Senate approves ‘decorative’ contact lens safety bill

On July 29, the U.S. Senate unanimously approved an AOA-backed bill to protect Americans from eye injuries due to the misuse of “decorative” contact lenses. Senator Mike Enzi (R-WY) and Senator Mike DeWine (R-OH) led the effort to pass legislation (S.172) to require the Food and Drug Administration (FDA) to regulate decorative contact lenses as a medical device, similar to corrective lenses. Increasingly popular but all too often dangerous, these contact lenses have recently become a favored addition to Halloween and other costumes worn by students.

“By classifying contacts as medical devices, the Food and Drug Administration’s authority to regulate all contacts will prevent countless, senseless injuries every year,” said Senator Mike DeWine, a member of the Health, Education, Labor and Pensions Committee. “This regulation is important to keep our kids safe, and ensure that only people that are instructed in the proper use of contacts are able to use them.”

“With strong leadership from Senators Enzi and DeWine, the U.S. Senate has taken decisive action to safeguard the vision of younger Americans who are not being informed of the dangers associated with the unsupervised use of decorative contact lenses,” said Richard Wallingford, O.D., president of the AOA. “The Senate’s vote is a victory for consumers across America, as well as for optometrists from coast-to-coast whose voices were heard loud and clear on Capitol Hill.”

The improper use of decorative contact lenses, which are marketed and distributed directly to consumers through various sources, including the Internet, can cause permanent eye injury or potentially lead to blindness. Since 2003, the FDA has issued warnings to consumers and has made the Internet, can cause permanent eye injury or potentially lead to blindness. Since 2003, the FDA has issued warnings to consumers and has made the improper use of decorative contact lenses a matter of public health concern.

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Help protect your patients from the potential signs and symptoms of corneal oxygen deficiency.

Oxygen transmissibility is a critical success factor for healthy contact lens wear. O₂OPTIX is made with a revolutionary silicone hydrogel technology. With a Dk/t of 136 @ -3.00D, it delivers the highest oxygen transmissibility of any available 2-week soft contact lens and up to five times more than traditional soft contact lenses. This may help to protect patients from the potential signs and symptoms of corneal oxygen deficiency, including end-of-day discomfort, irritation, dryness, and redness.

O₂OPTIX gives your patients a healthy way to wear lenses for a full day, or occasionally overnight! And, it gives you the confidence that comes with offering a healthy option for their eyes.

Prescribe O₂OPTIX and recommend AQuify® 5 Minute Multi-Purpose Solution -- specially formulated for silicone hydrogel lenses.

1. Approved for use in all eight national sale "Chain" states (AL, FL, IL, IA, LA, MS, MO, WI), other states are subject to approval.
2. 1-800-241-5999 mcibavision.com

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O₂OPTIX

A solution to help you help your patients.

Breathable lens for the health of your eyes.
The voices of AOA members

A n organization as large and active as AOA needs a structure somewhere between a fortress and a surfboard: there must be stability, order, and accountability on one hand, and flexibility, responsiveness, and speed on the other.

In the eight years that I have served on the AOA Board of Trustees, I’ve gained an appreciation for these often conflicting needs of AOA and for the structure of the organization. I think the average member of AOA would be interested in learning how AOA’s structure is designed to keep the organization sound, yet nimble.

I think most members would be surprised to learn that the governing body of AOA is the House of Delegates. The House, which generally meets once yearly at the Optometric MeetingTM, has three areas of responsibility:

- The House votes on resolutions and bylaw changes — such as approving InfantSEE® and the $60 rolling dues assessment.
- The House elects members of the Board of Trustees.
- The House ratifies the actions taken by the Board of Trustees. If the House disagrees with a Board action, they can reverse that action.

AOA’s bylaws are designed to give the greatest amount of autonomy to the House of Delegates. It’s a body similar to the U.S. House of Representatives, with each state or affiliate optometric association given representation based on the number of AOA members in that state or affiliate. This year there were a total of 360 members in the House, and they are appointed according to the bylaws of their association. There is no input from the national AOA in the selection process. It must be kept in mind that the members of the House of Delegates are charged with a legal duty of acting in the best interests of the AOA.

The members of the AOA Board of Trustees are elected by the members of the House of Delegates. The structure of the Board helps future presidents gain experience, and the transition from president-elect to president, to immediate past president allows for continuity in programs, such as Healthy Eyes Healthy People® and InfantSEE®. If the House of Delegates is the fortress on which AOA is built, the Board is the surfboard. A typical AOA Board member spends 95 days traveling each year, to state affiliates, optometric meetings, schools and colleges of optometry and Board meetings.

Because it is a small, experienced group, the Board is able to respond quickly to the challenges that arise regularly. The Board sets the operating policies for the organization, providing direction to the executive director of AOA to whom the staff reports.

Some organizations hold direct elections online and conduct votes on resolutions and bylaws amendments either online or by mail. However, there is a recognition by state legislatures that the normal for-profit shareholder voting process could prove to be unwieldy in many membership-type organizations, so state not-for-profit corporation laws permit a House of Delegates process.

However, thanks to Web technologies, AOA is going to be asking members for their views on a number of topics. See Voices, page 30.

Richard L. Wallingford, O.D.
American Optometric Association News ISSN: 0004-8620 A published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Members of the Board help future presidents gain experience, and the transition from president-elect to president, to immediate past president allows for continuity in programs, such as Healthy Eyes Healthy People® and InfantSEE®. If the House of Delegates is the fortress on which AOA is built, the Board is the surfboard. A typical AOA Board member spends 95 days traveling each year, to state affiliates, optometric meetings, schools and colleges of optometry and Board meetings.

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Signet Armorlite (SA) celebrated optometry by hosting a party and awarding over half a million dollars to eye care professionals at the 2005 Optometry's Meeting™ Presidential Celebration. 2005 Optometry's Meeting™ and SA’s Million Dollar Sweepstakes II culminated at the Presidential Celebration at the Gaylord Texan Resort in Dallas, TX, June 25. After the sweepstakes grand prize winners were introduced, Collin Raye, country western singer with more than 10 No. 1 singles, entertained the crowd.

“We’re proud to be of service to optometry and to sponsor this event,” announced Ed DeRosa, SA’s vice president of sales and marketing.

During the Presidential Celebration, DeRosa introduced four practices that each won $100,000 and two winners of $50,000 each in the $500,000 Grand Finale of the Million Dollar Sweepstakes II.

Grand Finale Winners
$100,000
Roger K. Johnson, O.D.
Natrona Heights, PA
Robert M. Barton Jr., O.D.
Texas State Optical Portland, TX
Drs. Michael & Kelly Raies, O.D.
Portsmouth Vision Center Portsmouth, OH
Stephen Wesley, M.D.
Eyecare Associates of St. Louis St. Louis, MO

Grand Finale Winners
$50,000
Kenneth Lee Arndt, O.D.
ClearVision Optometry Newport News, VA
David Wright, O.D.
Drs. Wright and Wright Seminole, TX

After presenting the final Million Dollar Sweepstakes II awards, Ed DeRosa introduced SA’s next sweepstakes promotion: PracticePlus® Sweepstakes. “This coming year we will give away $500,000 in cash and awards in our PracticePlus Sweepstakes,” announced DeRosa.

“We’ll also draw for two new Chevrolet Corvettes at next year’s Optometry’s Meeting™ in Las Vegas,” he said. Each month from January through June 2006, $75,000 will be awarded among 12 practices.

Then, during Optometry’s Meeting™ in Las Vegas, two Chevy Corvettes will be awarded to one office participating in PracticePlus and attending the Presidential Celebration.

PracticePlus is an ongoing product support program designed to strengthen private practices. It has provided professional and financial benefits of over $20,000,000 to members since 1998. All Kodak Progressives in all materials qualify, most notably Kodak Precise™ Lens, with the revolutionary new Vision First™ design. Kodak Concise™ Lens and Kodak Progressive Lens also qualify for the $10 per pair support of PracticePlus and entries into the PracticePlus Sweepstakes.

Enrollment information is at (800) 950-5367 or www.practice-plus.net.

Country music star Collin Raye kept the crowd entertained.

Ed DeRosa, Signet Armorlite’s vice president of sales and marketing, announces winners of the Million Dollar Sweepstakes II at the Presidential Celebration.
Editor:

Dr. Chris Woodruff and I have been funded by the AOA to conduct a survey of ODs who have graduated from the 17 U.S. schools and colleges of optometry in the last five years. Our study is titled “A Five Year Study of Optometric Graduates: Where Did They Go and What are They Doing?”

If you recall, starting in 2002, Chris and I conducted another AOA-sponsored survey of optometric students and practitioners. The results of our survey became the lead article in the October 2004 edition of the AOA Journal.

That article was titled “The future of optometric practice? The results of a survey of optometrists and optometry students”. The success of that survey prompted the board of trustees to fund us again for this next study.

It has taken us almost a year to get the cooperation of all the schools and colleges; but we are now ready to roll. Originally, we had planned to send out the questionnaires via mail and have them returned via a self-stamped envelope; however, the costs were becoming prohibitive.

We are now going to send a mailing to approximately 6,250 graduates from the 17 schools and colleges, and we are asking them to answer the questionnaire electronically.

We have a Web site, http://www.nova.edu/hpd/otm/survey, which contains 31 questions and can be answered in less than five minutes. I am sure you are aware of the fact that in order for a survey to be a success, the returns must be statistically significant. In order to meet that criteria, it is essential that as many graduates as possible participate in this survey. Your help in promoting this survey in the AOA News would be of great value to us, and I thank you in advance.

Mort Silverman, O.D.
Ft. Lauderdale, FL.

Letters

Simply put, our members come first—always.

After more than two decades in business, HMI is still the leading buying group of independent ODs. On average, our members have been with us more than 17 years—no other buying group can beat that record!

“The easiest buying group in the eyecare industry to do business with”

Our reputation is honestly earned—our customer service professionals have been with HMI Buying Group for an average of 17 years. They know the industry inside out, and when you need a fast answer to a question, they’ll get it.

Old-fashioned personal service, high-tech business.

We know most of our members by name, so you’ll get the kind of personal service from HMI you just don’t expect these days. At the same time, we use the latest in information technology to simplify and streamline our services to you.

Go online to keep rising costs in line.

Our website (hmibg.com) is packed with features you just won’t find on other buying group sites. With our usual insistence on convenience and simplicity, it’s easy to check the latest prices from your favorite suppliers, access and pay your statement online, and even order contact lenses.

If you can’t speak this highly about your current buying group, maybe it’s time to try HMI.

Joining the HMI Buying Group is simple. Just call Jacqueline Dotson at 800.569.0681 and she’ll show you how easy it really is. Membership is FREE and there are NO hidden ‘administration’ fees. See for yourself why more than 5,000 eyecare professionals depend on HMI.

Join HMI by September 30, bill $2,000 by November 30, and receive a FREE portable DVD player!
AOA hosts vision prelude to White House Conference on Aging, offers ideas, solutions

AOA joined forces with the White House Conference on Aging, June 24, during Optometry’s Meeting™, to co-host the nation’s only (WHCoA) “Solutions Forum” focused on eliminating barriers to eye and vision care services for America’s seniors. Highlighting the Forum — titled Eye Care Access: Eliminating Barriers for Seniors and Baby Boomers — were three well-known health policy experts—Dorcas Hardy, WHCoA Policy Committee chair; Adelaide Horne, deputy commissioner of the Texas Department of Aging and Disability Services; and Rodolfo (“Rudy”) Arnedo, Ed.D., White House Conference on Aging Advisory Committee, Texas Tech University Health Sciences Center.

“The AOA is an important cog for those who need to be involved with the WHCoA,” said Hardy. “The issues before us are large. This meeting is a unique opportunity to learn what the policy committee should be looking at in regard to vision.”

Optometrists are America’s primary eye care providers and are on the frontlines in providing essential eye care services for our seniors,” AOA Immediate Past President Wes Pittman, O.D., told attendees at the forum’s opening. “AOA members appreciate that Chairwoman Dorcas Hardy and other White House Conference on Aging officials have come to Dallas during Optometry’s Meeting to work with us to develop solutions to our country’s changing demographics and most pressing aging concerns.”

Horne spoke of the goals to remove barriers, to encourage and support individuals aging well, the prevention of health problems, and attention to health problems, so many of which can be identified by eye care professionals,” she explained.

Close to 60 people attended the forum, which featured a number of health policy experts in academia, aging, and low vision care, as well as doctors of optometry serving with the U.S. Centers for Disease Control and Prevention and the U.S. Department of Veterans Affairs.

The forum was divided into panel presentations that addressed four areas that the WHCoA is using to assess the needs of older Americans: Healthy and Long-term Living; The Workplace of the Future; Our Community, and Social Engagement.

Panelists offered “solutions” in each of these areas to remove or reduce barriers to eye care.

❖ The Health and Long-Term Living panel featured Michael R. Duenas, O.D., health scientist, National Vision Program, Centers for Disease Control and Disease Prevention; Rosie Janiszewski, deputy director, Office of Communication, Health Education, and Public Liaison, National Eye Institute, NIH; and Dorothy Hitchmoth, O.D., chief of optometry at the New England Veterans Medical Center at White River Station.

Dr. Duenas, Janiszewski and Dr. Hitchmoth detailed how the physiological fallout from systemic diseases, such as hypertension and diabetes, can threaten the eyes of older adults.

“People do not think of eye care as part of general health care,” said Janiszewski. “We need to learn to target our message that eye care is important.”

The second panel presentation, The Workplace of the Future, was anchored by Alfred A. Rosenbloom, Jr., O.D., former president and dean, Illinois College of Optometry, and Susan R. Hardy, WHCoA Policy Committee chair; Adelaide Horne, deputy commissioner of the Texas Department of Aging and Disability Services; and Rodolfo (“Rudy”) Arnedo, Ed.D., White House Conference on Aging Advisory Committee, Texas Tech University Health Sciences Center.

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See Aging, page 7
Aging, from page 6

Gormezano, O.D., chair of AOA’s Low Vision and Rehabilitation Section.

The biggest barrier facing older workers or older people who want to work is ageism, they said.

“Ageism is a form of prejudice that promotes myths and stereotypes that are not true,” said Dr. Rosenbloom.

“As a solution to combating ageism, we must inform employers of industry studies that consistently find that the older worker is more reliable, often showing greater company loyalty than their younger counterparts,” Dr. Rosenbloom said. There’s need to combat ageism not just in the workplace but also among health providers.

He suggested that optometry schools and colleges, medical schools, and other health professional schools expand their curricula in geriatrics and adopt policies that “provide incentives for residents and fellows to choose geriatrics as a career.”

Panel three, dubbed “Our Community,” was anchored by Marc Piccolo, O.D., associate dean for Professional Development, University of Houston, College of Optometry; Gilbert Pierce, O.D., Ph.D., associate professor of Clinical Optometry, The Ohio State University College of Optometry; and William Sexton, president-elect, National Rural Health Association, and chief executive for the North Coast Service Area of Providence Health System in Oregon.

“It is evident that geographic distance from health care providers and facilities has a negative impact on the timely delivery of all health care,” explained Dr. Piccolo.

“Just as important is the socioeconomic barrier that exists in deep urban settings. Although providers and facilities may be available within short geographic reach to these underserved urban populations, the health care isolation of these populations is evident in the increased incidence of disease within ‘at risk’ aging populations,” he said. Sexton said federal policy makers can help make this happen in a couple of important ways: ‘Support tax benefits for eye care professionals who practice in rural communities.

Provide eye care professionals with student loans through the National Health Service Corps for providers who serve in medically underserved areas upon graduation.’

The fourth panel, titled “Social Engagement” promoted the advantages of social interaction, physical activity, life-long learning, and access to technology as greatly enhancing quality of life in later years.

Led by Bruce P. Rosenthal, O.D., chief of Low Vision Programs, Lighthouse International, New York, NY; and Satya Verma, O.D., the Social Engagement panel discussed how mobility and transportation, including safe practices for the senior driver, are significant concerns.

“Enhancing vision function enhances social interaction, independence, and optimum quality of life,” said Dr. Verma, who also served as the forum’s master of ceremonies and was the member that suggested AOA host the event.

“I suggest seeking funding from the local Department of Transportation as well as the Business Improvement Districts to help underwrite the costs of developing a pilot project on installing Audible Pedestrian Signals (APS) at key street crossings in major cities in the United States,” said Dr. Rosenthal.

He noted that New York City had already done this in collaboration with LightHouse International.

As a WHCoA-sponsored event, the information presented will be carefully considered by the WHCoA Policy Committee.

The WHCoA has informed AOA that it views improved access to eye care for seniors as an important component of overall good health.

“The AOA did a great job,” said Hardy at the meeting’s close. “I appreciate your attendance and participating in this Solutions Forum. It is important for us to learn from each other. We have good information to take from this meeting. You have an opportunity to change the system.”

Senate, from page 1

AOA Immediate Past President Wes Pittman, O.D., and the Honorable Dorcas R. Hardy, chair of the 2005 White House Conference on Aging Policy Committee and one-time commissioner of the U.S. Social Security Administration, Hardy attended AOA’s White House Conference on Aging’s Solutions Forum to hear ideas that would reduce or eliminate barriers to better eye care access.

Sen. Mike Enzi (R-WY)

Senior Senator Mike Enzi, Senate Agriculture, Nutrition and Forestry Committee, and Senate Finance Committee member, is an important advocate for optometry's legislative agenda.

As a WHCoA-sponsored event, the information presented will be carefully considered by the WHCoA Policy Committee.

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In January 2005, the AOA launched a renewed nationwide grassroots effort to educate members of Congress and the general public about the dangers associated with decorative contact lens use and in support of S. 172.

Rep. John Boozman, O.D. (R-AR), the only doctor of optometry serving in Congress, has sponsored a companion bill (H.R. 371) pending before the U.S. House of Representatives.
At their annual meeting this past June, the National PTA amended their policy statement, “Elements of Comprehensive Health Programs,” to include vision (see inset, page 28), thanks to the hard work and dedication of one mother, Mrs. Janet V. Hughes.

With children getting ready to go back to school and August being National Children’s Vision and Learning Month, the timing couldn’t be more appropriate. Hughes’ eldest daughter, Amy, had a significant vision problem that went undetected during the school vision screening.

Fortunately, she brought her to AOA member, Samuel Forzley, O.D., of Lemont, IL, for a comprehensive vision exam. Amy was diagnosed with a significant amount of hyperopia and astigmatism.

Hughes was shocked at the diagnosis, because she had done everything the American Academy of Pediatrics had recommended. She had also completed all the school requirements for vaccinations, as well as health and dental exams, yet not one pediatrician and not one school administrator recommended a comprehensive eye and vision examination.

“If my daughter passed the vision screening with her hyperopia being so significant, how many other kids were passing the vision screenings that shouldn’t have passed?” she asked.

“As I began talking to friends, I learned that Amy wasn’t the only one who had inappropriately passed a vision screening,” said Hughes. “When I realized Amy wasn’t an isolated case, I decided to take action so that no other child would experience school with an undetected and untreated eye or vision problem.” This was the beginning of a new campaign for Mrs. Hughes—to raise the standards of eye care for all children.

Three years ago Mrs. Hughes wrote a letter to the AOA, which was quoted in the AOA News Aug. 26, 2002 issue, “I Torn Blurry Chalkboards to Grateful Parents.” In the article AOA News editor, Bob Foster, mentioned that “there are millions of children that go undetected.”

See PTA, page 28

NATIONAL PTA ADDS VISION TO POSITION STATEMENT

Detailling the news at a press conference at the AOA’s 2005 Optometry Meeting®, the Illinois College of Optometry announced it has been awarded a major grant to provide treatment and management of eye and other diseases to underserved adults in Chicago.

The Robert Wood Johnson Foundation (RWJF), the nation’s largest philanthropy devoted exclusively to improving the health and healthcare of all Americans, has awarded ICO the funding.

“The award benchmarks the leadership role optometry can play in detecting systemic diseases and facilitating treatment for individuals who may not otherwise seek medical care,” Arol Augsburger, O.D., President, ICO.

“I’m excited to announce this grant, as this program is consistent with the AOA’s Healthy Eyes Healthy People™ campaign.

Many uninsured, low-income individuals put off seeking treatment for serious conditions such as diabetes or hypertension, but will go to an emergency room when vision problems interfere with daily living activities.

When people get their eyes checked, other health problems become apparent. This program will be a prime example of preventative medicine.”

Vision of Hope Health Alliance provides a safety net for these patients, coordinating treatment and management of ocular and systemic eye diseases among underserved populations in Chicago.

The program takes a holistic approach to serving uninsured and low-income patients by implementing a case manager system and helping patients find medical care.

The alliance is built via diverse partnerships with community-based health and service agencies, including federally qualified health centers, and addiction treatment and housing organizations, which have the commitment, expertise and experience to serve this patient population.

The $500,000 grant over four years, coupled with matching funds from local philanthropic sources, will support ICO’s Vision of Hope Health Alliance program—a momentous health care initiative that will improve the way low-income and uninsured adults receive coordinated treatment for medical ailments.

ICO will administer the program through its clinical arm—the Illinois Eye Institute (IEI). IEI manages over 70,000 patient visits annually. IEI is a multi-specialty eye care center that serves patients from metropolitan Chicago, the United States and throughout the world.

All members of the professional staff hold a faculty appointment at either the Illinois College of Optometry or University of Chicago.

IEI is the top Medicaid provider in the state of Illinois for eye care.

Together, the partners seek to address underlying health issues such as diabetes and hypertension, that could cause serious consequences for uninsured and low-income patients,” said Dr. Augsburger. “We’ll use vision as the entry point into the health care system.”

Illinois College of Optometry earns prestigious Robert Wood Johnson Foundation grant

Eileen Gable, O.D., project director of the Vision of Hope Health Alliance, examines a patient’s eyes at the Illinois Eye Institute.
Glance at the States

Rhode Island passes children’s vision, third-party bills

The Rhode Island state legislature has passed two bills important to the state’s primary eye care professionals – children’s vision and 3rd party parity.

Rhode Island’s children’s vision bill, which will become effective on January 1, 2006, requires that all children entering kindergarten or within 30 days of the start of the school year must show documented proof of a comprehensive eye examination from an optometrist or ophthalmologist.

A screening performed by a Rhode Island licensed health care professional will also be permitted under the new law. Additionally, and as important, any child who fails to pass a screening, or any child diagnosed with neuro-developmental delay, is required to have a comprehensive eye examination performed by a licensed optometrist or ophthalmologist.

“It is no longer necessary for children’s undiagnosed vision problems to go undetected,” the new law’s sponsor, Rep. Eileen Naughton (D-Warwick), stated. “Children deserve to have all the necessary tools to succeed in school, and good vision is a key component to ensure a child can perform to the best of his or her ability.”

“Children’s vision is critical, especially as it relates to learning and early childhood development,” she said. “This law will capture, diagnose and treat children with ocular problems early which, as we know, is critical to treatment. Make no mistake about it. This measure will make the difference in many children’s academic careers.”

The law is the culmination of a two-year effort to bring language into Rhode Island state law. The association and the bill’s sponsor, however, were committed to seeing Rhode Island become the 5th state in the nation to recognize the value of early detection of ocular difficulties.

“A dialogue was opened between optometry, ophthalmology, pediatrics, educators and, most importantly, parents,” Paul Zerbinopoulos, O.D., who served as the association’s lead contact on the proposal, said. “Children stand to benefit from constructive communication between the varied caregivers of preschoolers embarking on their educational career.”

Dr. Zerbinopoulos also serves as the chair of the state association’s InfantSEE® program. The association also applauded Gov. Donald Carcieri (R) for signing the state law. The association performed by a licensed optometrist or ophthalmologist.

The law is the culmination of a two-year effort to bring language into Rhode Island state law. The association and the bill’s sponsor, however, were committed to seeing Rhode Island become the 5th state in the nation to recognize the value of early detection of ocular difficulties.

“A dialogue was opened between optometry, ophthalmology, pediatrics, educators and, most importantly, parents,” Paul Zerbinopoulos, O.D., who served as the association’s lead contact on the proposal, said. “Children stand to benefit from constructive communication between the varied caregivers of preschoolers embarking on their educational career.”

Dr. Zerbinopoulos also serves as the chair of the state association’s InfantSEE® program. The association also applauded Gov. Donald Carcieri (R) for signing the state law. The association performed by a licensed optometrist or ophthalmologist.

Children entering kindergarten or within 30 days of the start of the school year must show proof of a comprehensive eye examination from an optometrist or ophthalmologist.

Grassroots issues dominate legislative ‘mega meeting’

Patient access to care issues, “reactive” and “proactive” approaches to legislative attacks by medicine, and old fashioned grassroots organizing will be prominent on the agenda for the first AOA Advocacy Group Conference, Oct. 6-9 in St. Louis.

The first-of-its-kind AOA Advocacy “Mega Meeting” is designed to address a broad spectrum of legislative and policy issues facing optometry at both the state and federal level in a comprehensive and coordinated fashion, according to Jon Hymes, AOA Advocacy Group director.

All AOA Advocacy Group centers and committees—including the AOA State Government Relations Center, AOA Federal Relations Committee, AOA Eye Care Benefits Center (AOA EBC), AOA Healthy Eyes Healthy People® Committee, AOA Professional Relations Committee, and AOA Political Action Committee (AOA PAC)—are expected to take part in the conference along with a minimum of four representatives from each AOA affiliated state optometric association.

The presidents, presidents-elect, executive directors, legislative chairs, and Healthy Eyes Healthy People® coordinators of all affiliated optometric associations are being asked to attend, along with affiliate members who have an interest in the specific subject areas to be targeted at the conference.

This year’s fourth annual Healthy Eyes Healthy People® Conference will be held in conjunction with the advocacy conference. Registration fees are being held to a minimum to encourage attendance by “multiple volunteers with a special interest in one or more of the conference topics,” Hymes said.

Arrival and registration at St. Louis’s Renaissance Grand Hotel are scheduled for Thursday, Oct. 6. The Healthy Eyes Healthy People® Conference is to be held that day, 2 p.m. to 6 p.m. (with attendance required for Healthy Eyes Healthy People® coordinators and encouraged for all other AOA Advocacy Group Conference attendees).

The AOA Advocacy Group Conference will take place, Friday, Oct. 7 and Saturday, Oct. 8, 8 a.m.-5 p.m. Departures are scheduled for Sunday, Oct. 9.

The conference registration deadline is Sept. 2. Registration forms for the Advocacy Group Conference will be made available on the AOA Web site shortly. For additional information, contact Charlene Datig at (800) 678-9262, or via email at cdatig@aoa.org.
Optometry Giving Sight™ (OGS), an international charitable initiative, announces the launch of its United States campaign to raise funds for prevention of blindness due to refractive error and to help those with permanent low vision.

OGS campaigns have already been launched in Australia and the United Kingdom. According to the World Health Organization (WHO), 37 million people worldwide are clinically blind and 124 million people suffer with permanent low vision. Without proper intervention, these numbers will double by the year 2020. “It is estimated that an additional 250 million people are functionally blind or vision impaired due to uncorrected refractive error,” said Professor Brian Holden, Chairman of the Global Executive Management Committee for OGS. “Optometry Giving Sight™ aims to raise funds to support sustainable projects around the world that will eliminate preventable blindness.”

See Giving Sight, page 27

New Practitioner education at Optometry’s Meeting™ highlights

Offered for the second year thanks to an educational grant provided by CIBA Vision, a Novartis Company, the New Practitioner education course at Optometry’s Meeting™ in Dallas was tailored away as attendance dropped. In addition to the lunch period, brief presentations were given by the following:

- Corporate Leases – Keith Davis, O.D.
- Debt Management – Millicent Knight, O.D.
- Buy/Sell Contracts – John Rumpakis, O.D.
- Financing and Your Future – Greg Wood
- Billing & Coding – John Coble, O.D.
- Technology in Practice – Keith Davis, O.D.
- Setting up an Optical Dispensary – Brad Gelb
- Compartmentalizing Your Practice – John McDaniel, O.D.
- Negotiation Tips for Associates – Laurie Sorrenson, O.D.

During the lunch period, brief presentations were given by Randolph E. Brooks, O.D., AOA Trustee and Denise Kineaed, AOA manager of Optometry’s Career Center®, on AOA benefits as they are listed below.

- Women’s Issues in Optometry
- Balancing Practice and Family – Mindy Huynh, O.D.
- Building a Practice, Promoting a Practice – Millicent Knight, O.D.
- Leadership Role/The Profession and Politics – Laurie Sorrenson, O.D.
- Female Partnership Issues – Andrea Thau, O.D.

Throughout the day, eight PDAs (personal digital assistants) and other items were given away as attendance prizes.

An expanded program is being planned for Optometry’s Meeting™ in Las Vegas, June 21-25, 2006.
Healthy Eyes Healthy People™, AOA’s unprecedented multi-year (2002-2005) commitment to prominently position eye and vision care on the national health agenda, culminated this program year with InfantSEE™ and AOA leading a movement toward preventive eye and vision care in public health.

However, in line with an AOA Strategic Plan that places top priority on enhancing the value of association membership by providing programs and services that directly address the concerns expressed by practicing optometrists and close cooperation with affiliated state optometric associations, AOA’s 2004-2005 program year also saw a renewed commitment to advocacy at the state and federal level.

Federal lawmakers and regulators heard optometry’s call for an end to abuses by contact lens retailers. Numerous attacks on optometry by medical groups were thwarted, while optometric scope of practice milestones were reached. The biggest public relations campaign in optometry’s history began. Enhanced AOA member benefits were introduced—including exclusive programs to help AOA members deal with the growing burden of regulatory compliance. And AOA membership increased again.
Medicare fee schedule ‘permanent fix’ tops legislative agenda

Legislation has been introduced in Congress to increase Medicare Part B physician payments at least 2.7 percent in 2006, then base any future changes on the actual cost of health care practice. Under the current Medicare fee-setting formula, which ties physician pay increases to the overall performance of the U.S. economy, payments were slashed 5.4 percent in 2003 and would have been cut again in 2004 and 2005 had Congress—at the urging of AOA and other health profession groups—not intervened at the last minute to require 1.5 percent increases those years. Without further congressional action, Medicare Part B reimbursements are expected to drop 4.3 percent in 2006, with additional cuts averaging 5 percent annually through 2013—resulting in a cumulative decrease of 26 percent to 31 percent.

Expanded benefits for federal workers

Legislation enacted in December authorizes the Office of Personnel Management (OPM) to provide federal employees and retirees (even those not enrolled in the Federal Employees Health Benefit Program) the option of purchasing vision and dental coverage at reduced rates through a large purchasing pool, beginning in 2006. AOA Past President Howard Braverman testified before a House Government Reform Committee panel in support of this legislation. AOA met with OPM officials in June to discuss the implementation of the vision program to ensure that optometry’s interests are considered.

Proper decorative contact lens regulation

In response to public health concerns raised by the AOA over the plano decorative contact lenses increasingly sold by retailers without prescription as fashion accessories, the Senate, by unanimous consent, has approved legislation directing the Food and Drug Administration (FDA) to regulate all contact lenses as medical devices. The House of Representatives is expected to act on the bill later this year. (See story page 1).

Building support for children’s vision bill

The Children’s Vision Improvement and Learning Readiness Act of 2005 (H.R. 2238), introduced in May by Representatives Bill Pascrell, Jr. (D-NJ) and Ileana Ros-Lehtinen (R-FL), would authorize $75 million in federal grants aimed at boosting state initiatives to identify and treat vision impairments among school age children. It would encourage states to adopt programs to provide comprehensive exams for identifying eye and vision problems. AOA has been working with the lead sponsors to generate additional support for the legislation, and 148 representatives have been added as cosponsors. However, more cosponsors are needed before Congress will make children’s vision a top priority.

Defeating association health plans

Again this year, AOA and a coalition of health care provider groups, consumers, health insurers, and state officials are fighting legislation that would deregulate association health plans (AHPs) by extending the ERISA pre-emption clause to self-insured health plans offered by small business associations, further eroding state health insurance and patient protection laws. AOA successfully helped stop AHP legislation in the 108th Congress. AOA and other AHP opponents are looking at alternatives that might enable small businesses to enjoy the benefits of larger risk pools without gutting state regulatory protections.

Recognition as providers under individuals with disabilities education act

Vision services are now recognized as early intervention services—and optometrists are specifically identified as qualified providers of vision services—under the Infants and Toddlers section of The Individuals with Disabilities Education Act (IDEA) reauthorization bill, enacted last December. The new law is intended to offer choices for parents of children needing special education, reduce misidentification of children presumed to need special education services, and give local school districts new flexibility and resources to improve early intervention services.
New scope of practice achievements

The 2004-2005 AOA program year saw the AOA State Government Relations Center and state optometric associations working hand-in-hand on significant state legislation landmarks, further solidifying optometry as the nation’s primary eye care provider, as well as turning back sometimes unprecedented new attacks on the independent practice of optometry from forces outside the profession.

Steroid authority in 50 states

Maryland enacted legislation authorizing the use of topical steroids by optometrists. Optometrists in all 50 states and the District of Columbia now have prescriptive authority for topical steroids;

Oral prescriptive authority an accepted part of optometry

Mississippi enacted legislation giving optometrists prescriptive authority for oral antibiotics, oral glucocorticosteroids, oral NSAIDs, oral antivirals, and Schedule IV and V oral analgesics. In addition, Mississippi optometrists may prescribe oral over-the-counter allergy drugs and autoinjectors to counteract anaphylaxis. New Jersey expanded the optometric scope of practice to include the prescription of all oral drugs, as well as Schedule III, IV and V controlled narcotic substances. Louisiana enhanced optometry’s prescriptive authority for oral pharmaceuticals by adding authority for Schedule III, IV and V drugs.

Under revisions to their optometry laws this year, Kansas and South Carolina will eventually mandate full prescriptive authority as a requirement for license renewal.

First statute for treating lesions

Louisiana’s new scope of practice legislation also specifically authorizes optometrists to perform certain surgeries, including the removal and drainage of superficial lesions.

Access to managed care patients

Arkansas enacted a new any-willing-provider law, prohibiting health plans from requiring an optometrist to purchase laboratory services from the provider of their choice.

Breakthrough protections against managed care purchasing requirements

Illinois enacted first-of-its-kind legislation prohibiting managed care plans from requiring optometrists to purchase eyeglass frames or other ophthalmic goods or services, beyond those needed for plan beneficiaries, as a condition for joining the plan. Weeks later, Tennessee enacted similar legislation prohibiting any person from requiring an optometrist to purchase a minimum quantity or minimum dollar amount of a specified brand of ophthalmic materials in order to participate as a provider in a vision or other health care plan.

The legislation comes in the wake of antitrust action in Maryland against a managed care plan that required optometrists to purchase laboratory services from the plan. (The Maryland case is being pursued via arbitration.)

A growing movement in children’s vision

Arkansas, Nebraska, and Massachusetts all enacted legislation designed to ensure children have adequate vision before entering school. The Massachusetts legislation, for example, requires comprehensive eye examinations by licensed optometrists or ophthalmologists for children with neuro-developmental problems and for all children that fail an initial screening, before entering kindergarten or 30 days after entering the school year.

The Washington legislature has passed a resolution calling for a study of the need to have comprehensive children’s eye examinations before children enter school. Such studies often mark the start of a push for legislation in this area.

The California Assembly adopted a resolution recognizing August 2004 as Children’s Vision and Learning Month.

Strong defense against attacks by ophthalmology

Organized ophthalmology’s ongoing aggressive legislative campaign to roll back the scope of practice of optometry continued this year, but failed as increasing-ly frantic attacks on optometry apparently fell flat with state lawmakers.

The California Assembly adopted a resolution recognizing August 2004 as Children’s Vision and Learning Month.
E-lobbying state, federal officials

The AOA Legislative Action Center, a state-of-the-art Internet e-lobbying feature on the AOA Web site, again proved critically important this program year, helping AOA secure 148 cosponsors for The Children’s Vision Improvement and Learning Readiness Act of 2005, additional Congressional support for decorative contact lens legislation—and support for state legislative initiatives.

By clicking on “Action Alert” in the AOA Web site’s Advocacy section, AOA members can quickly find information on Congressional or state legislation, favorable—and unfavorable—to optometry; determine who represents them in Congress or in their state legislatures (by simply entering a ZIP code or address); and then send e-mail messages to lawmakers (using, if desired, model texts provided on the site).

The New Jersey Society of Optometric Physicians used the AOA Legislative Action Center to encourage support for its successful oral pharmaceuticals bill this program year. The Missouri Optometric Association used it as part of its successful fight against state Medicaid cuts. The New York State Optometric Association also used the Web feature to lobby for state legislation this program year.

Regulatory compliance

With federal regulation a growing challenge for health care, AOA continues to provide its members reliable compliance guidance, custom tailored to the optometric practice and generally available free of charge as a member benefit. The association also ensures regulation is enforced in a manner that protects optometrists and their patients and that optometry has a hand in shaping future regulation.

Medicare Compliance Manual

The new AOA Medicare Compliance Manual, downloadable free-of-charge to AOA members on the AOA Web site or available for a nominal charge through the AOA Order Department, provides an orderly charge to AOA members on the AOA Web site or available for a nominal charge to AOA members on the AOA Web site or available for a nominal charge through the AOA Order Department, providing an orderly method to establish an in-office Medicare compliance program, recommended by the HHS Office of Inspector General for all health providers, and, in the process, reduce billing errors. Sponsored by Marchon and OfficeMate, the manual has already been downloaded hundreds of times through the AOA Web site.

FCLCA assistance

As the Fairness to Contact Lens Consumers Act (FCLCA) became fully effective Feb. 4, 2004 and Federal Trade Commission (FTC) issued its Contact Lens Rule implementing the legislation, effective Aug. 2, 2004, AOA provided members authoritative compliance assistance, including a model contact lens prescription release form, through AOA News, Optometry, Journal of the American Optometric Association, the AOA Web site and other association media.

Bonus pay for PHS optometrists

Optometrists serving in the U.S. Public Health Service (USPHS) as commissioned corps officers have been authorized to receive a bonus pay package similar to the special pay schedule awarded to military officers. USPHS optometry officers may now receive Regular Special Pay and Retention Special Pay. In addition, those PHS optometry officers who are AAO Fellows are eligible for certification special pay.

Increased recognition by Social Security

Following years of lobbying by AOA, the Social Security Administration (SSA) is formulating regulations, due later this year, recognizing optometrists as “acceptable medical sources,” qualified to assist state agencies in determining whether applicants for disability benefits meet the statutory definition for blindness.

Standard transaction

AOA is carefully monitoring development of the X12N 837 Health Care Claim electronic transaction format (the “standard transaction”). Under the Health Insurance Portability and Accountability Act (HIPAA), the format will be required for use by Medicare, Medicaid, and most private health insurance issuers by May 23, 2007.

AOA is actively involved in Health Level 7 (HL 7), one of the official designated standards maintenance organizations (DSMOs) tasked with the development and maintenance of the HIPAA electronic data interchange (EDI) standards. The AOA Eye Care Benefits Center coordinated the efforts of the vision industry to determine and request needed codes for optometric EDI compliance. AOA has monitored development of the National Provider Identifiers (NPIs), the new 10-digit identification numbers which will be required on the standard transaction, and informed members when applications for the NPIs became available in May of this year.

Medicare Advantage

The AOA Eye Care Benefits and Federal Relations Committees are working to ensure optometrists are able to serve patients under the new Medicare Advantage (formerly Medicare+Choice) regional preferred provider organizations (PPOs), which begin offering coverage January 1, 2006, and stand ready to legally challenge Advantage PPOs that do not allow optometrists on their provider panels.

Optometry’s authority on coding and billing

AOA’s Codes for Optometry was extensively revised by the AOA Eye Care Benefits Center (AOA-ECBC) this year. Codes is now more useful to the
practicing optometrist, with updated ICD-9 and Healthcare Common Procedure Coding System (HCPCS) codes, and, for the first time, Medicare Correct Coding Initiative (CCI) edits to help ensure rejection-free claims filing. More than 2,250 copies of the new manual were sold this year through the AOA Order Department.

AOA is taking part in the Centers for Medicare and Medicaid Services’ (CMS’s) comprehensive five-year review of all relative values for CPT codes, required under law to identify potentially misvalued codes and make needed adjustments. AOA representatives serve on the Health Care Professionals Advisory Committee of the American Medical Association’s (AMA) Relative Value Update Committee (RUC) and the AMA CPT Editorial Panel. AOA also works with private insurance proper coding and reimbursement policies, this year convincing Aetna to reimburse for scanning laser ophthalmoscopy (CPT code 92135), marking nearly industry-wide acceptance of the procedures by insurers.

Health information technology (HIT)

With Electronic Health Records (EHR) proposed by the government for use by all Americans over the next 10 years, a new AOA Health Information Technology Study Group has been established to assess the potential impact of federally mandated HIT laws and policy on optometry.

AOA has already responded to requests for comment from two federal agencies on the proposed national electronic health records system. In testimony before the Subcommittee on Privacy and Confidentiality of the National Committee on Vital and Health Statistics (NCVHS), AOA spokesperson Pam Miller, O.D., J.D., outlined the patient privacy and confidentiality challenges ODs will face in adopting EHRs into their practices.

Opportunities in community health centers

The influential House Appropriations Committee’s Report on the Fiscal Year 2006 Labor/Health and Human Services Appropriations Bill calls for optometrists to be included in the National Health Service Corps (NHSC) Student Loan Repayment Program. This NHSC program provides loan repayments of up to $50,000 for a two-year commitment to serve on the staff of a community health center in an underserved rural or urban area. The call for inclusion of optometry in the NHSC loan repayment program was offered by Reps. Kay Granger (R-TX) and Jim Walsh (R-NY), and was supported jointly by the AOA, the National Association of Community Health Centers and the National Rural Health Association.

Identical language is included in the Senate Labor/Health and Human Services Appropriations bill. In a particularly tight budget year, the action is a step forward in restoring optometry to an important federal program and creating new opportunities for optometry students.

Although optometrists were at one time eligible to participate in the program, they are no longer recognized as participants and not a single OD benefits. AOA urges Speaker Hastert to vote ‘Eye’ on bill to oversee sales of decorative contacts.

In June, Vince Brandys, O.D., AOA-PAC Co-Chair, traveled from Chicago to Washington, DC, to meet with Dennis Hastert (R-IL), Speaker of the U.S. House of Representatives, and present him with the AOA Health Care Leadership Award in recognition of longstanding support for optometry. Dr. Brandys, one of the AOA Keyperson Program contacts for Speaker Hastert, provided a briefing on the progress of InfantSEE™ in Illinois and other states, and discussed the need for the House to join the Senate in approving an AOA-backed bill to impose strict controls over the sale and use of unsafe decorative contact lenses.
Clinical Care Group

InfantSEE™: a new emphasis on infant eye care

In the InfantSEE™ public service announcements now being distributed to television stations across the nation, former President Jimmy Carter urges parents to have their infant children assessed by an optometrist.

Up to 5 percent of America’s preschoolers—nearly 4 million children or up to one in every 20 nationwide—may have impaired vision. Of the 4 million children born last year, approximately 10 percent will develop eye or vision problems by school age. Yet most children probably never see an eye care practitioner during the course of their young lives that can and will provide the kind of comprehensive eye assessment necessary to identify critical eye and vision problems at an early stage, explain those conditions to parents, and provide the care necessary to correct those problems.

For that reason, during this program year, AOA launched InfantSEE™, a first-of-its-kind public health effort through which AOA participating members provide one-time eye and vision assessments to infants from six to 12 months of age at no cost.

The program’s official June 8 launch, with coverage on NBC’s Today Show, in USA Today, and in broadcasts and newspapers across the nation, culminated two-and-a-half years of preparation by the Infants’ Vision Project Team (now the InfantSEE™ Committee).

With former President Jimmy Carter and former First Lady Rosalyn Carter as honorary spokespeople, and support from The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc., InfantSEE™ has the potential to change the nation’s concept of early childhood wellness care to include an adequate eye and vision assessment as a necessary part.

U.S. Surgeon General Richard Carmona, M.D., has already commended AOA on the program.

Some 14,000 parents logged onto a new InfantSee™ Web site just on the first day of the program.

Nearly 7,000 AOA members have joined the program. In half of all states, 40 percent or more of AOA members are participating InfantSEE™ providers.

Parents can find a nearby InfantSEE™ optometrist using the Dr. Locator feature on the InfantSEE™ Web site or a toll-free InfantSEE™ Provider Line (888) 396-EYES (3937).

Open exclusively to AOA members, InfantSEE™ allows participating optometrists to decide how many infant assessments will be incorporated into their practices, but all infants they evaluate for the first-time assessment must be at no cost.

AOA members can join InfantSEE™ providers by editing their Dr. Locator Profile (AOA number and date of birth required), or e-mailing their name, practice address, phone number, and AOA member number to infantsee@aoa.org, or calling the AOA InfantSEE™ Committee staff at (800) 365-2219 x 286.

Once enrolled, AOA members receive a kit with all of the necessary forms and materials to incorporate InfantSEE™ in their practices.

A voice in the health quality movement

AOA Commission on Quality Assessment and Improvement member William W. Hately, O.D., attended the National Commission on Quality Assessment’s (NCQA’s) Health Care Practitioner Advisory Council (HCPAC) meeting March 4, in Washington, D.C. The HCPAC provides a forum of exchange between non MD/DO health care practitioners and NCQA. The council’s three meetings each year offer a vital opportunity for feedback on how NCQA quality initiatives impact the practice of specialists in the patient care team.

Unified national message on sun exposure

AOA is the only National Council on Skin Cancer Prevention member providing expertise on the effect of solar radiation on the eye as the council formulates a major public statement on maximum time for exposure to sunlight. The statement is being developed to counter recent reports that the Vitamin D benefits of sun exposure outweigh cancer and other risks. AOA will take part in the Skin Cancer Summit to be held Sept. 23, 2005, on the NIH campus in Bethesda, MD.

Leadership in aviation vision

Forty optometrists completed the AOA Aviation Vision Committee’s six-hour Aviation Vision Course at the 2005 Optometry’s Meeting™ in Texas, with 35 giving the course “Straight Excellent” marks on evaluation forms. The program is to be offered again this year in King’s Island, OH, co-sponsored by the Ohio Optometric Association and Diversified Ophthalmics. The AOA Aviation Vision Exhibit was again part of the Experimental Aircraft Association’s AirVenture, July 25-31, in Oshkosh, WI, under the sponsorship of Essilor of America. The AOA Aviation Vision Course is the only optometric continuing education course designed to bring together all the elements important in eye and vision care for pilots. The course and the exhibit are part of committee efforts to establish optometrists as the pilot’s preferred source for eye examinations that are required as part of annual flight physicals.
Clinical Care Group

Input on revised ANSI standards

AOA is providing crucial input from practicing optometrists as the American National Standards Institute (ANSI) revises its Z80.1 and Z80.3 eyewear standards to coincide with those of the International Standards Organization. AOA Commission on Ophthalmic Standards members William Benjamin, O.D., William L. Brown, O.D., and Donald G. Pitts, O.D., along with Bob Rosenberg, O.D., represented AOA at ANSI’s March meeting in Fort Lauderdale, FL, March 14-15, 2005. Pitts has also voted on AOA’s behalf on revisions of ANSI Z80.13 Phakic Intraocular Lenses and ANSI Z80.23 Corneal Topography Systems. Gregory W. Good, O.D., chair of the AOA Eye Safety Project Team, represents the AOA at the American National Standards Institute (ANSI) Z87 Committee, which is drafting an update of its occupational eyewear standard.

Growing AOA Seal of Acceptance roster

The AOA Commission on Ophthalmic Standards granted the Seal of Acceptance for UV Absorber/Blocker to:

- Vision-Ease’s SunRx Melanin lenses;
- PPG Industries’ Trivex™ material;
- Transitions V Lenses in Trivex and 1.60 Index (meaning all currently available Transitions V Lenses now hold the AOA Seal of Acceptance);
- Essilor’s Thin & Lite and Stylois 1.67 Index MR-7 Resin Ophthalmic Lenses; and
- Signet Armorlite’s EvoClear Kodak InstaShades 1.56 and 1.6 Index Ophthalmic Lenses.

AOA Clinical Practice Guidelines

AOA’s catalog of Clinical Practice Guidelines is reviewed and updated on an ongoing basis. Twenty AOA Clinical Practice Guidelines are presently offered, covering subjects from comprehensive eye examinations to care of patients with retinal detachment and peripheral vitreoretinal disease.

The AOA Clinical Guidelines Coordinating Committee this year completed reviews of the guidelines on retinal detachment and related peripheral vitreoretinal disease; amblyopia; age-related macular degeneration; adult patients with cataract; strabismus (esotropia and exotropia); and anterior uveitis. Reviews of the guidelines on learning-related vision problems and contact lens patients are nearing completion.

More eye and vision research funding

Thanks to efforts by the AOA Advocacy Group, a record 107 National Eye Institute (NEI) research grants were issued to optometrists and optometry schools in federal fiscal year 2004, representing a 13 percent increase from the 95 awards in the prior year. The $27.3 million for optometric research last year nearly doubled the $14 million received five years ago, and triples the $9.7 million level of 10 years ago. With four additional awards from other National Institutes of Health, funding for optometric research actually totaled $28.4 million last year—remarkable in light of a flattening of the NIH budget over the past two years.

In March 2005, AOA submitted written testimony supporting an increase in NEI funding to the Labor, Health, and Human Services Subcommittee of the House Appropriations Committee. The AOA Council on Research’s ninth Summer Research Institute—to help researchers formulate research questions, design studies and write grant proposals—was held in Columbus, O.H., August 4-8, 2004, with breakout groups in areas such as children’s vision, wave front technology, low vision and contact lenses. Since their inception in 1988, Summer Research Institutes have resulted in optometrists receiving over $52 million in clinical research grants.

Eye safety was a featured subject this year in Army Times, one of the nation’s largest and most respected military publications, with Col. Chuck Adams, O.D., of the AOA Eye Safety Project Team featured in an extensive interview.

Under a pilot program, 400 soldiers have been issued ballistic protection eyewear in stylish frames. The Army’s “BCGs” or “birth control glasses,” have long been considered a disincentive to wearing eye protection.

According to the article, “If the test’s recommendations are accepted by the Army, ballistic eyewear would be issued to every basic trainee and officer in training, with prescription inserts for those who need them.”
Public Health

Healthy Eyes Healthy People™ leads move to preventive eye, vision care in public health

As one of only five national associations to join the U.S. Department of Health and Human Services (HHS) in a Memorandum of Understanding for Healthy People 2010—the nation’s official health promotion and disease prevention initiative, AOA is taking a leadership position in improving the eye and visual health of the nation through the Healthy Eyes Healthy People™ program, which targets the 10 vision objectives in Healthy People 2010.

Luxottica Group Service Plan this year provided a total of $190,000 in grant underwriting for 55 innovative community eye and vision outreach programs. The initiatives were undertaken by state optometric associations to bring O.D.-led vision care to homebound patients in Oklahoma, ethnic minorities in Utah, disadvantaged and physically challenged individuals in Idaho and other underserved populations.

The third in a series of AOA Healthy Eyes Healthy People™ Conferences, held last October in Chicago, drew representatives from HHS, the Centers for Disease Control and Prevention, the National Eye Institute, Office of Disease Prevention and Health Promotion, Health Resources and Services Administration, American Public Health Association, American Association of Diabetes Educators, American Heart Association, National Rural Health Association, Community Health Centers, National Head Start Administration, National Association of Community Health Centers, National Head Start Association, National Rural Health Association, Academy of General Dentistry, American Podiatric Association, American Pharmacists Association, and Community-Campus Partnerships for Health, as well as more than 200 representatives from 42 state optometric associations.

The 4th annual Healthy Eyes Healthy People™ conference will be held this fall as part of the AOA Advocacy Conference in St. Louis. Transitions supported the HEHP Fall Meeting in 2004 and will again at the upcoming 2005 meeting.

Rural health

Due to the efforts of the State Government Relations Center, under a Memorandum of Understanding, signed in October 2004, the National Rural Health Association (NRHA) and AOA are developing programs to ensure underserved and uninsured rural populations have access to preventive health services, including eye and vision care.

NRHA’s 2005 Legislative and Regulatory Agenda, issued in March, calls for the Centers for Medicare and Medicaid Services and the Health Resources and Services Administration to provide funding and resources to increase access for eye care, oral care and pediatriic health services for children and adults living in rural and frontier areas, including funding for ocular, oral and pediatric services infrastructure.

The federal Office of Rural Health (ORH), through NRHA, will fund an Eye Care Policy Meeting this September in Washington, DC, to identify policy recommendations for improving rural eye care, with attendees selected by AOA and NRHA.

For older adults

Eye and vision care will be considered when the White House Conference on Aging convenes in Washington Dec. 11-14 to formulate recommendations that will shape policy over the next decade.

Eye Care Access: Eliminating Barriers for Seniors and Baby Boomers, an official White House Conference on Aging Solutions Forum, held by AOA June 24 during Optometry’s Meeting™—with Donzas R. Hardy, WHCoA Policy Committee chair and former Social Security commissioner among the featured speakers—proposed policy recommendations on eye and vision care to be considered during the fall conference.

To ensure expertise on eye and vision care among conference delegates who will vote on the recommendations, AOA has nominated three distinguished association members with extensive backgrounds in geriatric vision care—Satya Verma, O.D., of the Pennsylvania College of Optometry; Al Rosenbloom, O.D., former president and dean of the Illinois College of Optometry; and Edward F. Stein, O.D., past AOA Congressional Conference chair—as delegates-at-large.

The goal of the WHCoA is to formulate policy recommendations that will shape aging policy over the next decade. Of the thousands of recommendations being generated through hundreds of WHCoA events this year, delegates will vote to send only the top 50 to the White House and Congress.

Patients & diabetes

The U.S. Department of Health and Human Services’ National Diabetes Education Program (NDEP), in October, officially released Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals, as AOA’s third Annual Healthy Eyes Healthy People™ Conference in Chicago, as part of a major effort to encourage comprehensive diabetes care through an innovative team approach.

As an NDEP partner organization, AOA is working to reduce illness and death associated with diabetes through increased public awareness, improved patient self-management, better understanding of the complications of diabetes among health care providers, appropriate public policies, and a reduction in care disparities among racial and ethnic groups disproportionately affected by the disease.

Community health

AOA last October signed a Memorandum of Understanding with the National Association of Community Health Centers (NACHC) to incorporate vision care services in the nation’s network of community-based health centers. President George Bush, in his State of the Union message, announced plans for a National Health Service Corps Community Health Center in every underserved county in the nation.

NACHC is now backing legislation to encourage more young optometrists to provide care in community health centers (see AOA Advocacy Group, page 15).
Membership increases for 2nd straight year, enhanced benefits introduced

During the 2004-05 year, the Information & Member Services Group (I&M SG) introduced enhancements to several member benefits, witnessed continued success in member programs offered through its sections, and announced overall growth in OD membership for a second consecutive year.

Remaining focused on the strategic priorities of membership and affiliate relations (as outlined a little more than two years ago as part of AOA’s strategic plan), recent collaborative efforts of the AOA and affiliated associations have shifted the momentum of membership development in organized optometry (i.e., membership in affiliates and the AOA) from a downward slide to a stabilized and increasing positive growth trend.

The AOA must remain responsive to the needs of all of its constituencies, including its most important “customers,” its members and affiliates. The success of the AOA is based largely on the success of our members and our federal service, student, and state affiliates. If the AOA helps them grow, the optometric profession continues to advance and everyone will enjoy the success that comes from that growth.

Through June 2005, AOA represented approximately 22,464 licensed, practicing optometrists—a 2.39 percent increase from 2004—in the United States, or 62.65 percent of all ODs in the country. Through the ongoing support of its members and collaboration with affiliated associations, the AOA will continue to strengthen its strong position as the voice of optometry.

AOA Member Desk Reference

In an effort to more efficiently communicate information detailing AOA programs, services and benefits, members may now download the Member Desk Reference in its entirety (or any portion) free from AOA’s Web site (www.AOA.org). Members may access this publication—as well as additional member benefit information—whenever necessary by visiting the “Member Resources” section found on the global navigation bar and then clicking on the appropriate link(s) found at the left side of the screen. Members may also check back as often as they wish to view updated information on current benefits and to learn more about new services introduced by AOA.

AOA improves Optometry’s Career Center®

Supported by a grant from Marchon and Vistakon, a division of Johnson & Johnson Vision Care, Inc., Optometry’s Career Center® (OCC) debuted in October 2003 and completed a major site conversion and upgrade in October 2004. The upgraded OCC is designed to better facilitate the ongoing partnership between the AOA, affiliated optometric associations, and the nation’s schools and colleges of optometry to continue to develop a nationwide referral network that will help position the OCC as the one national “hub” of opportunities and opportunity seekers for the optometric profession.

What’s new?

- E-mail alerts to automatically notify a user of opportunities matching his or her criteria
- Seekers can send their CV/resume to providers with just one click
- Personal inbox where users can save their favorite listings or resumes for future reference
- Enhanced searches include search by keyword, new listings, new resumes, and more
- Expiration and renewal notices are automatically sent to users via e-mail

The next major phase of updates is expected to begin in September 2005. Potential enhancements include adding paraoptometric opportunities; advanced search and e-mail alert features; additional career resource materials; and a content management tool for OCC staff. A marketing and publicity initiative is also in development.

Since the OCC went live on AOA’s Web site in 2003, more than 3,500 new opportunity seekers and providers have registered with the service.

Information and Data Committee

surveys members and the public

The AOA Information and Data Committee conducted the following surveys during the 2004-05 program year:

- AOA Scope of Practice Survey—examined various areas of optometric practice, including OD prescribing activities; treatment of glaucoma and other anterior segment disorders; the treatment of the refractive surgical patient; the delivery of optometric services to patients in nursing homes; and other key practice parameters.
- AOA Public Image Survey—provided information about the public’s knowledge, perception, and use of eye care professionals in general, and doctors of optometry in particular.
- AOA Third-Party/Managed Care Survey—information from this survey, among other things, was used to develop strategies and programs that will benefit patients and practitioners. Data from the survey also helped measure the impact of third-party payment programs and managed care on the profession.
- AOA Optical Dispensing Survey—examined in-office finishing activities and the mix of products dispensed by doctors of optometry. This survey also gathered data about other timely topics relating to the changing characteristics of office-based practice.
- AOA Economic Survey—provided a comprehensive review of the incomes and practice costs of the optometric profession.

Highlights of the surveys are posted on the AOA Web site under “Member Resources” and “Information & Data.”

Faculty Relations Committee

surveys faculty

The AOA Faculty Relations Committee (FRC) completed an e-mail survey of all U.S. optometric faculty in the fall. The survey included AOA members and non-members and focused on finding out what programs and services faculty want from AOA. Members of the survey subcommittee are currently analyzing the results, which will be distributed to interested parties, and used to help the FRC create faculty-specific benefits.
Information and Member Services Group

Career Advocate Program: another successful year

The Career Advocate Program was again offered at all 17 schools and colleges of optometry in the U.S. and Puerto Rico this year, thanks to educational grants provided by Advanced Medical Optics and Vistakon, a division of Johnson & Johnson Vision Care, Inc. The program offers practice management information to optometry students to enhance their classroom programs. In a full-day seminar presented by Williams Group, students receive information on career options; joining, buying and starting a practice; managing personal and practice finances; day-to-day practice operations; patient communication; and much more not covered in the standard optometry school curriculum. Career Advocate has been described by students as a “wonderful lecture,” “very engaging,” and “informative and helpful.”

One student wrote, “I learned all aspects of how to start my practice and learned a lot of other things I didn’t know.”

New Practitioner Education

Response to the CIBA Vision-sponsored New Practitioner Education Program at 2005 Optometry’s Meeting™ was overwhelming, with 75 attendees signed up for the course and 80 on the waiting list. The program started off with a panel of speakers in a “speed dating” format, discussing topics such as debt management, networking your practice, contracts, corporate leases, and financing. The program continued in this format, discussing billing and coding, setting up an optical dispensary, technology in practice, negotiation tips for associates, and compartmentalizing your practice. The panel ended with a question and answer session on women’s issues in optometry.

Student Awareness Project Team visits schools

Members of the AOA Student Awareness Project Team, AOA Board of Trustees, AOA staff, and other AOA volunteers, formally visited 10 schools and colleges of optometry this year to personally update students and faculty on AOA activities and programs. Arranged with the assistance of affiliated state optometric associations, as well as the students, faculty and staff at each school, meetings were tailored to the school’s schedule and audience. Most involved complimentary meals. Visited this year were the Indiana University School of Optometry, University of California, Berkeley School of Optometry (during the annual Western Regional Conference, which draws students and faculty from the three Pacific coast schools), Michigan College of Optometry at Ferris State University, Nova Southeastern University College of Optometry, Ohio State University College of Optometry, Southern California College of Optometry, Southern College of Optometry, State University of New York State College of Optometry, Illinois College of Optometry, and Pennsylvania College of Optometry.

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Low Vision Rehabilitation Section to offer ‘Low Vision University’

The AOA Low Vision Rehabilitation Section undertook a number of efforts to help increase the availability of low vision services around the nation. Low Vision University, a comprehensive continuing education course on the integration of low vision services into an optometric practice, was developed for use at state and regional optometric meetings. The Student Low Vision Educational Awareness Program, supported by a grant from Optelec, which provides an introduction to low vision services, began a second round of visits to schools and colleges of optometry. The program completed its initial two-year round of visits to all North American schools and colleges of optometry in 2004. Phase II of the program kicked off early this year with visits to the Southern California College of Optometry and Indiana University School of Optometry.
Information and Member Services Group

Sports Vision Section membership, sponsor support increases

The AOA Sports Vision Section (SVS) saw an increase of five percent in total membership over the past program year. As participation in sports and recreational activities continues to increase dramatically each year, there has never been a greater opportunity or need for optometrists to meet the unique vision care needs of athletes.

Alcon committed to support the SVS’s new Sports Vision University (SVU) program for students. The program is designed to bring a one-day, sports vision education program to participating schools and colleges of optometry over a four-year period. The program began at the Southern California College of Optometry (SCCO). Vistakon®, a division of Johnson & Johnson Vision Care, Inc., continued their support of the SVS Interprofessional Relations Program. This program helps the SVS connect with allied sports medicine organizations such as the National Athletic Trainers’ Association, the American College of Sports Medicine, and the Joint Commission on Sports Medicine and Science.

CIBA Vision, a Novartis Company, continued their support of the SVS Junior Olympics Vision Evaluations. In July 2004, more than 20 students and doctors of optometry from around the country provided free evaluations of sports vision skills for athletes competing in the Amateur Athletic Union (AAU) Junior Olympic Games in Des Moines, IA. Alcon has committed to continue their support of the SVS Eye Emergency Kit for Athletes program. The purpose of the program is to provide athletic trainers with the information and essentials necessary to address ocular emergencies and to promote Healthy Eyes Healthy People™ Objective 28-9 regarding the use of protective eyewear.

Paraoptometric Section: more members, four new programs

The AOA Paraoptometric Section had a very successful program year. The section has grown its active membership in less than one year from 1,725 to 2,108 members . . . an increase of 383 members.

Four new section programs were recently approved by the AOA Board of Trustees:

❖ On-line CE articles—available on the AOA Website as a PS member benefit
❖ Home Study CD-ROMs—Practice Management 101, the first module in the section’s new Home Study CD-ROM series has already been introduced. Paraoptometrics successfully completing a CD-ROM will earn an hour of continuing education credit.
❖ Pre-developed continuing education presentations—available to local, state, and regional affiliates and other paraoptometric education providers.
❖ Speakers’ bureau—established in March 2005 to help state affiliates provide continuing education for paraoptometrics.

Commission on Paraoptometric Certification seeks accreditation, appoints subcommittees

The Commission on Paraoptometric Certification (CPC) submitted its accreditation application to the National Commission for Certifying Agencies. The NCCA is the accreditation body of the National Organization for Competency Assurance. The CPC Exams are sponsored by CIBA Vision.

CPC appointed three sub-committees:

❖ Item/Test Review—Each year the certification examinations are reviewed and modified. Questions are added to the item bank and each is reviewed for appropriateness and accuracy. Additionally, the examination results are reviewed. With the assistance of Professional Testing Corporation psychometricians, every question of each examination is reviewed and evaluated.
❖ Education Approval—This committee will be reviewing education primarily for certification renewal. New guidelines have been prepared that include provisions for reviewing requests for continuing education credit.
❖ Assistant Programs—This committee will develop a process that will help ensure that students enrolled in assistant or technician programs receive training that will adequately prepare them for certification examination.

AOA’s Member Services Department and 14 affiliated associations this year jointly developed window decals illustrating the member’s affiliation in both their respective affiliate and national organizations. Affiliate and AOA logos appear in full color on a transparent background to allow the member to display their membership affiliation in organized optometry.

On Friday, June 24, The AOA Paraoptometric Section elected a new board (from left): Jackie M. Angel, CPOT, NCLC, immediate past chair; Curtis E. Turner, Jr., MBA, CPOT, chair; Barbara Wohlk, CPOT, chair elect; Sue McAteer, CPOT, vice chair; Nora Dorau, secretary; Mary Dunn, CPOT, trustee; Shoni Sharp, CPOT, trustee.
Communications Group

Biggest public awareness campaign in AOA history

The largest public awareness effort in AOA history got underway this program year as the association selected Hill & Knowlton, one of the world’s largest and most established public relations firms, to help develop a public image campaign for optometry. The campaign comes in response to longstanding AOA member interest in raising the public profile of optometry. It is also intended to counter a campaign of misleading information disbursed by organized ophthalmology over recent years as part of an unprecedented legislative attack at the state and federal levels.

The public relations program will provide state optometric associations:
- Best practice strategies for countering adverse legislative initiatives;
- Key messages to relate in legislative campaigns;
- Materials for distribution to legislators, including general background materials on optometry;
- Communications “toolkits” on media relations and other issues;
- Media assistance, including pre-written articles; and
- Assistance with media outreach.

An AOA Public Relations Advisory Committee, chaired by AOA Communications Director Steve Wasserman, has been formed to coordinate the effort. Hill & Knowlton has conducted extensive marketing research on public attitudes and understanding regarding optometry.

The firm has already directly assisted nine state optometric associations with communications related to legislative efforts—drawing favorable reviews from many state executives.

The program is to be funded by a $60 per-member rolling dues assessment approved by the AOA House of Delegates during June’s Optometry’s MeetingTM, the 108th Annual AOA Congress and 35th Annual AOA Conference.

Media relations

InfantSEE™: Save Your Vision Month, Back-in-School, and National Diabetes Month were among the major promotional and media relations campaigns undertaken by the AOA Communications Group this program year—all conducted so as to provide complementary outreach programs at the national, state, and local levels.

Some 10.2 million people saw, heard, or read about InfantSEE™ through national media coverage on the morning it was officially announced (June 8)—with an NBC Today Show segment on the program drawing 2.8 million viewers and a USA Today feature that same morning attracting a similar number of readers. Public service announcements on InfantSEE™ featuring President Jimmy Carter, the program’s honorary spokesperson, were made available to television stations around the nation.

Meanwhile, InfantSEE™ spokespersons were interviewed by journalists at over 20 major market television and radio stations around the nation as part of a “satellite media tour”—an increasingly important part of the AOA communications strategy—in which AOA representatives are interviewed “live via satellite” from a central studio with uplink capability. InfantSEE™ is supported by the Vision Care Institute® of Johnson & Johnson Vision Care, Inc.

Seventeen local television station interviews were conducted as part of AOA’s annual Back in School (now Ready for School) campaign last fall (reaching 1.4 million viewers), with this spring’s annual AOA Save Your Vision Month campaign attracting a half-dozen more. Telephone interviews with local radio stations are also conducted, and extensive press packages or pre-recorded public service announcements are sent to more than 500 media outlets per campaign.

Media materials and program kits are provided to all affiliates for local level public outreach campaigns. AOA Member Kits, including media materials, are provided on request to any AOA member for local public outreach efforts.


PBS Spotlight on Vision

Spotlight on Vision, a short feature on the importance of proper eye care for school children, is scheduled to begin airing on many Public Broadcasting System (PBS) stations around the nation this summer—timed to coincide with AOA’s annual Ready for School promotion. The informative four-and-a-half-minute mini-documentary is part of PBS’s “Spotlight On” series, used by affiliate stations to provide useful information in the time between programs that commercial stations would normally use for advertising.

Be Wise About Your Eyes

Be Wise About Your Eyes, a new nine-minute animated and live action video program with complementary coloring and activity book, suitable for kindergarten-through-third-grade students, will be available later this summer through the AOA Order Department. Replacing AOA’s long running Seymour Safely materials, the new video and activity book are designed to help AOA members easily provide informative, interesting programs on the basics of vision to young children. The activity book is underwritten by a generous grant from Optos. Every AOA member will receive a free sample of the activity book courtesy of Optos.
**Communications Group**

**Interactive media**

**AOA News Online**

AOA News Online, a Web-based version of AOA News, was launched in January, with headlines and abstracts of top AOA News stories on its home page, plus Web-only features and the latest updates posted as quickly as news happens. For in-depth coverage, an AOA News Topics feature provides quick access to past AOA News stories on major topics (children’s vision, clinical care, contact lenses, federal legislation, state legislation, Hipaa, Medicare, AOA members benefits). A calendar of optometric meetings and events—in an easy-to-use electronic calendar format—classified advertising and other popular AOA News features are also included. Front page content is completely updated at least monthly. AOA News Online was visited more than 32,600 times by 24,000 users during its first six months. (AOA member login required for access.)

**InfantSEE™ Web site**

AOA, in working partnership with the Vision Care Institute® of Johnson & Johnson Vision Care, Inc., and the American Optometric Institute, launched the new InfantSEE™ Web site (www.infantsee.org) in June to help facilitate the program by offering: an overview of InfantSEE™, a video public service announcement featuring President Carter, helpful information for parents (“Your Baby’s Developing Eyes,” “Why I Should Take My Baby to See an InfantSEE™ Provider”), practitioners (information on continuing education opportunities such as the Integrating Infants into the Primary Care Practice program, the AOA Clinical Practice Guidelines for Pediatric Eye and Vision Examination, and downloadable forms and resources), and the media (press releases, a backgrounder, USA Today coverage of the program) and quick access to a participating InfantSEE™ provider through AOA’s Dr. Locator. The site drew 60,000 visits from 50,000 different Web users in just its first six weeks—including 14,000 on the day InfantSEE™ was introduced.

**Improved Dr. Locator**

Up to 55,000 searches per month were performed using AOA’s Dr. Locator Web site (www.aoadrlocator.org) in 2005. In addition to a radius search feature, Dr. Locator provides additional enhanced searches to help people find an optometrist. The public can now filter their searches based on area of practice emphasis (aviation vision, contact lenses and cornea, family practice optometry, primary care optometry, sports vision, vision therapy and rehabilitation), participation in the InfantSEE™ program, or membership in the AOA Sports Vision, Low Vision rehabilitation, or Contact Lens and Cornea sections.

**Improved AOA Web site**

The Optometry’s Meeting™ Web site (www.optometrysmMeeting.org) regularly welcomed more than 10,000 visits a month from the opening of registration in February 2005 through the close of the event in June. Over 88 percent of all Optometry’s Meeting™ registrants registered online through the Web site. A new feature on the Optometry’s Meeting™ Web site allows exhibiting companies to add or change their Exhibit Hall personnel online. Daily continuing education index pages are now filtered to list courses specifically for optometrists, paraoptometrists, and students.

**Sponsored links**

Anyone who uses a popular Internet search engine, such as Google or Yahoo, to find information on eye or vision care can find links to reliable materials from AOA among the sponsored links returned near the top of search results, thanks to an on-line advertising program, resumed by the AOA Communications Group earlier this year.

In just one month, Google users clicked on AOA advertisements 8,716 times after searching for eye-related topics. (“Cataract” was the most common search keyword leading to AOA Web pages through the Google sponsored links, resulting in 940 clicks.) Searches conducted through Overture (the sponsored link service used by Yahoo and MSN) resulted in another 7,869 clicks on AOA materials that same month. (“Glaucoma” was the most common search keyword leading to AOA materials through the Yahoo sponsored links, resulting in 1,834 clicks.)

AOA Web pages consistently place near the top of sponsored search results (with AOA cataract materials given an average position of “1.7” in Google search results and the AOA glaucoma materials given an average position of “1.13” in Overture search results).

**New brochures**

AOA’s entire catalogue of patient literature has been rewritten and is being reformatted with new graphics. All of the catalogue’s almost 30 titles have been edited to reflect the latest in clinical information and all titles are being redesigned with the latest in contemporary graphics.

Included are AOA’s popular “Answers to Your Questions” series pamphlets—covering subjects from “lazy eye” to glaucoma—as well as its one-page AOA Fact Sheets on subjects from driving for older adults to computer vision issues.

Also included in the redesign are the association’s collections of specialized pamphlets on issues related to children’s vision, mature vision, contact lenses, “Vision and Life Style,” sports vision, and occupational vision.

AOA’s catalogue of Spanish language brochures will be substantially expanded, with all of the association’s most popular English language brochures now available in translation.

The new brochures are scheduled to be made available through the AOA Order Department later this year.

**HIPAA Security Manual**

The new AOA HIPAA Security Regulation Compliance Manual, downloadable free-of-charge to AOA members on the AOA Web site or available for a nominal charge through the AOA Order Department, provides an orderly step-by-step method to help optometrists ensure the confidentiality, integrity, and accessibility of electronic protected health information in their practices, as required by federal regulation that went into effect in April. Some 5,000 copies of the manual have been downloaded through the AOA Web site.
On Capitol Hill:
AOA-PAC nets record $1.13 million

The AOA Political Action Committee (AOA-PAC) raised a record $1.13 million during the 2004 election cycle—marking several consecutive years of record fundraising.

Of nearly 4,000 federally registered political action committees, AOA-PAC ranks within the top 10 percent in terms of dollars raised.

And those dollars were well spent, with over 90 percent of the candidates supported by AOA-PAC successful in their bid for office—thanks in large part to AOA members who are encouraged to help select candidates.

AOA-PAC markedly increased outreach this program year with personal telephone calls to all AOA members, visits to 20 AOA state affiliate meetings and nine schools or colleges of optometry.

Annual AOA-PAC contributions now average just over $100, with about one-third of all practicing AOA members now contributing. Increased enrollment in AOA-PAC’s Capitol Club for top-level contributors is a primary goal for the coming year.

To Insurers:
ECBC Managed Care Marketing Initiative brings 28 million new access to eye care by ODs

Some 28.4 million American workers and managed care plan enrollees have gained access to medical eye care through optometrists as the result of the AOA Eye Care Benefits Center’s (ECBC) Managed Care Marketing Initiative—millions of those over just the last year.

Established in 2001 to systematically solve one of optometry’s most persistent problems—discrimination against optometrists by medical eye care provider panels—the AOA-ECBC Managed Care Marketing Initiative represents an ongoing effort to find plans that do not cover medical eye care by optometrists and then change coverage policies through formal presentations to benefits administrators and network managers by representatives of AOA-ECBC and state optometric associations. Aon Consulting, a global employee benefits and management consulting firm, has been retained to assist with the program.

So far this program year:
❖ Albertson’s—one of the nation’s largest grocery store chains with more than 2,000 locations in 31 states—began covering medical eye care provided by optometrists for its 480,000 employees and dependents under the company’s self-funded health plan, and;
❖ Blue Cross of California, one of the nation’s largest Blue Cross plans, effective Jan. 1, began accepting applications from optometrists for its medical eye care provider panels, opening access to medical eye care by optometrists to its 5 million beneficiaries.

AOA members are encouraged to report to their state optometric associations when health plans refuse to allow them to apply for participation in their networks or when a large employer plan denies medical claims from optometrists.

All AOA-affiliated state optometric associations now have ECBC liaisons who are specifically appointed to monitor managed care plans and help handle problems.

Employer Update, a new four-page, color publication on optometry, is now sent by AOA-ECBC to benefits managers for large companies, providing information about optometry and practical advice on promoting eye health.

Representing Your Profession

To Industry:
Ophthalmalic Council

The AOA Ophthalmic Council was formed in 1998 to take an active role in addressing key issues that affect the vision care community. Council participants represent a cross-section of the ophthalmalic community. The five-member Executive Committee of the AOA Board of Trustees and the AOA Industry Relations Committee meet with the Ophthalmalic Council twice a year, representing the association and professional optometry. Participation in the Ophthalmalic Council is achieved through support of AOA projects and programs. AOA thanks the participants in the Ophthalmalic Council:
❖ Advanced Medical Optics
❖ Allergan
❖ CIBA Vision Corporation
❖ Essilor of America
❖ Luxottica Group
❖ Optos
❖ TLC Vision Corporation
❖ Vision Service Plan
❖ Vistakon, Division of Johnson & Johnson Vision Care
❖ Alcon
❖ Bausch & Lomb
❖ CooperVision
❖ Hoya Vision Care
❖ Marchon Eyewear
❖ Signet Armorlite
❖ Transitions Optical
❖ VisionWeb
❖ Vistakon, Division of Johnson & Johnson

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Representing Your Profession

To Health Care: AOA works with top health agencies, organizations, commissions

In addition to the memorandums of understanding with the U.S. Department of Health and Human Services, National Association of Community Health Centers, and National Rural Health Association, previously discussed in this report, AOA is working with a number of major health agencies and organizations to improve the nation’s eye health and vision.

The American Public Health Association and AOA, under a working Memorandum of Understanding (MOU) to improve access to vision care for all Americans, are developing a project to improve follow-up treatment services for children following school screenings.

The Centers for Disease Control (CDC) is working with AOA to begin collecting data on eye and vision problems from state health departments. By collecting prevalence data of specific eye conditions, AOA and its affiliated state associations will have better information to use in addressing health policy and legislative issues.

A new patient education pamphlet, developed this year by the AOA Healthy Eyes Healthy People Committee in cooperation with CDC, advises teenagers who wear contact lenses, about the dangers smoking poses to good eye health. The pamphlet is endorsed by the American Lung Association. The committee is pilot testing the pamphlet in several states.

AOA provides advice on vision-related issues to the National Consortium on Human Services Transportation, created by executive order of President George W. Bush in February 2004 to improve human service transportation coordination for individuals with disabilities, older adults, and people with lower incomes. The president’s executive order established the Interagency Transportation Coordinating Council on Access and Mobility (CCAM), representing 11 federal departments.

Boards, commissions, and staff positions

Perhaps more than ever, optometrists are serving in top staff positions with major health care agencies, as well as on the boards and committees of major health organizations.

Michael Duranas, OD, has become the first optometrist employed full-time at the Centers for Disease Control. A health scientist in the CDC’s new National Vision Program within the Division of Diabetes Translation, he will help shape new vision programs addressing diabetes and other conditions affecting the health of Americans. AOA staff worked over a year in support of this new position.

Edward Marshall, OD, MPH, who became the first elected optometrist on the American Public Health Association (APHA) Executive Board in the 126-year history of the organization, will run for president-elect of APHA in November 2005. Melvin Shipp, OD, PhD, was re-elected treasurer of APHA in November 2004. AOA has worked with optometrists and the APHA for many years to help make the election of these optometrists possible.

Satya Verma, O.D., serves on the board of the National Council on the Aging. Joel Byars, O.D., serves on the board of Prevent Blindness America (PBA), with many optometrists serving on national PBA committees.

Norma Bowyer, O.D., was recently elected chair of the National Rural Health Association Membership Committee.

Gunilla Haegerstrom Portnoy OD, PhD, and Earl Smith, OD, PhD, were appointed to the National Advisory Eye Council of the National Institutes of Health in January 2005. AOA worked with the NEI for the nomination and appointment of these two optometrists. In April 2005, AOA sent a letter of support to HHS for the nomination of another optometrist to the committee.

Wende Wagner Wu, O.D., MPH, was among 35 selected to take part in the Department of Health and Human Services Primary Care Policy Fellowship program. Dr. Wu was nominated by AOA.

Meeting participation

AOA exhibited or presented lectures at the numerous meetings of major national organizations, including the American Association of Retired Persons (AARP), American Occupational Therapy Association, American Society on Aging/National Council on the Aging, National Rural Health Association, and the American Diabetes Educators Association.

AOA State Government Relations Center members and staff attended the Federation of Associations of Regulatory Boards (FARB), American Legislative Exchange Council (ALEC), and National Conference of State Legislatures (NCSL).

The AOA Eye Care Benefits Center (ECBC) participated in meetings of the American Medical Association CPT Editorial Panel, America’s Health Insurance Plans, the National Association of Specialty Healthcare Organizations, the National Business Coalition on Health, the American Association of Preferred Provider Organizations, the World Health Care Congress, and the National Managed Health Care Congress.

AOA’s Healthy Eyes Healthy People Committee exhibited at the annual Centers for Disease Control Diabetes Translation Conference, and provided the official conference t-shirt with the CDC and AOA Healthy Eyes Healthy People logos.

The AOA Council on Research annually conducts a business meeting and a reception (co-sponsored by the American Academy of Ophthalmology) at the Association for Research in Vision and Ophthalmology meeting—the major international meeting for eye and vision researchers around the world.

In cooperation with the Ohio Optometric Association, the AOA participated in the 2004 Veterans of Foreign Wars national convention, providing more than 500 veterans, officials and guests limited eye health assessments during the six-day event.

Student training

AOA supports the Make College Affordable Act of 2005 (H.R. 481), the Student Loan Interest Full Deductibility Act (H.R. 1033), the Higher Education Affordability and Equity Act of 2005 (H.R. 1380), and the College Quality, Affordability and Diversity Improvement Act of 2005 (S. 371), which would increase the current deduction limit of $2,500 for student loan payments on federal income taxes.

Student loan assistance

AOA is working to build support for Medicare Graduate Medical Education (GME) programs in optometric educational institutions—thereby providing essential eye and vision care for more low income Americans, as well as valuable training opportunities for young optometrists.

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Economics: What financial conditions will affect optometric practice between now and 2020? What will be the cost of treatments, reimbursement patterns, patient resources, government resources? Moderated by Richard C. Edlow, O.D. and Mary E. Jameson, CPA.

Knowledge Education and Training: What type of optometric practitioner will be needed between now and 2020? What training will be necessary? What kind of professional development will be needed? What kind of certifications will be necessary and how often should a practitioner be evaluated relative to competencies? Moderated by Larry J. Davis, O.D., Ph.D. and Hector Santiago, O.D.

Eye Care Delivery: What disciplines and organizations will be involved in the business of dealing with eye care between now and 2020? What new players, disciplines, and organizations may be involved? What may represent new competition? Will current functional areas expand, or contract? Treatment practice? Moderated by John G. Classe, O.D. J.D. and Kirk L. Smick, O.D.

Joseph Gibbons, Ph.D., of the FutureWork Institute, presents “Looking into the Future: Eye Care Professionals.” Dr. Gibbons was one of three futurists to outline trends and emerging technologies at the Summit. Ian Morrison, Ph.D., president emeritus and Health Advisory Panel Chair of the Institute for the Future presented “Health Care in the New Millennium” and Edward D. Barlow, Jr., president of Creating the Future, Inc. moderated the summit, as well as making two presentations on coming changes.
**September**

**S O U T H E A S T O F T T E R N A L Y N C L U N D I N E F R E N D S**

Sept. 23, 2005
College of Optometry Ohio State University
Karen Greene
614/ 292-0818
kgreen@optometry.osu.edu

**FALL PRIMARY CARE UPDATE**

Northeastern State University
College of Optometry
Sept. 10-11, 2005
Sheraton Oklahoma City, OK
Lisa McCormick 918/ 456-5511 x4033
l mccommm@ka.com
http:// aerah.o.nsuok.edu ~omcchen

**VERMONT OPTOMETRIC CONFERENCE**

FALL OPTOMETRIC CONFERENCES

http://www.scco.edu
satkinson@scco.edu
Atkinson 714/ 449-7442
College of Optometry Susan Greer
Management of Ocular Disease
2ND ANNUAL VA FACULTY TRAINING CONFERENCE
George W Hertneky O.D., Optometric Extension Program
TRAINING CONFERENCE
COLORADO VISION 6009
copenhagen Dr. Mark Atkinson
Stockholm, Helsinki, St. Petersburg, Tallinn, Estonia, Warnemünde, Helgoland. Copenhagen Dr. Mark Rozenbaum, President BBB/ 638-6009

**COLD RADIO VISION**

TRAINING CONFERENCE
Ophthalmic Extension Program George W Hertneky O.D., hertneky@gsal.com, Sept. 9-11, 2005 YMAC of the Rockies, Estes Park, CO

**2ND ANNUAL VA FACULTY PROGRAM**

TREATMENT AND MANAGEMENT OF OCULAR DISEASE Southern California College of Optometry Susan Atkinson 714/ 449-7442 s atkinson@scco.edu
http:// www.scco.edu
Sept. 11, 2005

**FALL OPTOMETRIC CONFERENCE**

VERMONT OPTOMETRIC ASSOCIATION via Eriksson 608/ 245-5613 erikson@vm.net Sept. 9-11, 2005

**Hawaiian** Optometric Association
45th Annual Convention
Island of Maui at the Fairmont Kea Lani.
November 6-9, 2005.
20 hours of CE.
For information call (808) 537-5678, fax (808) 537-1509

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**October**

**GIVING SIGHT from page 10**

Institute this number.

Money raised in the United States will fund the development of sustainable infrastructure via eye clinics, routine eye examinations and the distribution of optical devices, training programs and clinical equipment in communities in need in the U.S. and around the world.

The treatments available for correcting refractive error are among the most effective, least expensive of options, ’’ Holden said.

OCS is a joint fund-raising initiative of the World Optometry Foundation, the International Agency for the Prevention of Blindness and the International Centre for Eyecare Education.

Program officials say Optometry Giving Sight is unique in three ways:

- It is the only global fundraising initiative that specifically targets the prevention of blindness due to refractive error and helps those with permanent low vision.
- The campaign is directed at every optometrist and optical professional; every optometry and optical outlet, their staff and customers; as well as the industry that serves optometry and the optical outlets.
- The collaboration brings together all people who are familiar with the value of eye examinations and the correction of vision defects who are passionate about eliminating avoidable blindness and who have the knowledge and determination to deliver a solution.

OCS is an unprecedented opportunity for optometry to make a dent in the numbers who are urged to contribute to optometry giving sight efforts through monetary donations, volunteerism and overall support.

Adopted by the AOA House of Delegates, June 24, 2005

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**RESO UED, that 0 penalty Giving Sight is endorsed by the American Optometric Association as a worthy charity whose goals are supported by the American Optometric Association and be it further RESO UED, that all American Optometric Association members and affiliates are urged to contribute to optometry giving sight efforts through monetary donations, volunteerism and overall support.**

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**Hawaii Optometric Association**

45th Annual Convention
Island of Maui at the Fairmont Kea Lani.
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For information call (808) 537-5678, fax (808) 537-1509

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Encino, CA

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**OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS**

REGISTRATION:

REGISTRATION:

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For more meetings information, visit www.AOANews.org.
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**A U G U S T 15 , 2005 • 2 7**
Position Statement
Elements of Comprehensive Health Programs

The National PTA believes that health is based on the quality of life of the whole child—emotional, environmental, intellectual, physical, social and spiritual. All elements must be considered before optimum health can exist.

The National PTA recognizes that: ....
- Early diagnosis and treatment of children’s vision problems is a necessary component to school readiness and academic learning; and that vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Comprehensive eye and vision examinations by an optometrist or ophthalmologist are important for all children first entering school and regularly throughout their school-aged years to ensure healthy eyes and adequate vision skills essential for successful academic achievement...
- Health Curriculum that is comprehensive for all students preschool through 12th grade, sequentially developed, age and culturally appropriate, reflects current health issues of the community, and is taught by educators qualified to present health instruction. The curriculum and instruction program should include the following content areas: .... eye and vision health...

Adopted: December 2002
Amended: June 2005

Amys out there.” When Hughes read his article it became apparent to her that this was a serious problem across the country. As a direct result of this article, retired AOA members Floyd Mizener, O.D., Floyd Woods, O.D., Lawrence Vogel, O.D., and Irving Kernis, O.D., contacted Hughes.

“They have been right by my side throughout this continuing campaign” said Hughes, “and have truly been a Godsend.” Initially, she approached her hometown school district in Lemont, IL, and a vision screening notification letter was born. This letter proved to be successful in alerting parents about a child’s best interest to be served. Parents were given the opportunity to go directly to the optometrist or ophthalmologist in lieu of the vision screening.

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In addition, she directed parents to the special Web page designed by the College of Optometrists in Vision Development (COVD), www.visionforlearning.org. The e-newsletter goes to PTA members throughout the United States. COVD (www.covd.org) and the Optometric Extension Program Foundation (www.OEForG) have teamed up to provide a special guide for those doctors who are considering adding to or enhancing their practices by providing vision therapy.

To get a copy of this guide, “Optometry’s Best Kept Secret,” contact the COVD International Office at (888) 268-3770 or covdoffice@sbcglobal.net. “We would like to congratulate Mrs. Hughes,” commented Lynn Hellerstein, O.D., president of COVD. “We understand her passion and the amount of work it takes to accomplish what she has done so far. We hope she will continue her work and also be an inspiration to other parents by helping them to recognize that so many children have undiagnosed vision problems.”

Despite giving birth to her fifth child this past April, her passion remains unstoppable. What’s next? “Every child deserves the best vision possible,” said Hughes.
Industry News

Essilor introduces 3 new Transitions products

Essilor continues to expand its offering of Varilux® Ellipse™ and Varilux Liberty™ with the introduction of three new products: Varilux Ellipse Thin & Lite® 1.67 Transitions® V Gray, Varilux Ellipse Airwear® Transitions V Brown and the Varilux Liberty Airwear Transitions V Gray.

All three products contain the advanced photochromic technology that makes Transitions Lenses the No. 1 recommended photochromic ophthalmic lenses on the market.

The Varilux Liberty Airwear Transitions V combines the Instant Reading Power™ from Essilor with the latest in photochromic technology from Transitions. This combination is designed for the patient who needs a bifocal and a photochromic lens that offers protection from the harmful effects of UV radiation, and adjusts to changing light conditions.

Both of the Varilux Ellipse lenses, the Varilux Ellipse Thin & Lite® 1.67 Transitions V and the Varilux Ellipse Airwear® Transitions V, are designed to provide the wearer with extra wide far vision, creating more comfortable vision at all distances. These lenses work with Transitions technology to provide customers of all ages with more comfort, convenience and protection for their eyes.

For information, visit www.essilorusa.com.

CLCS Mentor Program needs you

Open to all AOA Contact Lens and Cornea Section members. The CLCS Mentor Program’s mission is to provide added guidance, support and collegiality to optometry students throughout their academic careers. Through ongoing communication between established practitioners and students, the program intends to promote and enhance the student’s exposure to knowledge of contact lens practice as well as the plethora of practice management issues facing new graduates in today’s optometric practice. The long-term goal for this program is to foster professional relationships that will endure throughout the careers of the mentor and the protégé.

To participate or continue participation as a mentor, please fax the following to the CLCS at (314) 991-4101:

Yes, I would like to be a CLCS Mentor.

Name ________________ Address __________________________________________
City ___________________ State____Zip ______ Email _______________________
Phone # ______________ Fax # __________

The AOA CLCS leadership thanks you for your interest in the program and looks forward to your active participation. If you should have any questions or need additional assistance, please contact the CLCS office at (800) 365-2219, ext. 224 or 137, or e-mail JEBecker@AOA.org.

Industry Profile: Marchon Eyewear

Marchon Eyewear is one of the world’s largest privately owned designers, producers and distributors of quality fashion and sport eyewear and sunglass. Headquartered in the USA, Marchon markets and distributes its products globally with other regional headquarters in Amsterdam and Tokyo/Hong Kong, and local sales offices serving customers in a network of over 80 countries. Marchon has approximately 1,100 employees and 600 sales representatives worldwide, all dedicated to promptly delivering high quality products with courteous, responsive service in a manner that makes accounts want to do business again and again with the company.

Marchon Italy is the company’s global design center and is linked by 3D CAD and other technologies to licensors and additional resources in the US, Japan, and China. Modern production facilities are located in Italy, China, and Japan. Having multiple production facilities allows Marchon maximum flexibility in sourcing a wide range of products offering both high quality and great value. The company has a balanced and impressive range of collections with world-famous brand names and patented products.

The portfolio of collections has been developed to address distinct consumer groups. The collections include: Calvin Klein, targeting the adult contemporary market; CK Calvin Klein, a mass brand targeting teens and young adults; COACH sunwear and eyewear, a modern and classic American accessory, which offers quality, design, and functionality; FENDI offers European appeal to high fashion adult eyewear and sunglasses wearers; NIKE eyewear includes high performance sport sours, ophthalmics and sunglass that utilize Flexon® and other innovative materials; Nautica eyewear features a wide range of optical styles and a polarized sun collection; Disney for children; Flexon for adults and children seeking durability and superior eyewear technology; and various Marchon house brand collections which offer high quality, fashion, technological innovation, and value. In 2005, Marchon launched Michael Kors and Michael Kors sunwear and eyewear. Michael Kors is recognized as one of America’s pre-eminent designers of luxury sportswear. Marchon also owns a subsidiary division, Marchon Software Solutions (MSS), with offices in California, Ohio and Louisiana. The flagship product, OfficeMate, provides practice management software to over 5,000 eye care professionals. ExamW RITER, a breakthrough electronic health record program, fully documents the patient’s exam record. Utilizing both OfficeMate and ExamW RITER, the eyecare professional can now establish a “practically paperless” office.

Marchon Software Solutions’ newest product, OfficeMate Enterprise, provides the multi-location eye care business an ideal software management tool that is scalable, flexible and powerful. Collectively, Marchon Software Solutions software is used in over 7,500 eye care businesses throughout the United States.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.
"We need teachers, parents, educational institutions and lawmakers to join with us in showing that we have zero tolerance for failing to identify vision problems in our kids that can be readily diagnosed and treated by an optometrist. I commend the NIH for commissioning this critically important research into children’s vision which continues to show that comprehensive eye exams are the most effective way to ensure that vision problems do not prevent children from learning."

According to the AOA, vision screenings are not diagnostic nor do they typically lead to treatment, rather, screenings serve as an indication for a potential need to receive further eye care. Many screening facilities also often lack equipment to screen young children. In this particular study, the most advanced screening instrument used, the Retinomax Autorefractor, missed 32 percent of the vision conditions being specifically tested for in participating children. The second most advanced instrument, the SureSight Vision Screener, missed 36 percent of the children’s vision disorders. Other testing instruments had failure rates as high as 50 percent.

"Approximately 25 percent of all school-aged children have vision problems," said Dr. Wallingford. "Clearly the prevalence of vision disorders present in children and the limitations of vision screenings support the need for and value of early detection through a comprehensive eye and vision exam by an eye doctor. One child missed is one too many."

Our first effort at using this member survey concept was part of the agenda at this month’s Optometry 2020 Summit. At www.aoa.org, members were invited to answer the question, "Please list up to three major trends that you believe will have the most influence on the profession of optometry over the next fifteen years."

The responses were part of the discussion at the meeting in Dallas and will help frame the discussions for the next two summits as well. Later this year, expect more opportunities to weigh in on topics that affect optometry and the way AOA responds. I hope you’ll take advantage of these opportunities.

As president of AOA, let me assure you, we’ll be listening.

AOA President
Richard L. Wallingford, O.D.
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- Policy limits up to $2,000,000.00 per occurrence and up to $4,000,000.00 per aggregate
- Per occurrence coverage no matter when a claim is filed (as long as the incident took place while the policy was in force)
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The Business Owner's Package:
Protect your entire business with outstanding coverage including Property and General Liability at competitive rates—with no additional charge for coverage for your employees. What's more, Workers' Compensation coverage does not need to be placed with our office in order for us to provide Professional Liability coverage.

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