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Economic Liberty Task Force
Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, DC 20580

Re: Comments of 1-800 CONTACTS, Inc. on License Portability

1-800 CONTACTS, Inc. (“1-800 CONTACTS” or “1-800”) welcomes the opportunity to submit these comments in connection with the Federal Trade Commission’s (“FTC”) Roundtable on Occupational Licensing. 1-800 supports the FTC’s focus on occupational licensing reform and its broader commitment to promoting competition in markets for professional services.

1-800 submits these comments to draw the FTC’s attention in particular to the growing protectionist backlash against licensed medical professionals who are choosing to provide ocular telehealth services (“OTH”) in response to patient demands.

As the FTC is aware, an increasing number of medical specialties are using telehealth technologies to improve patient access to care and control rising healthcare costs. Ocular healthcare is no exception. Over the past few years, medical entrepreneurs have developed technologies that allow a licensed eye care provider (“ECP”) to evaluate a patient’s visual acuity using data generated by an online vision test. Research ophthalmologists have developed tools and protocols to provide an even broader range of ocular healthcare services, including eye health screenings, which the Veteran’s Administration has tested in some parts of the country.¹

While ophthalmologists have largely embraced OTH,² optometrists have mobilized to block patient access. At the state level, optometrists are working with friendly state legislators and local licensing boards to prevent their more innovative rivals from using OTH, because it

¹ April Y. Maa, et al., *Early Experience with Technology-Based eye Care Services (TECS): A Novel Ophthalmic Telemedicine Initiative*, OPTHALMOLOGY (Apr. 2017), [http://www.aaojournal.org/article/S0161-6420\(16\)31126-5/pdf](http://www.aaojournal.org/article/S0161-6420(16)31126-5/pdf).

² Am. Acad. of Ophthalmology (“AAO”), *Information Statement: Innovative Technologies in Diagnosing Eye Diseases and Conditions* (Dec. 2014), <https://www.aao.org/clinical-statement/innovative-technologies-in-diagnosing-eye-diseases>.

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threatens their business model, which is based on tying an in-person eye examination to the retail sale of eyeglasses and contact lenses.³

In the age of telehealth, the complex web of state licensing requirements is a barrier to the establishment of platforms that can offer nationwide affordability and expand access to care. 1-800 supports solutions to reduce the costs of interstate licensing that encourage entrepreneurship by streamlining costs, such as multistate licensing programs, while still respecting state sovereignty. But portability is not the only or even the largest regulatory barrier facing OTH entrepreneurs and providers. The unjustified protectionist restrictions, and at times even outright bans, that states are imposing on licensed professionals who are embracing these technologies is an even more serious obstacle.⁴ 1-800 thus respectfully urges the FTC to monitor the legislative and regulatory developments in this area and, under appropriate circumstances, provide competition policy guidance to states as they continue to consider the regulation of OTH.⁵

1-800 CONTACTS' INTEREST AND EXPERIENCE WITH OCULAR TELEHEALTH

1-800 CONTACTS is a recognized innovator in the retail distribution of contact lenses. Since its founding, 1-800 has been focused on improving the customer experience and making buying and wearing contact lenses as convenient and affordable as possible. That goal drove 1-800 to join the telehealth revolution through its partnership with Opternative, Inc. (“Opternative”), which allows 1-800 to provide its customers with a convenient way to connect

³ Optometrists earn nearly 60% of their revenue from the sale of corrective lenses. Prescription eyewear accounts for 43% of revenue and contact lenses are 16% of industry revenue. Optometrists earn just about 40% of revenue from providing licensed healthcare services. HARRIS WILLIAMS & CO., VISION INDUSTRY OVERVIEW (Jan. 2015) (citing data from *Optometrists in the US*, IBISWORLD (Nov. 2015)), http://www.harriswilliams.com/sites/default/files/content/hcls_vision_industry_overview.pdf.

⁴ As one law and economics scholar recently noted, the consumer welfare harm that can be associated with occupational licensing is due in part to the “mischief” that licensing boards can create by either adopting protectionist regulations directly or working with trade associations and friendly state legislators to implement state laws that limit competition. See Remarks of James Cooper, Associate Professor, Scalia Law School at George Mason University, Federalist Society Regulatory Transparency Project Program: Occupational Licensing, Antitrust & Innovation (Aug. 9, 2017) (21:48–24:20), video available at <https://www.c-span.org/video/?432331-1/discussion-focuses-occupational-licensing-requirements>. FTC Staff and the Department of Justice recently commented on a Puerto Rico bill that would expand the scope of practice for optometrists by allowing them to use and prescribe medication. See Letter from Marina Lao, Dir., Office of Policy Planning, Fed. Trade Comm’n, & Robert Potter, Chief, Legal Policy Section, Antitrust Div., U.S. Dep’t of Justice, to Representative Baez Rivera (May 18, 2016), <https://www.ftc.gov/policy/policy-actions/advocacy-filings/2016/05/ftc-staffdoj-joint-comment-puerto-rico-legislature>.

⁵ Acting Chairman Ohlhausen recently recognized that competition policy in the area of telehealth was closely related to her occupational licensing initiative and that protecting competition from innovative telehealth services belongs on the economic liberty agenda. Maureen K. Ohlhausen, Acting Chairman, Federal Trade Commission, Keynote Address at Heritage Foundation: Death by a Thousand Haircuts: Economic Liberty and Occupational Licensure Reform, at 10 (July 26, 2017), <https://www.ftc.gov/public-statements/2017/07/death-thousand-haircuts-economic-liberty-occupational-licensure-reform>.

with an ophthalmologist licensed in the patients' state to test their vision, and, where appropriate, renew their contact lens prescription. When customers access Opternative through the 1-800 portal, 1-800 will provide them with digital access to their prescription, which they are free to use to buy lenses from the seller of their choice. If they choose to buy lenses from 1-800, those fresh lenses will be delivered to their doorstep as soon as the next day.

Opternative is one of several OTH providers that currently offer an online vision exam.⁶ These technologies provide innovative ECPs with a valuable tool for providing an accurate vision test, and empower patients to make choices that fit their healthcare needs, schedule, and economic circumstances.⁷

In the majority of states, contact lens prescriptions expire after one year, despite the fact that even the American Optometric Association (“AOA”) recommends only bi-annual eye exams for low-risk adult patients.⁸ Many consumers fall in this window: they have had a recent comprehensive eye exam, but yet find themselves with an expired prescription and a dwindling supply of contact lenses. These consumers need a safe and efficient solution.

Without OTH, consumers' options are threefold. First, in some cases, their ECP may be willing to extend their contact lens prescription or merely sell them lenses without either a vision test or an eye health examination. Nearly 50% of contact lens wearers report that their ECP either extended their prescription, sold them additional lenses, or provided them with a supply of trial lenses after their prescription had expired without either a vision test or a comprehensive eye health examination.⁹ Second, some patients may be forced to return to their ECP for a

⁶ A number of other companies offer remote vision tests using different business models, technologies, and protocols. For example, Simple Contacts (<https://www.simplecontacts.com>) allows appropriate patients to use their smartphone to test their vision and renew a current contact lens prescription if the reviewing ophthalmologist determines that the patient's current prescription remains accurate. Neither Opternative (<https://www.opternative.com/>) nor Simple Contacts will issue a contact lens prescription to a first-time wearer. Warby Parker also recently introduced its own app-based remote vision test. <https://www.warbyparker.com/prescription-check-app>.

⁷ For the story of one consumer who opted for an online eye exam when she found herself down to her last pair of contact lenses, see Amber Brenza, *This is What Happened When I Tried an Online Eye Exam*, PREVENTION MAGAZINE (June 20, 2016), <http://www.prevention.com/health/do-online-eye-exams-work>. In some rural counties, patients must travel a meaningful distance for an in-person eye exam. One public health researcher found that in 2011, 24% of U.S. counties had no optometrist or ophthalmologist. Diane M. Gibson, *The Geographic Distribution of Eye Care Providers in the United States: Implications for a National Strategy to Improve Vision Health*, PREVENTIVE MED. (Apr. 2015), <https://www.ncbi.nlm.nih.gov/pubmed/25602911>.

⁸ *Recommended Eye Examination Frequency for Pediatric Patients and Adults*, AOA, (recommending an examination interval of every two years for “asymptomatic/risk-free” patients aged 18–60), <https://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?sso=y>.

⁹ Comments of 1-800 CONTACTS, Inc. on the Contact Lens Rule, 16 C.F.R. § 315 (Project No. R511995) (Comment #3898), at Exhibit D, slide 4 (Jan. 30, 2017), https://www.ftc.gov/system/files/documents/public_comments/2017/01/03898-138466.pdf (“1-800 January 2017 Comments”).

comprehensive eye health exam that they do not need and do not want because they simply want to reorder lenses. Third, in the worst of all possible scenarios, patients facing access barriers, or who simply do not have the time or money to return to their ECP, may make the unhealthy decision to stretch an existing supply of lenses (wearing lenses longer than recommended).¹⁰ The failure to follow the recommended wear schedule for lenses is a recognized risk factor for contact lens-related health issues.¹¹

OTH is an innovative way to fill this gap for consumers who want to avoid the time and expense of a trip to the ECP simply for a prescription renewal rather than an eye exam. 1-800 advises its customers that an online vision test is not a replacement for a comprehensive eye health examination and encourages its customers to have a comprehensive eye health exam on a regular basis. Though standards vary across OTH services, all are supported by a network of licensed ophthalmologists who join because they are comfortable that the service meets the appropriate standard of care.

THE LEGISLATIVE LANDSCAPE

Today ophthalmologists licensed in 39 states can use a remote vision test to issue a contact lens prescription to patients in those states.¹² However, the AOA and its state affiliates are storming state capitals to shrink that map or ban OTH altogether. While ophthalmologists are embracing OTH as a way to safely expand access and choice for patients, the AOA is working to stop their more innovative rivals from disrupting a business model that uses an annual in-person visit and control of the prescription as a springboard for the (far more profitable) in-house sale of contact lenses and eyeglasses.

Using a familiar playbook, the AOA is making unsubstantiated health and safety claims to block OTH by lobbying for anticompetitive laws and regulations, the same strategy it has long employed to try to block the retail sale of contact lenses through alternative channels.¹³ The

¹⁰ Survey evidence shows that patients who are down to their last pair of lenses will often stretch an existing supply. For example, 73% of patients who wear a daily lens will wear their last pair for an additional one to five days. 33% of monthly contact lens wearers will wear their last pair for more than three additional weeks. *Id.* at Exhibit A, slide 5.

¹¹ Notice of Proposed Rulemaking and Request for Comment, 81 Fed. Reg. 88526, 88549 n. 309 (Dec. 7, 2016), <https://www.ftc.gov/policy/federal-register-notices/16-cfr-part-315-contact-lens-rule-notice-proposed-rulemaking-request>.

¹² *Is the Opternative Test Available in Every State?*, OPTERNATIVE, <https://help.opternative.com/customer/en/portal/articles/2024153-is-the-opternative-exam-available-in-every-state-> (last updated Mar. 24, 2017).

¹³ The AOA's strategy here is similar to the strategy they adopted to try to block new models of contact lens distribution in the 1990s when the advent of soft, disposable contact lenses led to new competition from alternative retail channels like 1-800. In response, prescribers pushed states to consider, and in some cases adopt, restrictions that impeded competition for the sale of replacement lenses from alternative sellers, such as mail order and internet. States adopted statutes that required contact lens sellers to hold a medical or optometric license. Other states required that lenses be sold only in a face-to-face transaction, which outlawed phone and mail order distribution. *See* Comments of 1-800 CONTACTS, Inc. on the Contact Lens Rule, 16 C.F.R. § 315 (Project No. R511995) (Comment (Continued...))

AOA claims that issuing any prescription for corrective eyewear without a complete eye health examination is dangerous for patients, even though its own guidelines acknowledge that a comprehensive exam is *not* required every year.¹⁴ And many ECPs, including optometrists, are themselves often willing to extend prescriptions or sell additional lenses beyond the one-year mark without a comprehensive exam or even a vision test.¹⁵

Between 2016 and 2017, the number of states that have introduced bills that would ban or limit competition from ophthalmologists using OTH technologies more than doubled. Even more activity is expected in the next legislative session. Bills seen to date tend to fall into two categories: (1) restrictions on telehealth services generally that would cover OTH, and (2) bills that specifically target OTH, sometimes in states where telehealth is widely available in other specialties. In some cases, these OTH bills have also contained provisions that would restrict the sale of contact lenses through alternative channels, including provisions that are either plainly preempted by the federal Fairness to Contact Lens Consumers Act¹⁶ (“FCLCA”) or that the FTC rejected in its recent ten-year review of the Contact Lens Rule (“CLR”).¹⁷

Bills that target telehealth generally tend to include provisions that limit the mechanisms providers can use to establish the doctor-patient relationship necessary to provide care or issue prescriptions. Due in part to the FTC’s efforts, physicians licensed in most states can now establish a doctor-patient relationship through some type of remote communication, allowing them in certain circumstances to offer treatment or prescribe medication without an initial in-

#568), at 3–4 (Oct. 26, 2015), https://www.ftc.gov/system/files/documents/public_comments/2015/10/00568-99480.pdf. These laws had a common goal—to use unjustified licensing requirements and other burdensome regulations to block a new business model that put their business model and profits at risk. It ultimately fell to Congress to pass the Fairness to Contact Lens Consumers Act to try to provide consumers across all states with the choice and competition they deserve.

¹⁴ Jim Dallke, *A Georgia Bill Would Make Opternative’s Online Eye Exams Illegal*, CHICAGOINNO (Mar. 16, 2016), <https://www.americaninno.com/chicago/a-georgia-bill-would-make-opternatives-online-eye-exams-illegal/>; Meg Graham, *Opternative Fights States that Try to Ban its Online Eye Exams*, CHI. TRIB. (Apr. 5, 2016, 2:50 PM), <http://www.chicagotribune.com/bluesky/originals/ct-opternative-legislation-online-exams-bsi-20160405-story.html>; AOA, *supra* note 8 (recommending an examination interval of every two years for “asymptomatic/risk-free” patients aged 18–60).

¹⁵ 1-800 January 2017 Comments, *supra* note 9.

¹⁶ 15 U.S.C. §§ 7601–10. For example, in 2017, the Rhode Island House and Senate proposed companion bills that would have prevented licensed eye care providers from using OTH to conduct a vision test, or issue an eyeglass or contact lens prescription without an initial in person examination. H 5674, Jan. Sess. (RI 2017), S 0576, Jan. Sess. (RI 2017). The same bill sought to prohibit a retailer from selling contact lenses without either a copy of the consumer’s prescription or oral authorization, thus attempting to ban sales that are passively verified and entirely lawful under the FCLCA. <http://webserver.rilin.state.ri.us/billtext17/housetext17/h5674.htm>. After hearings in March 2017, both chambers referred the bill for further study and no further action had been taken at the end of the last legislative session.

¹⁷ Notice of Proposed Rulemaking and Request for Comment, *supra* note 11 at 88549.

person visit.¹⁸ However, many states are still imposing arbitrary restrictions on the types of remote communication that satisfy their legal standard. For example, on May 10, 2017, Oklahoma passed a law that would permit the establishment of a doctor-patient relationship through “telemedicine,” but defined telemedicine narrowly to exclude communication by telephone, or through transmittal of patient health information unless in association with an approved two-way communication.¹⁹ Arkansas recently passed a similar law, which took effect on July 31, 2017.²⁰ These laws discriminate against telehealth business models that do not incorporate synchronous—and in some cases, synchronous video—provider-patient communication.²¹

Bills that target OTH specifically have taken several forms; there is no one model bill to date. But the bills have a common goal: to prevent ECPs licensed to practice in the state from utilizing OTH technologies to issue a prescription. The majority of the recent bills prevent ECPs from issuing a prescription for either contact lenses or eyeglasses, while some apply only to prescriptions for contact lenses.

As examples, Washington introduced a bill in 2017 that would make it unlawful for an ECP to issue any prescription (new or renewal) for either eyeglasses or contact lenses without first conducting a comprehensive eye examination and refraction.²² The American Academy of Ophthalmology (“AAO”) opposed the bill because it would place “unnecessary and counterproductive restrictions on the development and use of emerging remote technologies in ophthalmology.”²³ The AAO explained that the bill was inconsistent with its clinical statement on innovative technologies for ophthalmology, which recommends that ophthalmologists

¹⁸ Statement of the Federal Trade Commission on Commission Vote to Close Investigation of Texas Medical Board’s Conduct (June 21, 2017) (withdrawing lawsuit against Texas Medical Board after law passed permitting telehealth without initial in-person visit), <https://www.ftc.gov/news-events/press-releases/2017/06/federal-trade-commission-closes-investigation-texas-medical-board>.

¹⁹ 59 Okl. St. §§ 478–478.1 (2016) (effective Nov. 1, 2017).

²⁰ S.B. 146, 91st Gen. Assemb., Reg. Sess. (Ark. 2017). The law took effect on July 31, 2017. *Latest News: Legislation Goes into Effect: What You Need to Know*, ARK. MED. SOC’Y (Aug. 1, 2017), <https://www.arkmed.org/news/2017/08/legislation-goes-effect-need-know/>.

²¹ For example, though Teledoc offers two-way video conferencing, it conducts the majority of its visits by phone. It has complained that the Arkansas law deprives residents who lack a broadband connection of access to care. See Heather Mack, *Arkansas Passes Two Bills to Expand Telemedicine Access, With One Limitation; Utah Removes Abortion Restriction from Telemedicine Bill*, MOBIHEALTHNEWS (Feb. 15, 2017), <http://www.mobihealthnews.com/content/arkansas-passes-two-bills-expand-telemedicine-access-one-limitation-utah-removes-abortion>.

²² S.B. 5411, 65th Leg., 2017 Reg. Sess. (Wash. 2017), <http://app.leg.wa.gov/billsummary?BillNumber=5411&Year=2017> (the last action on the bill was on June 21, 2017 when it was reintroduced in a special session).

²³ Letter from Cynthia Bradford, President, Am. Acad. of Ophthalmology, to the Honorable John Braun, Washington State Senate, Ways and Means Comm. (Feb. 22, 2017).

evaluate OTH technologies “as they would any other diagnostic modalities.”²⁴ Representatives from the Washington Academy of Eye Physicians and Surgeons testified at Senate hearings in opposition to the bill.²⁵ The bill remains pending.

Other bills proceeded further in the legislative process. The New Mexico legislature passed a bill similar to the Washington bill that would have prevented a licensed prescriber from issuing either an eyeglass or contact lens prescription without a comprehensive in-person eye examination. New Mexico Governor Susana Martinez vetoed that bill, but it could return in a different form in the next legislative session.²⁶ South Carolina adopted a similar law but only by overriding a veto by former Governor Nikki Haley, who vigorously opposed legislation she labelled protectionism.²⁷ At the very end of its last legislative session, Connecticut passed a bill that bars ECPs from issuing a contact lens prescription without first conducting an in-person examination.²⁸

THE TECHNOLOGY-BASED EYE CARE SERVICES PROGRAM

The AOA has opposed OTH in virtually all settings, fearing that *any* acceptance by the public, or medical and healthcare policy experts, threatens their current business model. In a move that is truly hard to explain as anything but economic protectionism, the AOA opposed a Veteran’s Administration OTH program to expand ocular healthcare to rural veterans.²⁹ The Technology-Based Eye Care Services program (“TECS”) was designed specifically to address the needs of older Americans. The program was developed by Dr. April Maa, then Assistant Professor and Director of the Tele-Ophthalmology and Comprehensive Services at Emory

²⁴ AAO, *supra* note 2.

²⁵ S.B. REP., S.B. 5411 (Wash. 2017), at 4 (Mar. 1, 2017), <http://lawfilesexst.leg.wa.gov/biennium/2017-18/Pdf/Bill%20Reports/Senate/5411%20SBA%20WM%2017.pdf>.

²⁶ H.B. 364, 53rd. Leg., 1st Sess. 2017 (N.M. 2017) (passed by House and Senate, March 2017, vetoed April 2017), <https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=364&year=17>.

²⁷ In an executive statement associated with the veto, Governor Haley stated that she opposed the bill “because it uses health practice mandates to stifle competition for the benefit of a single industry. During my administration, South Carolina has expanded access to health care . . . Unfortunately, a small group of eyecare professionals is seeking to block new technologies that expand low-cost access to vision correction services.” *S.C. Senate and House Override Governor’s Veto of ‘Eye Care Consumer Protection Law’ Banning Online Eye Exams*, VISION MONDAY (May 20, 2016, 12:33 AM), <http://www.visionmonday.com/latest-news/article/sc-senate-and-house-override-governors-veto-of-eye-care-consumer-protection-law-banning-online-eye-exams-1/>.

²⁸ H.B. 6012, 2017 Reg. Sess. (Conn. 2017) (signed by governor on July 5, 2017), https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2017&bill_num=6012. The South Carolina law applies to prescriptions for both eyeglasses and contact lenses. The Connecticut law applies to prescriptions for contact lenses.

²⁹ *Update: Senate VA Chairman Deals Blow to TECS Program*, AOA (Feb. 13, 2017), <http://www.aoa.org/news/advocacy/update-senate-va-chairman-deals-blow-to-tecs-program?sso=y&ct=f4fcf8a17218faaca9764322af9c40789f0ac31a09306a1c4c24ffdb3efcc9d5a59b1eb818aa284a659d67bee3e86abac9ac120929f68ea95d6331edadeceb973>.

University and the Atlanta Veterans Administration Medical Center. The program was designed to address both the ocular health and vision needs of underserved populations, particularly older veterans.³⁰ Under the program, an ophthalmic technician, following a detailed protocol, collects information about a patient's eyes at a primary care clinic. The information is transmitted to an ophthalmologist who reviews the patient's medical history and exam findings and issues a prescription for corrective lenses. If the results suggest abnormal findings, the patient is scheduled for a comprehensive eye health examination.

The program was established in five primary care clinics in Georgia surrounding the main VA hospitals. Study results from the program's first year showed a high degree of patient satisfaction. Prescriptions for corrective lenses were adjusted in less than 1% of cases. The study also showed a significant improvement in patient access to care with less time expended by both patients and physicians. Where the initial screening revealed an abnormality that required an in-person examination, the physician diagnosis matched the TECS reading in more than 90% of cases.³¹

The AOA nevertheless vigorously opposed the program, claiming that offering patients anything less than an in-person, dilated eye examination at every visit was dangerous because it would provide patients with "a false sense of security."³² Presumably in the AOA's view, it is better that the patient has no care at all than has care remotely. They decried the risky precedent the program would set and the "barrier" it would create for "doctors of optometry, both within and outside the VA, to deliver quality care."³³ By contrast, the American Academy of Ophthalmology strongly supported the program, later relying on the program's success in its own efforts to convince state legislatures to avoid adopting regulations that would impose unnecessary and counterproductive restrictions on OTH.³⁴

³⁰ Dr. Maa received funding for her research work on this project in part from the Emory-Georgia Tech Healthcare Innovation Program. *HIP-ACTSI-GSU Seed Grants in Healthcare Innovation Recipients*, EMORY UNIVERSITY/GEORGIA TECH HEALTHCARE INNOVATION PROGRAM, http://hip.emory.edu/about/seed_grants/round8.html.

³¹ Maa, *supra* note 1.

³² AOA, *supra* note 30.

³³ *Id.*

³⁴ Cynthia Bradford, *supra* note 23 ("A new study published in the medical journal *Ophthalmology* highlights the potential of these technologies to improve the lives of our patients. . . . Unfortunately, SB 5411 – although well intentioned – would manifestly fail to keep pace with the new developments in our field and would ultimately be a disservice to citizens of Washington."); Letter from Cynthia Bradford et al., President, Am. Acad. of Ophthalmology to the Honorable Irene Bustamante Adams, Assembly Commerce and Labor Comm., Nevada State Assembly (Feb. 22, 2017), https://www.leg.state.nv.us/App/NELIS/REL/79th2017/ExhibitDocument/OpenExhibitDocument?exhibitId=26708&fileDownloadName=0224ab129_BraCy%20-%20AM%20Academy%20of%20Ophthalmology.pdf.

CONCLUSION

OTH technologies and business models are in the early stages of development and market entry. As with other telehealth technologies, OTH offers the promise of greater access and lower costs for patients. The results from the TECS program demonstrate that potential. The coming onslaught of anticompetitive state bills, which must be fought state by state, puts these benefits at risk. We thus urge the FTC to monitor state developments in this sector and, when appropriate, use its policy and advocacy tools to protect innovation and patient access in this promising area of telehealth services.

Respectfully submitted,

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