregon.

Beginning January 1, 2001, all North Dakota licensees were required by board policy to hold prescriptive authority in order to renew their license.

Oregon required license renewers to have diagnostic authority beginning January 1, 2003. On January 1, 2005, the state then required all license renewers to have legend drug prescriptive authority.

Illinois will require certification to use or prescribe legend drugs for renewal after January 1, 2006.

Oklahoma will require those renewing their license after June 30, 2006 to hold legend drug prescriptive authority.

All Mississippi ODs renewing their license must hold legend drug prescriptive authority by Dec. 31, 2006.
“How can the public possibly know what an optometrist can do within a state if some have prescriptive authority and some do not?” Dr. Lasken said. “To make this more confusing, there may be more than one level of prescriptive authority within the same state.”

At the same time, the SGRC notes that a good faith promise was made to those optometrists who supported the legislative effort to gain prescriptive authority, but who personally did not wish to use or prescribe drugs, to let them continue in practice. “We cannot and should not break that promise,” said Jerald F. Combs, a past chair of the SGRC during the 2003 presentation to the House of Delegates.

While some ODs in the level licensure debate say that optometrists without prescriptive authority must refer their patient to another provider for some procedures, possibly delaying care and adding to the expense for the patient, others say that many optometrists practice in a group setting that facilitates easy referrals.

Putting optometry on parity with the other three independent doctoral-level provider groups is a main goal of level licensure, but opponents say that retirement will eventually take care of the different prescriptive authority levels within the profession.

Managed care brings a whole new element to the argument.

“Many managed care plans and multi-state employers use the fact that there are some optometrists without prescriptive authority, as well as the fact that there are multiple levels of prescriptive authority within a state, as a reason to keep optometrists from participating in a plan,” explained Dr. Lasken.

Some argue that a professional license is a property right which cannot be taken away without due process. However, Dr. Lasken argues that due process occurs in the legislative or rule-making process and to that end the license of a practitioner can be removed if he or she does not meet legally established renewal requirements.

Every state legislature has the obligation and the authority to enact license and license renewal requirements for each profession — designed to protect the health and safety of the public.

Can an optometrist who does not have diagnostic and legend drug prescriptive authority practice at today’s standard of care level? And is the public protected?

These questions are at the center of this debate.

Contact the AOA SGRC at (800) 365-2219, ext. 266.
Education, from page 1

5:30 p.m., Alcon’s “Contact Lens-Related Ocular Surface Disease: Cause and Cure” (T121) will detail SPK, dellen, pterygiform keratoconjunctivitis, and other surface problems. Lecturer Art Epstein, O.D., defines and explains problems and their remedy.

On Friday, June 24, 10:30 to 11:30 a.m., AO Sola’s “Progress in Progressives: Changes in PAL Design and What They Mean” (T221), goes into how eye care professionals want to give their progressive patients the most satisfying visual experience possible.

Lecturer Mary Eastwood, O.D., shows how recent developments in vision science allow us to define, design for, and measure patient satisfaction in progressive lenses, while demonstrating that progress in progressive lenses is real and ongoing.

Immediately following is AO Sola’s “The AR Advantage” (T222).

Lecturer Dr. Eastwood will explore the performance and awareness issues that have hindered AR in the past and how new developments help the patient.

On Friday, and on Saturday, The Spectacle Lens Group’s “Advances in Progressive Lens Optics and Coatings” (T223 and T321), lectured by Kenneth Scherick, O.D., provides an in-depth review of progressive lens optics and coatings that are available by prescription for presbyopic patients.

Information to be discussed includes new optical designs, lens metrology, and advancements in lenses.

Even later on Friday, 3 to 4 p.m., AMO’s “Refractive Surgery Options and Management” (T223), lectured by James Thimons, O.D., does its best to ensure the highest level of patient care is the primary goal of the O.D. in refractive surgery. This course will review both the “pitfalls” and “pinnacles” of the constantly changing arena.

On Saturday, June 25, 11:30 a.m. to 12:30 p.m., “CooperVision’s Dry Eye and Contact Lenses” (T322), is lectured by Jennifer Smythe, O.D.

Both by subjective complaint and physical findings, the contact lens patient with a dryness complaint differs significantly from the true dry eye patient.

This one-hour course reviews literature related to contact lens-associated dryness and offers strategies for managing patients through optimal choices of lens care material and wearing.

To view a complete Educational Theater schedule and register, visit www.optometrysmeeting.org.
Candidate, from page 1

member rolling dues assessment at Optometry’s Meeting in June. “We will be evaluating the program on a continuing basis and AOA members will have an opportunity to discuss its goals and accomplishments each year,” Dr. Brooks said.

Ophthalmology’s rhetoric has included commentary that optometry is putting patient health at risk, citing “a growing range of medical care” such as prescribing drugs, diagnoses and surgery.

“Organized ophthalmology also has made it clear that they want to not only stop optometry’s progression of patient care, but turn back the clock in some areas,” Dr. Brooks said.

“All this in spite of the fact that ophthalmologists know full well that optometrists have the education, training, and expertise to provide these services to patients and have been doing so for years.”

Dr. Brooks told AOA News that AOA members invariably ask for an expanded public relations program when he visits state association meetings. Lately, that interest has intensified, as AOA members see derogatory and inflammatory messages placed by ophthalmology in the media.

“We saw ophthalmology coming on fast and strong,” said AOA President Wes Pittman, O.D. “We knew we could not just sit by and do nothing about it. We knew we needed our own experts who could lead proactive communications to ensure everyone from patients to legislators appreciate optometry’s qualifications and how patients benefit.”

Last fall, with significant input and feedback by the FASTForce (Federal And State Task Force on Ophthalmology; see related story) of optometry’s relationship with ophthalmology, the AOA Board of Trustees decided optometry needed a multi-year, national campaign to positively position the profession and counter widespread misinformation by ophthalmology.

Having done a thorough search, the board settled on international public affairs and public relations firm Hill & Knowlton. Hill & Knowlton was recognized as having been named the top public affairs firm in the United States for seven years running.

The board also found H&K’s efforts on behalf of other clients showed measurable results in areas such as media and legislative strategy, media influence, attitude and behavior change, and impact for an organization. Likewise, the firm established what would be benchmarks for the AOA, such as key messages and informational materials and actions to influence reputation and legislative outcomes.

“Hill & Knowlton is widely acclaimed for its ability to conduct a targeted national campaign that smartly positions a profession ahead of the fray,” said AOA President-Elect Richard Wallingford, Jr., O.D.

“They came to us with the right strategy and the right team of people with deep media, positioning, political and health care experience. It also was clear that H&K immediately embraced optometry and thoroughly schooled themselves on our issues.”

Beginning in January, Hill & Knowlton embarked on a major effort to establish the foundation and key actions for a national campaign. The majority of the work is centered on proactive positioning of optometry, while at the same time working to anticipate and respond to actual state and federal legislative issues as they occur.

Efforts began with an analysis of organized ophthalmology’s marketing and outreach efforts, as well as how other health care professions have handled opposition to natural, patient-motivated expansion.

Scientific research also measured consumers’ reactions to positive, proactive optometry messages that Hill & Knowlton, and also quantified the public’s reaction to anti-optometry messages coming from organized ophthalmology.

“The research piece has been critical to everything else we do,” said Communications Group Director Steve Wasserman. “We’ve been able to calibrate our campaign and messages to best tell our story. At the same time, these messages serve as the foundation for all we do and say.”

Proactive national and regional media relations efforts to spread the messages of optometry include a “virtual news bureau” that H&K also pitches a topical story each month.

Examples include vision and nutrition, computer vision syndrome, or low vision. H&K also responds to media inquiries. Efforts have led to coverage such as:

- U.S. News & World Report
- Smart Money
- Yahoo News
- Forbes Online
- CBS Market Watch

Hill & Knowlton also has assisted with editorial responses to media inquiries. For example, the media relations firm Hill & Knowlton has also assisted with editorial responses to direct attacks on ophthalmology.

Ophthalmology’s position appeared in major media such as the American Medical News, Washington Times, American Legion Dispatch and Albuquerque Times.

Direct state outreach and support has played a big part in the campaign in these early months, as state legislatures have been busy considering ophthalmic legislation. The foundation for this analysis, along with
communications and legislative questionnaires to the states, established key needs and issues.

Based on those findings, Hill & Knowlton conducted direct outreach to, or consultation with, nine states on legislative issues related to scope of practice.

Five additional states received more involved strategic and tactical support given their expressed interest in receiving support, the immediacy of issues, affect on the profession, and ophthalmology’s direct attacks.

“By working directly with a number of states on scope of practice issues, Hill & Knowlton is establishing best practices, key messages and core materials in these areas,” said State Government Relations Committee Chair David Cockrell, O.D.

“Everyone benefits when we block or slow ophthalmology’s anti-patient efforts in one state so it’s not used against optometry in another state. Everyone benefits when another state legislature affirms optometry’s qualifications. And every state ultimately will face some of the same issues and stand to benefit from the work being done now.”

Via a Web board established for the state optometric associations’ presidents, presidents-elect, and executive directors, H&K is providing state legislative materials and monthly media editorial materials for the states to pitch locally. Core media articles about the profession also are being posted at this site.

Based on states’ feedback, a general optometry brochure and a series of tool kits are in development and being posted as completed. These resources serve as guides in areas such as:

- **Optometry:**
  - Foundation for general positioning and materials related to the profession of optometry;
- **Media relations:**
  - Working with and reaching out to the media;
- **State legislative:**
  - Reaching out to state legislators and tracking stances on legislation;
- **Community relations:**
  - Speaking in the community;
- **Issues tool kits:**
  - Materials related to scope-specific legislative areas.

“A tremendous amount of work already has been done to get the word out about optometry,” said Dr. Pittman.

“With the support of members, this campaign can continue to lay the groundwork for greater appreciation and understanding of the profession. At the same time, we can be in a better position to address unfounded attacks by ophthalmology. We know ophthalmology won’t go away, and we need to continue optometry’s advocacy on behalf of patients.”

Dr. Wallingford said questions that will be discussed at the meeting will include, “What will be the scope of our practice be?”, “What equipment and technology will we be using?”, and “What will our education consist of?”

The second summit will be to determine “What we want to be in 2020” and the third summit will answer the question, “How do we get to where we want to be?”

Calling it the “largest public awareness campaign in the history of AOA, in response to members’ interest in raising awareness of the exceptional high quality work optometrists do,” and to blunt attacks from national organized ophthalmology, Dr. Wallingford assured attendees that “AOA will take the high road, working with one of the largest, most respected public affairs/public relations firms—Hill & Knowlton—to tell the world who we are.” (See story, page 1)

- Describing InfantSEE℠ as the “best national public health campaign ever implemented by optometry,”
- Dr. Wallingford noted that “amblyopia numbers are unacceptably high, and so are the number of infants/children in need of proper care.”

“The program will also make Americans realize importance of eye examinations at all ages.”

- A “Mega Advocacy Meeting” to develop strategies for advancing the profession that include various aspects of AOA.

“State legislation activity is intertwined with federal legislation, and both intertwined with public health throughout the community,” said Dr. Wallingford. “We want to ensure groups within AOA are also intertwined.”

Among others, AOA invitees will include the State Government Relations Center, the Federal Government Relations Center, and the Healthy Eyes Healthy People ™ committee. More guests: state optometric associations and various organizations.
AOA-PAC again eyes $1 million-plus goal

The AOA Political Action Committee (AOA-PAC) raised a record $1.13 million during the 2004 election cycle, committee chair John Breiwa, O.D., reported during the recent AOA Congressional Conference.

The new record represents an increase above the just over $1 million raised by AOA-PAC during the 2002 election cycle. AOA-PAC’s record fundraising effort came during a period of unparalleled demand for PAC dollars by candidates campaigning for the US Senate and House of Representatives. Thanks to the generous support of AOA members, AOA-PAC’s ability to support professional candidates and meet this increased demand was strengthened in 2003 and 2004. However, looking ahead to the 2006 election cycle, the role of AOA-PAC will become even more important to the effort to ensure that optometry’s concerns are heard in Washington, DC.

As attacks from ophthalmology and organized medicine have intensified at the national level, AOA members have responded from coast to coast with increased awareness and activism. Thanks to a strong AOA-PAC and an organized and active grassroots effort, AOA derailed ophthalmology’s legislative campaign to turn the clock back on optometry’s gains. “We must continue to be a very formidable force in Washington if we are to be effective advocates for eye and vision care,” Dr. Breiwa added.

Priority issues

Although effective advocacy in Washington, DC, has always been a top priority, it will be particularly important in 2005. Congress and Federal agencies are considering several AOA priority issues, including Medicare physician payment reform and updates to the 2003 Medicare reform bill, overhaul of the Medicaid program, regulation of decorative contact lenses, children’s vision legislation and the inclusion of optometrists in the National Health Service Corps and other key government health initiatives.

Also, at the insistence of the AOA and pro-optometry members of Congress, the Federal Trade Commission is now reviewing official complaints about patterns of violation of the 2003 contact lens prescription verification law by certain contact lens marketers. With so many challenging issues on the horizon, it is essential that AOA-PAC be at full strength. That’s why every AOA member will be contacted over the next few weeks and urged to participate in AOA-PAC’s 2005 fundraising effort.

AOA-PAC has established several goals for the drive, which Dr. Breiwa believes are realistically achievable and could together keep the AOA-PAC war chest at least on a par with growing campaign spending levels, as well as with other health care organizations, including several with an anti-optometry agenda:

- An average AOA-PAC donation of $110 (up from around $100 now);
- Increased membership in the AOA-PAC Capitol Club (formerly called LIFE);
- Increased membership at a dollar a day or $365 per year;
- Contributions from at least 50 percent of all practicing AOA members (up from 32 percent now).

In addition, he said, AOA-PAC is attempting to better educate AOA members on the role they can play in the AOA Advocacy Group’s Washington lobbying and grassroots efforts, as well as AOA-PAC activities—including the selection of candidates that AOA-PAC supports.

Two of the AOA members most active in these endeavors—AOA Keyperson of the Year Roger L. Jordan, O.D., of Wyoming and AOA-PAC Representative of the Year Thomas L. Lim, O.D.—were honored at the AOA Congressional Conference.

The PAC’s role

In line with federal campaign law, AOA-PAC is a federally registered, independent entity, established by the AOA Board of Trustees under the umbrella of the AOA Advocacy Group. AOA-PAC’s mission is to not only raise and contribute money for campaigns of candidates seeking federal level office, but to also raise the awareness of the importance of political activism.

AOA-PAC is the only PAC working at the federal level to elect pro-
optometry candidates for Congress. The candidates selected to receive campaign contributions from AOA-PAC are chosen on the basis of criteria established by the AOA-PAC Board, including, whenever possible, a demonstrated record of support for optometry and legislation related to eye and vision care.

AOA-PAC devotes its resources exclusively to candidates for the U.S. Senate and House of Representatives. (AOA-PAC supports neither candidates for U.S. president nor state-level candidates.)

The AOA-PAC campaign war chest is developed entirely through donations from AOA member optometrists. (Corporate contributions are prohibited by law for use in conjunction with federal elections and AOA-PAC uses contributions of this sort to defray some limited administrative expenses.)

Virtually all of the money raised by AOA-PAC over the 2004 election cycle was allocated to candidate campaigns, leaving only a small balance brought forward for the 2006 campaign cycle, Dr. Breiwa said.

To make AOA-PAC support more convenient, AOA-PAC has, for the past several campaign cycles, solicited contributions via telephone—a measure which, Dr. Breiwa said, has been well received overall. “A few minutes spent responding to the AOA-PAC’s call over the coming weeks is probably the most convenient and practical way for the average practicing optometrist to help ensure a strong voice for optometry’s issues on Capitol Hill,” Dr. Breiwa told AOA News.

“We hope that when AOA members receive the call from AOA-PAC over the next few weeks, they will take a few minutes from their busy practices to speak with us,” Dr. Breiwa said.

Dr. Breiwa said he hopes for a day when all 30,000 AOA members are AOA-PAC contributors, as well as grassroots activists.

For information, visit www.aoa.org/advocacy/AOAPACFacts.asp

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National Provider Identifiers now available

The federal government today (May 23) begins accepting applications from health care providers and other entities for standardized identification numbers which, under a government plan to encourage greater administrative efficiency in the nation’s health care system, will eventually be required on claim forms for all public and private health plans.

Required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the National Provider Identifiers (NPIs) will be 10-digit numeric identifiers (with nine numbers and a “check digit” in the tenth place) designed to replace the myriad identification numbers now assigned to health care providers by various public and private health insurers for use on their claim forms.

The NPIs are specifically designed for use in a new standardized electronic claims format, known as the “standard transaction,” which health plans and providers will be required to adopt under HIPAA.

“The use of the NPI will improve the Medicare/Medicaid programs and other Federal health programs and the effectiveness and efficiency of the health care industry in general, by simplifying the administration of the health care system and enabling the efficient electronic transmission of certain health information,” the U.S. Centers for Medicare and Medicaid Services (CMS), the federal agency charged with issuing the identifiers, assessed in a statement on the project earlier this year.

“We urge health care providers to apply for an NPI beginning on May 23, 2005,” CMS Administrator Mark B. McClellan, M.D., said in a letter announcing the availability of NPIs to health care providers this month.

“Health care providers” specifically includes individual health care practitioners such as medical doctors, dentists and optometrists, as well as hospitals and larger health care providers, under the final rule issued by CMS to implement the NPI program.

Any provider who transmits health information electronically in connection with any of the standard transactions is required under that rule to obtain an NPI, even if the provider uses a business associate, such as a billing agency, to prepare transactions.

Many health plans, including Medicare, Medicaid, and private health insurance issuers, as well as all health care clearinghouses will be required to accept and use NPIs in standard transactions by May 23, 2007. Small health plans will have until May 23, 2008.

“After those compliance dates, health care providers may use only their NPIs to identify themselves in standard transactions, where the NPI is called for,” CMS emphasized.

Although required by the government only for electronic transactions, NPIs will essentially become the standard form of identification for health care providers on paper claims as well, meaning even health care providers who do not file claims electronically will probably have to obtain NPIs, the AOA Advocacy Group notes.

Health care providers and plans can apply for NPIs starting today online at the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov.

Applications for NPIs will be accepted in writing or by telephone, beginning in July.

Organizations representing or employing health care professionals (such as health professional associations or hospitals, respectively) will be able to submit applications on behalf of their health care providers in an electronic file, beginning this fall, but only with permission of those health care providers.

Health care providers should apply for an NPI using only one of the ways described above, CMS emphasizes.

“You may receive notices about the NPI from many of the health plans with which you do business. Remember that you need apply only once for an NPI. The same NPI is used for every health plan,” the CMS letter to health care providers notes.

Applications require Social Security numbers, federal employer identification numbers, and other information that must be entered correctly, the agency also emphasizes.

The application form contains a Privacy Act Statement, which explains how CMS may disseminate the information collected in the application.

Once an NPI has been assigned, health care providers should safeguard the identifier, CMS emphasizes.

Once issued, NPIs will never expire, he said.

Health care providers should not begin using NPIs prior to compliance dates unless their health plans have issued specific instructions to do so.

Interested in jump-starting your career? Don’t miss AOA’s New Practitioner practice management course at Optometry’s Meeting™ in Dallas on June 25, 2005. You can attend for free since course fees are paid in advance from a generous grant given by CIBA Vision, a Novartis Company.

Attendees of this fast-paced program receive information about topics such as debt management, negotiation tips, contracts, leases, financing, billing and coding, technology, compartmentalizing and networking the practice.

Also included:
- Complimentary buffet lunch
- Attendance prizes
- Optometry’s Career Center® (OCC) Update
- Women’s Issues in Optometry Panel

Register for course #0310 at www.optometristsmeeting.org

Or for additional information, contact LDSmith@aoa.org, or 1-800-365-2219, extension 151.
Healthy Vision Month features student awareness of low vision rehabilitation

The AOA’s Low Vision Rehabilitation Section has begun its second round of visits to the schools and colleges of optometry, presenting the LVRS Student Educational Awareness Program to coincide with the NEI’s May Healthy Vision Month theme “Promoting Independence through Vision Rehabilitation.”

This program is generously sponsored by Optelec Inc., “with the goal of encouraging optometry students and recent graduates to consider low vision care and rehabilitation as a viable, fulfilling practice option,” said Annette Fasnacht, Optelec president.

The program was so successful in the 2002-2004 cycle, that Optelec renewed the grant for another two-year period.

LVRS Chair-Elect Tracy Williams, O.D., hopes that “each of the 19 schools and colleges of optometry will schedule another visit from the LVRS Council to provide a low vision rehabilitation program which gives great insights to future practice, involvement, and opportunities to help people with vision loss.”

James Bailey, vice president of sales at Optelec, provides on-site support, promoting student membership in the AOA LVRS.

In many of the optometry programs, the LVRS Council meets with administrators and faculty to share insights related to curriculum issues on low vision – the science, the art and the practicalities.

Section Chair Susan Gormezano, O.D., said, “the Student Educational Awareness Program led to the first-ever joint symposium between the AOA LVRS and the American Academy of Optometry’s Low Vision Section, during Academy 2004, called “Low Vision Rehabilitation and Optometric Education: Curriculum Concept Exchange” moderated by Stanley Woo, O.D., University of Houston, College of Optometry.

On the evening of April 7, 2005, Dr. Gormezano presented the program at Indiana University School of Optometry, along with a pizza dinner.

Tom Blackman, the Indiana region distributor from Optelec attended and brought heat-sensitive mugs with an Amsler Grid melting into the phrase “Low Vision Specialists are our Visionaries.”

Student membership in AOA LVRS is also sponsored by Optelec, Inc., at these events.

The program was coordinated by Julia Ferguson, president of IU AOSA, with the help of faculty, including Ellie Kolibaum, O.D., and Sean Knaak, O.D. Dean Gerald Lowther, O.D., greeted Dr. Gormezano.

The National Eye Health Education Program (NEHEP) theme, and its relationship to AOA’s Healthy Eyes Healthy People™ program, was explained, and NEI “See for Yourself Brochures” in English and Spanish were distributed to the students, along with several of the related videos to faculty members.

On the morning of April 11, 2005, Dr. Gormezano presented “Assisting in Low Vision Rehabilitation” to the Optometric Technology Program associated with the IU School of Optometry.

This time a “Healthy Eyes” breakfast, including fruits and vegetables rich in anti-oxidants, lutein, and lycopine, was served.

The presentation featured nutrition, tips on patient rapport, pre-testing, chair-side assisting and recording, basics on familiarization and verification of low vision prescriptions, and visual aids and techniques to help the optometrist train patients in effective use of low vision devices.

In a note to Dr. Gormezano from Dr. Elaine Rivron, I.U. Optometric Tech. Program faculty, she wrote, “I hope it will be possible to make this an annual event…”

Programs like this help the optometry students and the practicing optometrists to have a greater appreciation for the range of contributions a paraoptometric technician can offer a practice. Melding them (optometrists and technicians) in the low vision field, seems to be a great opportunity.”

Dr. Tracy Williams was hosted by SCCO faculty members Rebecca Kammer, O.D., and Doug Williams, O.D., on April 19.

About 100 optometric students were inspired by Dr. Williams’ passion and dedication promoting low vision rehabilitation as an important “treatment modality” recognized by the NEI and needed by so many in America.

Dr. Williams encouraged the students to get involved with the AOA LVRS and take advantage of low vision rehabilitation education at SCCO.

Educators or administrators who would like to schedule the LVRS Student Educational Awareness Program for the 2005 – 2006 school year may consider after-class or in-class programs for the Low Vision Course.

Contact Stephanie Brown, LVRS Manager at (800) 365-2219, ext. 225, or sdbrown@aoa.org.
Industry Profile: HOYA

HOYA Corporation is a diverse technology company driven by innovation to meet the needs of customers around the world. HOYA’s commitment to innovation has resulted in consecutive years of positive financial performance throughout the company’s entire history.

HOYA was originally established in the 1940s as a specialty manufacturer of advanced optics technologies. The company continues to grow as a global enterprise through the expansion of diverse business activities, which encompass electro-optics, photonics, vision care, health care, and crystal products. HOYA technologies are used in many well-known consumer brands such as the Apple iPod, Toshiba laptop computers, cell camrophones, and even Tiffany crystal.

Today, HOYA’s worldwide presence has expanded to 59 divisions in 29 countries with 2,983 employees. HOYA Corporation achieved approximately $3.1 billion in net sales in 2004, a 13.5 percent increase over the previous year. HOYA’s worldwide headquarters for Vision Care is located in Amsterdam, Netherlands, with North American headquarters based in Lewisville, Texas.

HOYA’s North American Vision Care division has a very bright future with the acquisition of 17 prescription laboratories coupled with achieving organic product growth over the past six years. The success of progressive designs using HOYA’s proprietary Integrated Transmittance Control Technology (ITCT) like HOYALUX GP Wide, HOYALUX Summit CD continue to drive market share gains.

HOYA’s anti-reflective coating brand, Super Hi-Vision, has also set a new standard in anti-reflective coating performance, with more than twice the scratch resistance of the leading brand. Super Hi-Vision also has a hydrophobic top-coating called ViewProtect that provides an easy-to-clean feature desired by most patients. ViewProtect will be available as an add-on feature to a variety of other anti-reflective coatings from HOYA Full Spectrum laboratories.

HOYA also has some unique lens material advantages that differentiate them from other manufacturers. One example is the HOYA PHOENIX lens material. HOYA PHOENIX is a Trivex based material that is safe, tough, light and clear. HOYA PHOENIX meets or exceeds the FDA impact resistance standards and has high tensile strength, making it ideal for rimless frames and for kids. Additionally, HOYA PHOENIX is so light that it almost floats in water, which makes it very comfortable to wear. Most importantly, HOYA PHOENIX provides outstanding visual acuity noted by an exceptionally high 43-45 clarity rating (ABBE value) versus 28-30 for a typical polycarbonate lens.

HOYA Corporation has a strong history of innovation in technology, and is positioned well for future growth. HOYA Corporation will continue to maximize its corporate value for the benefit of all stakeholders in the company in accordance with the following corporate mission: “We will pursue creativity and innovation in the fields of information technology, health care, and lifestyle refinement, and contribute to creating a truly prosperous society, while promoting harmony among mankind, society, and nature.”

CIBA touts CL data

CIBA Vision says data from the A.C. Nielsen Company reveals rapidly expanding demand for all types of silicone hydrogel contact lenses, stimulated by continuing new product introductions.

For the bi-monthly reporting period ending in February 2005, audited U.S. retail sales of silicone hydrogel lenses increased by 161 percent over the same period the previous year, driving total soft contact lens sales up 12 percent. Silicone hydrogels accounted for 19.4 percent of soft lens retail sales, compared to just 8.3 percent in January/February 2004.

CIBA Vision says since its introduction of O2OPTIX™ in September 2004, silicone hydrogel contact lenses have gained approximately two percentage points per bi-monthly period of total soft lens sales.

The continuous wear segment of the silicone hydrogel market also continues to expand rapidly, up 41 percent in retail sales during the first two months this year.

CIBA Vision continues to be the market share leader in silicone hydrogel contact lenses with a 56 percent share of retail sales during the reporting period. The company’s O2OPTIX brand has already established a major position in the two-week silicone hydrogel sphere segment, capturing a 23 percent share in January/February.

“CIBA Vision is tremendously excited by these latest audit numbers, which validate our projections of the emerging dominance of silicone hydrogel lenses,” said Karen Gough, president of the Americas for CIBA Vision.
VisionWeb updates, expands

VisionWeb, the online service to help eye care providers streamline and simplify their practices, has improved functionality to its spectacle lens ordering engine.

Initiated in April, the improvements will continue to be rolled out over the next several months; the initial improvements focus on speed and performance. The result is online product ordering made even faster, easier, and more efficient for eye care practitioners.

VisionWeb says its “smart ordering engines” continuously check orders for accuracy when users are entering data. In this new software upgrade, error checking is maintained while speed is increased up to five times—a noticeable improvement, especially for members who place many orders and those using a dial-up connection.

Additionally, New Era Optical Company, a provider of optical supplies since 1912, has joined VisionWeb’s extensive network of suppliers that includes more than 160 optical laboratories, frame manufacturers, and contact lens providers.

“New Era Optical Company and VisionWeb strive to serve our customers with greater online efficiency using the latest technology. Our common goal is to provide efficiencies to eye care practices when ordering online,” said Mike O’Malley, vice president of business development at VisionWeb.

Herb Natkin, president of New Era said, “We are pleased to join VisionWeb, because it supports our goal to provide eye care professionals with the highest level of service.” Visit www.visionweb.com.

Luxottica unveils Sun Center 2005

Luxottica will feature its popular sunwear brands together with “a wide variety of outstanding benefits designed to increase sunwear sales and raise practice profitability” in the newly launched Sun Center 2005. Luxottica created the Sun Center concept in 2000. It is now in place in over 2,000 vision care practices nationwide.

“Luxottica has created a totally comprehensive and proprietary sunwear program that makes it incredibly easy for the vision care professional to gain the benefits of steadily rising sunwear sales,” says Vittorio Verdun, director of marketing for Luxottica. “Sun Center 2005 offers all the elements necessary to make a practice a serious source of plano and prescription sunwear among fashion-conscious consumers.”

With Ray-Ban, as the featured brand in the Sun Center program, other prestigious Sun Center collections include Revo, Killer Loop, Persol, Arnette, Vogue, Brooks Brothers, Donna Karan, DKNY, AK Anne Klein, Adrienne Vittadini, Versace and others.

In addition to these leading brand names and designer collections, Sun Center 2005 includes professionally designed displays for maximum impact; three educational and informative consumer brochures (choosing quality sunwear; the features and benefits of polarized lenses; and the importance of protective sunwear for children); motivational signage, counter cards, and banners; and a high-impact Ray-Ban recall postcard. Two exciting consumer gifts with purchase complete the program.

“Luxottica Sun Centers are proven profit builders in a professional practice,” says Vittorio Verdun. “Practitioners who are participating in the program are enjoying increased sunwear sales and higher profits all year round.”

Call Luxottica directly at (800) 422-2020.

Paul G. Howes, president of Bausch & Lomb North America (left) delivers the first PureVision™ trial lens set to Rochester, NY, optometrist Michael DePaolis, O.D. The company’s innovative silicone hydrogel lens will be available in the United States once again, following the recent successful resolution of a patent dispute. “The PureVision lens design provides wearers exceptional vision, health and comfort, whether the lenses are removed each day or worn 30 days straight, including overnight,” said Howes. Eye doctors across the U.S. soon will receive the sets, containing a range of PureVision lens prescription powers, to help fit their patients. More information is available at www.purevision.com.
Start planning: Call for 2006 Optometry’s Meeting™ courses


The Continuing Education Committee of the American Optometric Association is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2006 Optometry’s Meeting™ beginning May 9, 2005. Continuing Education courses will be held from June 21 through Sunday, June 25, 2006.

Courses submitted should cover a wide variety of ophthalmic topics. All abstracts must be submitted via online submission by July 29, 2005.

To submit a course, please visit the AOA Web site, www.aoa.org, and click on the “2006 Call for Courses” icon. Inquiries can be e-mailed to: continuing-ed@aoa.org.

Submissions must be completed by July 29, 2005 for consideration. Notification of selected courses will be e-mailed to all applicants in early Fall.
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**Glaucoma Update**

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NEW MEXICO – Silver City. 34 year practice for sale. Will consider associate. Net 200K. Beachfront property. Upon desert climate and unique opportunities including routine eye exams; pre-and post-operative exams for LASIK, cataract, and other eye surgery; contact lens exams and glaucoma, cataract and diabetes checks. Duties will include performing tests to determine visual acuity; diagnosing diseases of the eye; and providing accurate refraction measurements pre-and post-operatively. Requires a Doctor of Optometry degree, Texas Optometry License and 1 year’s experience as an optometrist. Send resume to: P.O. Box 703979, Dallas, Texas 75379, attn: Office Manager; or call 972/887-3675.

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WISCONSIN. Optometrists Needed in Wisconsin. Growing Optometry practice has full-time and part-time positions available in Madison, Milwaukee, Eau Claire and Stevens Point areas. We offer excellent compensation, established patient base and flexible schedules. FT benefits include: paid malpractice, health & dental insurance, vacation (4 weeks), life insurance and profit sharing. Please reply to: Human Resources, LCA Vision Inc. Email: kws@lcavision.com or FAX: 513/778-5828.

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NEW JERSEY – Somerville. Full scope, 50-year old practice with niche in IVD and biocorrelated disorders. Local, expansive patient base; retiring doctor offering mentoring as needed. Contact: 908/977-9118. E-mail: naramile2@aol.com


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