10/22/2015

ATTN: The Honorable Donald S. Clark
Secretary, Federal Trade Commission

RE: Eyeglass Rule, 16 CFR part 456, Project No. R511996

Dear Mr. Secretary,

I am writing to comment on the upcoming review of the Ophthalmic Practice Rules (Eyeglass Rule), specifically the proposed changes to the rule that would include the addition pupillary distance in the definition of “prescription”. I have been a practicing optometrist for the last fifteen years, and prior to graduating from optometry school, worked as ophthalmic technician for four years. I have worked in commercial, group, and private practice settings, and feel my training, work experience, and understanding of optics allows me to comment from a position of authority on this matter.

Pupillary distance, or "PD", refers to the measured distance between the patients pupils, and is taken for at least far and near viewing distances. Prior to the advent of digital free-form lens technology, all of the patient’s facial anatomical measurements were taken with a millimeter ruler at the time the eyewear was selected. While proper placement of the appropriate aspect of the lens in front of the patient’s pupil has always been critical, it is especially important for today's technologically more advanced spectacle lens and frame materials.

To clarify, today's lenses require precise horizontal and vertical placement of the lens selected by the patient. These measurements are effected by the lens and frame shape, as well as the size and use (driving, computer or reading) of the prescription. Increasingly, special instrumentation and devices are required to ensure the prescription lenses will function properly for the patient. The measurements must be made relative to the eyeglass frame selected. Therefore, the patient must be measured by the seller and/or the dispenser of the eyeglass frame. Because of this, it would be inappropriate for the optometrist to assume any responsibility for the proper prescription being misplaced in front of the pupil due to the configuration of the frame, the lens style or material chosen by the patient. In short, not all lenses are created equally and because of the many technological differences, a single measurement (like pupillary distance) is not enough to ensure proper lens function

Further, multifocal lenses such as bifocal, trifocal or progressives require a segment height, or placement of the near viewing (intermediate or reading portion) lens. Most lens manufacturers have a fitting guide to ensure the lens is positioned for maximum viewing efficiency with minimum of peripheral distortion. Once again, the patient must be measured by the seller and the dispenser of the eyeglass frame to ensure a proper fit.

By disregarding the above conditions, a nightmare situation is created for consumers, eyewear suppliers, and eye care providers, resulting in loss of time, money, and productivity. In a typical scenario, a patient – unhappy with the vision in their new eyewear – returns to the prescribing doctor for a spectacle recheck. This visit may incur a charge depending on the provider and certainly takes up the patient’s time. If the doctor finds no change to the prescription, it now

falls to the patient to determine why their new glasses do not work. The prescribing doctor may or may not assist with this and may charge for the service. Should it be discovered to be an issue with the optics of the lens (as opposed to a prescription or PD issue), the eyewear supplier may charge to correct the problem, resulting in further patient frustration and expense.

I thank you for your time and consideration, and hope you found my comments useful. Should you require further information, I would be happy to assist you.

Regards,

Todd Hamilton, OD