

DEAR FTC

I AM A PRIMARY CARE DOCTOR OF OPTOMETRY IN NORTHWEST INDIANA IN A FAMILY OWNED PRACTICE SETTING. IN OUR COMMUNITIES WE SERVE A VARIETY OF PATIENTS WITH UNIQUE INDIVIDUAL NEEDS. OUR TYPICAL DAYS RANGE FROM DIAGNOSING AND MANAGING SIGHT THREATENING CONDITIONS OF THE EYE REQUIRING AUXILIARY TESTING AND APPROPRIATE MEDICATIONS FOR MANAGEMENT, UNVEILING SYSTEMIC DISEASE THROUGH ROUTINE COMPREHENSIVE EYE EXAMS REQUIRING APPROPRIATE LETTERS AND REFERRALS TO COMMUNITY PRIMARY CARE PHYSICIANS TO COORDINATE CARE, CARING FOR POSTOPERATIVE PATIENTS AND CORRESPONDING WITH CO-MANAGING PHYSICIANS, AS WELL AS REFRACTIVE NEEDS REQUIRING GLASSES AND CONTACT LENSES.

THE CHANGES PROPOSED TO THE CONTACT LENS RULE APPEAR ON THE SURFACE TO BE UNFAIR TO US SMALL BUSINESSES THAT WILL HAVE DIFFICULTY KEEPING UP ON TOP OF OUR ALREADY HEAVY DEMANDS FOR PATIENT CARE, EVEN BEFORE CONSIDERING THE DAILY BUSINESS OPERATIONS. LARGE CONTACT LENS DISTRIBUTORS HAVE BEEN TAKING ADVANTAGE OF UNAUTHORIZED CONSUMERS FOR SOME TIME NOW IN MY YEARS OF PRACTICE.

I HAVE BEEN IN PRACTICE 8 YEARS NOW AND HAVE SEEN TOO MANY CASES OF ABUSE WITH CONTACT LENSES LEADING TO PERMANENTLY REDUCED VISION DUE TO ABUSE. UNFORTUNATELY, THE MAJORITY OF THE ABUSERS EVENTUALLY CONFESS TO ORDERING CONTACT LENSES ONLINE WITHOUT EVEN BEING SEEN FOR SEVERAL YEARS. ONE RECENT GENTLEMAN INFORMED ME, WITH THE CURRENT LAWS IN PLACE, THAT IF HE JUST KEEPS SUBMITTING HIS REQUEST SEVERAL TIMES THAT THE AUTHORIZING EYE CARE PROVIDER CANNOT KEEP UP WITH THE DECLINE OF HIS PRESCRIPTION THAT EVENTUALLY ONE WILL "SLIP THROUGH" AND HIS ORDER WILL BE PROCESSED. THAT IS ABSOLUTELY RIDICULOUS. DUE TO THIS, HE NOW HAS REDUCED VISION FROM SCARRING BECAUSE OF EXTREME ABUSE WHICH WOULD HAVE BEEN AVOIDED IF HE WERE TO COME IN FOR AN ANNUAL COMPREHENSIVE EXAM AND CONTACT LENS EVALUATION, THE EYE CARE PROVIDER SEEN THE AMOUNT OF SCARRING, AND DISCUSSED WITH HIM WHY CONTACT LENSES ARE NOT A GOOD OPTION FOR HIM ANYMORE DUE TO THE LIKELIHOOD OF PERMANENT VISION LOSS.

ANOTHER NOTABLE WOMAN CAME IN FOR HER EXAM RECENTLY AS WELL. SHE HAD NOT BEEN SEEN FOR AT LEAST 5 YEARS AND SAID SHE HAD JUST RECENTLY RAN OUT OF CONTACTS. NO PREVIOUS PRESCRIPTION HAD BEEN FIT OR ORDERED. THE WOMAN ORDERED ONLINE, GOT APPROVED, ORDERED A ONE MONTH SUPPLY DAILY CONTACT LENSES WHICH ARE TO BE DISPOSED EVERY DAY. THE PATIENT MADE EACH PAIR LAST FOR "MONTHS" AT A TIME, INCLUDING SLEEPING IN HER LENSES, AND, AGAIN, LEADING TO PERMANENT SCARRING TO HER VISION. THE WOMAN MAY NOT HAVE EVEN UNDERSTOOD THE DIFFERENCE IN THE TYPE OF LENSES SHE WAS WEARING BECAUSE SHE WAS NEVER EVEN FIT OR EDUCATED DUE TO EXPLOITING LOOPHOLES.

THESE SITUATIONS HAPPEN MORE THAN I CAN HONESTLY KEEP TRACK OF AND UNFORTUNATELY DO HAVE PERMANENT AVOIDABLE VISUAL CONSEQUENCES. CONTACT LENSES ARE MEDICAL DEVICES THAT ARE FIT WITHIN OUR BODY. THE DECISIONS AS TO WHICH PATIENTS ARE FIT WITH CONTACT LENSES, WHICH ONES TO BE FIT WITH, AND WHETHER OR NOT THEY SHOULD CONTINUE TO WEAR CONTACTS IS A DECISION THAT IS BEST MADE WITH THE PATIENT IN OFFICE AFTER PROPER EVALUATION, NOT BURDENING SMALL PRACTICE WITH UNREALISTIC REGULATIONS OF WHICH WILL CERTAINLY BE EXPLOITED ON A MUCH LARGER SCALE MAKING CASES LIKE THIS EVEN MORE COMMON. THE GOAL OF ALL PHYSICIANS TO TAKE ABSOLUTE CARE FOR OUR PATIENTS, EDUCATE THEM, AND LEAVE THEM WITH THE BEST POSSIBLE FUTURE VISUAL PROGNOSIS AS POSSIBLE. I HOPE THE DECISION IS TO MAKE THEIR QUALITY OF CARE AND LONG TERM HEALTH A PRIORITY.

SINCERELY

JUSTIN W KUCSERA, OD