

I have been practicing Optometry seven years, and I have seen multiple times when patients miss their yearly appointment, ocular disease or problems are delayed in diagnosis and treatment which can be detrimental to their vision. For example, patients with high blood pressure and diabetes can have ocular bleeding (Retinopathy) due to one fluctuating in blood sugar and blood pressure but also can occur with normal levels. Most of the bleeding is undetected to the patient until receiving a comprehensive ocular examination. If vision is affected then sometimes ocular injections can help stop the bleeding while permanent damage has already occurred and ultimately irreversible. Our society has drastically increased with the amount of electronic devices use as well. These devices are well know to affect the focusing system which also can cause problems and needs yearly evaluation. Blue light exposure from electronics also increase our risk of retinal damage over time will only get worse with increase usage as we age compared to previous generations.

Another example of concern I have with extending the yearly glasses expiration is especially with children who sometimes are changing at a frequent rate even less than one year. Delayed correctable vision when affected in 1 eye can also result in amblyopia (a condition when a child is unable to see 20/20 even with the glasses). If a child is not seen until 2yrs with a potential of loss of vision because one eye changed this can result in permanent reduction in vision which will also affect their depth perception for sport activities and even driving when older. Another frustrating part of this potential bill is looking at other professions as dentistry which is accepted as 6month exams for children. Children learn in school mainly from vision than teeth. I'm not saying dental exams are not important but for the comprehensive exam, dentistry has done a better job of educating the public than optometry. Changes in a child's vision will affect their performance in school and we as a state extending the expiration past a year would be not only sad but also plain ludicrous for children.

Extending the expiration of contacts would also be a potential hazard to patients because each year optometrist are re-evaluating the vision/prescription of the ocular system to obtain the correct contact lens to achieve the best corrected vision while also monitoring for ocular hypoxia (loss of oxygen to the eye from the contact lens), scarring, ulceration's, etc... The contact lens is a medical device that needs to be fit correctly to have success and also evaluated every year to monitor for corneal damage which can and does occur even when patients are wearing their contact correctly. Once a patient tries to extend the life of the contact by over-wearing or extended wear (naps and sleeping with contacts), then the risk of ocular complications including blindness increase drastically. Yearly monitoring is essential!

Substituting a contact for a “generic”, different brand, or curvature would also be a patient hazard. Each patient is evaluated for a contact lens device that includes, corneal curvature, pupillary diameter, lens material, modality (daily, 2week replacement, monthly, or even yearly), lifestyle, medical conditions, and current medications. Certain medications and medical conditions can create a dry eye environment which disrupts the tear film and exchange of oxygen to the cornea through the contact. If not evaluated properly then a negative corneal outcome can arise including blurry vision, permanent scarring, stippling of the first corneal layer, etc... Some medications also have resulted in some patients having to completely discontinue contacts because of corneal damage while even without significant symptoms from the patient except some recent tearing and slight reduction in vision. If any parameter of the contact is altered can result in the contact lens not performing correctly with the fit, vision, and comfort for the patient which all can result in damage over time. An even bigger question is who is liable if another vendor for example, 1800-contacts or any other online vendor substitutes my patient with a different parameter that leads to a permanent loss of vision or even a simple irritation. Will the liability for this damage be on the doctor who has no control over which “generic” or change in contact is given to the patient or is it the online vendor? Secondly, how will this be perceived from a patient's

perspective. This yearly examination is performed with a slit lamp microscope which allows an optometrist to see the correct fit and also the corneal integrity. This is why substituting a contact parameter or delayed yearly examinations are a hazard and a patient risk. Its not the patients job nor have the training to always know when a problem is arising or one that can be prevented without proper yearly examinations.

The part of the ruling for every glasses rx to include a pupillary distance will actually hinder the accuracy of a patients glasses. Here are some issues I see with this potential requirement that include, some lenses will require a binocular PD vs a monocular PD which a trained optician will determine this depending on frame size, style, and even type of progressive which is determined on the floor and not in the exam lane. If the incorrect monocular vs binocular PD is used then unwanted prism will result. If a line bifocal is used when a monocular PD, then it will totally wrong. Not all patients will be able to use the PD that is determined in the exam lane if mandated. Some patients may even have a natural head tilt were a new computerized machine will be required which is performed on the optician floor and not the exam lane. Honestly I need to focus my attention on the actual prescription and patients health. Who is ultimately responsible if the PD needs to be altered based on type of frame and type of progressive glasses to achieve the patients type of vision when there is a complaint of distorted vision. The online vendor or the doctor? This law can have negative outcomes for the patient. Really the online vendors need to take the risk of opening their own brick and mortar office and compete with the same standards verses trying to have shortcuts by mandating a PD on an Rx when there is so much more involved for a patient to have the best vision.

Unfortunately most patients return to their eye doctors because of blurry vision and obtaining glasses verses presenting for an ocular health examination. By changing the date of expiration greater than 1 year will result in un-diagnosed ocular diseases, sequela of systemic disease that may arise and delaying potential sight threatening treatment, and actually increased health care cost. The can all be prevented by education of yearly comprehensive examinations. Yearly examinations are the key!

The real argument is that patients need affordable glasses which is already available at plenty of eyeglass chain stores. The insurance industry for glasses should be more of a concern for this than interfering with the doctor-patient relationship. For example, Medicare doesn't even cover glasses except 1 pair after cataract surgery. This should be the real avenue of affordability in eye care.

I hope this letter presents well to the importance of this matter from optometrist and ophthalmologist who prescribe glasses, contacts, and diagnose disease to improve our patients lives.

Sincerely,

Dr. Robert R. Morgan, O.D.