Approved March 3, 1983
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m./p.m. on March 1, 1983 in room 526-S of the Capitol.

All members were present except

Committee staff present:

Emalene Correll, Norman Furse, and Bill Wolff

Conferees appearing before the committee:

Terry S. Latanich, VP and President, Searle Optical Group
Gary Hailey, Attorney, Bureau of Consumer Protection, FTC, Washington D. C.
June Walters, Wichita, Kansas
Joan Dawson, Kansas City, Kansas
Ron Gaches, Kansas Association of Commerce and Industry
John Peterson, Opticians Association of Kansas
Dr. Larry Harris, President, Kansas Optometric Association
Dr. David M. Amos, Overland Park, Kansas
Dr. F. L. Depenbusch, President, Section of Ophthalmology, KMS

Others present: see attached list

SB 245 - practice of optometry, contact lenses

Bob W. Storey introduced Terry S. Latanich, Vice President and Counsel to the Searle Optical Group, which operates owned and franchised Pearle Vision Centers and Texas State Optical retail optical stores, who testified in support of SB 245, and distributed testimony outlining the sections of the bill which effect reforms in the regulation of the practice of optometry, including contact lens fitting, duplication of lenses, commercial location, and trade name usage. Mr. Latanich said this bill allows independent optometrists to locate in high consumer traffic locations; allows optometrists locating in commercial establishments to offer their customers the use of credit cards issued by that store; and authorizes optometrists to use trade names. (Attachment #1). He also distributed copies of proposed amendments to SB 245. (Attachment #2).

Senator Ehrlich asked if he would be excluded from the licensing procedures in Kansas if this bill were enacted, and if he had gone through the credentialing process. Mr. Latanich replied no to both questions.

Gary Hailey, attorney with the Bureau of Consumer Protection of the Federal Trade Commission, Washington, D. C., described a study that was done in 1980 concerning the relation between price as well as quality of professional services and restrictions on advertising and commercial practice. He said that the study performed concluded that such regulation of optometry does raise the price of eyeglasses and examinations, but does not improve their quality. Prescriptions and eyeglasses are no less adequate when purchased from an advertising optometrist or chain-firm optometrist than when purchased from a non-advertising, non-commercial optometrist in either a restrictive or non-restrictive city. (Attachment #3).

June Walters, optician, Wichita, Kansas, testified in support of SB 245, and said that consumers are not allowed to bring their prescriptions with them, and many times people break their glasses and cannot get in touch with their doctor. She stated that she does know how to fit contact lenses.

Joan Dawson, manager of Sears, Kansas City, Kansas, testified in support of SB 245, and said this bill would enable optometrists to practice in retail stores as independent practitioners, and would allow optical departments to offer the service of licensed optometrists.

Senator Roitz asked if she could foresee any problems in the smaller towns in Kansas with these people participating in other retail outlets. Ms. Dawson responded that this bill does not allow optometrists to be employed by a retail store.

Ron Gaches, KACI, testified in support of SB 245, and said that this bill provides for increased competition without degrading the quality of service.

John Peterson, Opticians Association of Kansas, distributed testimony in support of SB 245, with a proposed amendment in sub-section 3, line 82, adding after the word "materials" the following words, "who have been certified by the American Board of Opticianry as a certified optician". (Attachment #4).

Dr. Larry Harris, President, Kansas Optometric Association, testified in opposition to SB 245, and distributed testimony listing sections of the bill which KOA opposes and giving the reasons therefor. KOA believes that the relative importance of good vision care includes services that promote, preserve and restore good vision. Only part of these services include the use of lenses, frames and contact lenses. If this relative importance gets reversed, the alternatives to prescribing glasses may be overlooked or forgotten, and this is both dangerous and expensive to the public. (Attachment #5). Dr. Harris also distributed copies of an FTC Price Study which was conducted in 1977. (Attachment #6).

Dr. Davis M. Amos, Overland Park, Kansas, testified in opposition to SB 245, and distributed testimony stating that this bill would allow unlicensed and untrained people in the state of Kansas to prescribe spectacle lenses or contact lenses without the necessary training or regulations. Only optometrists and ophthalmologists may legally adapt or fit contact lenses in Kansas, and Dr. Amos believes it should remain that way. (Attachment #7).

Dr. F. L. Depenbusch, President of the Section of Ophthalmology, of the Kansas Medical Society, testified in opposition to SB 245, and distributed testimony listing sections of the bill which are objectionable because they may adversely affect the quality of patient care. (Attachment #8). Dr. Depenbusch suggested that this matter be handled by a joint study commission rather than this approach.

The meeting was adjourned.

SENATE

PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-1-83

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
F. L. Depenbusch MD	Kansas Medical Society Section of Opthalmology
D W Bees M.D.	" " "
[illegible]	KS MEDICAL SOCIETY
Loren Shaw	Opticians Assn. Kans.
Robert Shaw	" " "
Nick Quad	" " "
Hugh Beeson	Opticians Ass of Kansas
Howard Mordyke	" " " " "
Daryl Crotts	Opticians Assoc. of Ks.
John Peterson	Optician Assn of Ks
Wayne Pennock	opticians assn of Ks.
Terry Catanach	Sears Optical
Larry E Davis, MD	Kansas Optometric association
Lewis A. Smith, OD.	Kans Opt. Assn
DAVID M. AMOS OD	KANSAS Optometric ASSN.
Mike White	Kans. Optometric ASSN.
[illegible]	KUA
Rita Clifford	School of Nursing KU
Michele Hinds	Legislative Intern
Bob Storey	Marco Optical
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Joan Dawson	Sears Roebuck Co.
Ron GACHES	KACT
GARY D. HAILEY	Federal Trade Commission Wash, DC

3-1-83 #1

Good morning, my name is Terry S. Latanich. I am Vice President and Counsel to the Searle Optical Group, which operates owned and franchised Pearle Vision Centers and Texas State Optical retail optical stores. From 1975 until August of 1982 I was an Assistant Director within the Federal Trade Commission in Washington, D.C. In that position, I was responsible for the federal government's investigations into the effects on consumers of regulations limiting free and fair competition by professionals such as doctors, dentists, optometrists, lawyers and accountants.

This committee is today considering a bill, Senate Bill 245, that would effect three significant reforms in the regulation of the practice of optometry.

Sections 1 and 2--Contact Lens Fitting. Section 1 of the Bill amends K.S.A. 65-1501 (a) which defines terms used in the Optometry Act. Specifically, the Bill amends the definition of "prescription" contained in paragraph (f). The amendment clarifies that a prescription for eyeglasses or contact lenses must include only the assessment of the refractive status of the patient's eyes. The Bill deletes the requirement that the prescription include the measurements necessary to fabricate the lenses. This latter function is not part of the examination process, but rather, is part of the process of dispensing eyeglasses or contact lenses.

The Bill also adds a new definition, "Release of prescription," in a new paragraph (g). This new definition guarantees to patients that they may obtain their prescriptions for eyeglasses

Atch. 1

or contact lenses from their eye doctor, after they pay for their examinations. While federal law already requires this for eyeglass prescriptions, the law does not cover contact lenses. This definition also clarifies that if the examining eye doctor believes that a patient should not be fitted for contact lenses the doctor must specify in writing the reason for this decision. Where a doctor determines that contacts should not be fitted, an optician would not be permitted to fit contacts.

Section 2 of the Bill amends Section 65-1502 which defines the practice of optometry. The Bill adds a new paragraph (e) which clarifies that an optician who has passed the competency examination for contact lens fitting administered by the National Contact Lens Examiners (in conjunction with the Educational Testing Service) may legally fit contact lenses. The amendment would require an optician fitting lenses to refer the patient back to the prescribing eye doctor for a final evaluation. Under the Bill, therefore, opticians could only fit where (1) they have passed a competency examination; (2) the prescribing eye doctor has determined that there are no contradindications to beginning the fitting process; and (3) the patient is referred back to the doctor for final examination. This amendment conforms Kansas optometric law to the long-standing working relationship between medical doctors and opticians.

There are several arguments that can be made in support of this proposed reform:

- Bill would guarantee consumer's access to contact lens prescriptions to allow them to get combination of price and service that fits their needs.
- Competition in the sale of contact lenses, primarily through advertising by opticians and optometrists located in commercial establishments, has cuased the price of contact lenses to decline substantially. Soft contact lenses used to retail for over $350.00, now prices in the vicinity of $150.00 are common. This Bill would help produce the same result in Kansas.
- Only opticians who have demonstrated competency would be able to fit, and even then, they would be required to refer the patient back to the examining doctor. This working relationship is common throughout the United States. It permits eye doctors who do not wish to sell products to work with the opticians who perform the technical functions of fitting and selling lenses.

Section 3--Duplication of Lenses. Section 3 of the Bill amends Section 65-1504 (b) of the Optometry law to permit persons authorized to sell and dispense eyeglasses to prepare duplicate lenses (e.g., prescriptive sunglasses, or replacements for broken lenses) for customers by measuring the power contained in the existing lenses. This process, commonly referred to as neutralization, would only be permitted for eyeglass lenses, not for contact lenses, and would only be authorized where the original prescription was not altered.

There are several arguments that support adoption of this provision:

- Under existing Kansas law, if a customer wants to buy a pair of prescription sunglasses or a second pair of eyeglasses, or if the customer scratches or breaks a lens, he must return to the doctor for a new prescription. This revision allows consumers to go to an optician and have their existing lenses duplicated.
- Duplication would only be authorized where the optician does not in any manner alter the existing prescription.
- Duplicating lenses is inexpensive, and allows a customer to obtain a spare pair of lenses, prescription sunglasses, or to replace broken lenses at a substantially reduced cost.

Section 4--Commercial Location and Trade Name Usage.

Section 4 of the Bill adds a new Section to the Optometry Act. This section specifically permits a licensed optometrist to lease space from any person and to locate his or her independent practice on the premises of a retail or department store. The Bill does not authorize a retail or department store to employ an optometrist, rather, it simply permits a licensee to locate his or her practice on the premises of such an establishment.

Subpart (c) of Section 4 allows licensees who choose to locate on the premises of a retail or department store to offer their patients the convenience of using the credit card employed by the store. Specifically, subpart (c) permits an optometrist to assign a credit card account to the retail establishment.

Subpart (d) clarifies that an optometrist may lawfully employ a trade name in the conduct of his or her practice, as

long as that name is registered with the Board of Optometry. This amendment conforms the Optometry law to the law governing the practice of medicine, which already permits licensees to lawfully employ a trade name.

There are several arguments that support adoption of this:

- Bill allows independent optometrists to locate in high consumer traffic locations, such as retail or department stores. These locations are highly convenient for consumers.
- Studies conducted by the federal government show that where optometrists are permitted to practice in these type of locations, prices are about 16% to 33% lower than states like Kansas. The studies also show that the quality of eye examinations and eyeglasses in states that permit this practice is at least as high as states like Kansas which do not.
- Bill allows optometrists locating in commercial establishments to offer their customers the convenience of using the credit card issued by that department store. This facilitates the purchase of eyeglasses and contact lenses, and increases the likelihood that consumers will receive care.
- The Bill authorizes the optometrists to use trade names. This is currently the case for medical doctors, who often practice under names such as "Ophthalmology Associates", "Urology Clinic", or "Women's Health Center."
- Trade names communicate important information to consumers. For example, several doctors who choose to offer special programs to consumers (e.g., free replacement of glasses if broken with a year of purchase or special discount programs)

can employ a common trade name to alert the consumer to the availability of these services.

- Consumers would receive benefit of trade name while also knowing the name of the optometrist practicing under that name, the latter being required to be displayed on site. In this manner, consumers received the benefit of both the professional and trade names.

3-1-83 #2

SENATE BILL 245

Amend Sec. 2 (e), Pg. 2, as follows:

(e) Strike all after the letter (e) and before the word "who" and insert as follows:
"Provided, however, any person"

Amend new Sec. 4, Pg. 3, as follows:

After (c) insert:
"(d) Using a trade name, registered with the State Board; provided, however, practicing under a trade name is not using a false or assumed name under K.S.A. 65-1504(e) or K.S.A. 65-1510(a)."

Attach. 2

3-1-83 #3

EXECUTIVE SUMMARY

Staff Report on EFFECTS OF RESTRICTIONS ON ADVERTISING AND COMMERCIAL PRACTICE IN THE PROFESSIONS: The Case of Optometry

Ronald S. Bond
John E. Kwoka, Jr.
John J. Phelan
Ira Taylor Whitten

Bureau of Economics

September 1980

Att. 3

FEDERAL TRADE COMMISSION

Staff Report on Effects of Restrictions on Advertising and Commercial Practice in the Professions: The Case of Optometry

EXECUTIVE SUMMARY

Ronald S. Bond

John E. Kwoka, Jr.

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DONALD T. SANT, Assistant Director for Industry Analysis
WILLIAM H. SPRUNK, Assistant Director for Financial Statistics

EXECUTIVE SUMMARY

Effects of Restrictions on Advertising and Commercial Practice in the Professions: The Case of Optometry

This study provides empirical evidence concerning the relation between price as well as quality of professional services and restrictions on advertising and commercial practice. Proponents of commercial restrictions argue that these restrictions are necessary to maintain the quality of professional care; critics claim that the restrictions raise the prices people must pay for professional services.

The Nature of the Restrictions

The most commonly found commercial restrictions in the professions are of two general types: (1) prohibitions against advertising and (2) prohibitions against commercial practice. Both classes of restrictions are imposed by licensing boards, state law, or private professional organizations through canons of ethics. Restrictions of the former type are straightforward prohibitions against soliciting business by advertising. Restrictions of the latter type are more complex. These affect the method in which professional services may be produced and sold, including prohibitions against the following: (1) professionals' being employed by, or locating an office in, a commercial establishment such as a department store; (2) the use of brand names to establish the identity of a professional practice; (3) the ownership of a professional practice by laypeople; and (4) the establishment of a professional practice through franchise arrangements and multiple branch outlets.

Arguments for and Against Restrictions

Those who favor restrictions on commercial behavior in the professions argue that the normal forces of competition will cause a deterioration in the quality of professional services available in the marketplace. Because they are unable to fully assess the quality of complex professional services, consumers will be particularly vulnerable to appeals based upon price. And because many such services are infrequently purchased, information concerning individual providers of such services is especially scarce. Thus, market forces are weak, and unethical professionals can offer lower prices and substitute lower quality.

Without prohibitions on commercial practice, professionals may work for lay corporations. It is argued that profit-oriented corporations will have a strong incentive to substitute low for high quality services. Without restrictions on advertising, unethical professionals can reach large segments of the population through the mass media. Unethical behavior becomes more profitable, and a larger number of consumers are deceived. Moreover, high quality, high-priced professionals will find themselves disadvantaged. To remain price competitive they must either lower quality or they must leave the market. Thus, the argument concludes, the quality of professional care is reduced throughout the market.

In contrast, those who oppose commercial restrictions argue that certain professional services are, in fact, relatively standardized and often routine. For such services consumers should benefit from shopping on the basis of price. Commercial restrictions on advertising raise the cost of shopping and result in higher prevailing prices. Commercial restrictions on forms of professional practice reduce the opportunities for sellers to adopt cost-cutting technologies and to pass those savings along in the form of lower prices. Opponents of commercial restrictions conclude that the primary effect of restrictions is to raise the prices consumers must pay for professional services. This conclusion is consistent with empirical evidence for standardized goods.

The Experiment

In the United States, commercial restrictions for professional services (including the dental, medical, accounting, veterinary, and other professions) have been common in almost all of the states. Optometry is the one profession in which a great variety of restrictions have long existed. Some states and cities are nonrestrictive; they do not have any prohibitions against advertising or commercial practice for optometric services; other states and cities are restrictive; they have prohibitions against both advertising and commercial practice.

In nonrestrictive cities, trained subjects purchased eye examinations and eyeglasses from optometrists who advertised, optometrists who were associated with large chain optical firms, as well as from optometrists (nonadvertisers) who practiced in the professional tradition. The subjects also made purchases from optometrists in restrictive cities. Optometrists in these cities were all necessarily nonadvertisers.

In total, 19 subjects purchased 434 eye examinations and 280 pairs of eyeglasses, in 12 different metropolitan areas. Data were collected on the following: (1) the thoroughness of the eye examination, including tests for eye disease as well as visual acuity; (2) the accuracy of the prescription; (3) the accuracy and workmanship of the resulting eyeglasses; (4) the total price of the eyeglasses and examination; and (5) whether or not new glasses were prescribed when they were not needed.

The Results

Price

Whether purchased from a nonadvertiser, an advertiser, or a chain-firm, the statistical estimates reveal that the average eye examination and eyeglasses cost less in a nonrestrictive city. In restrictive cities the estimated average price is $94.46. In nonrestrictive cities estimates show that nonadvertisers charge $73.44, advertisers charge $63.57, and large chain optical firms charge $61.37. The estimated overall average price for nonrestrictive cities is $70.72.

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94.46

non-restric.
73.44
61.37
} 70.72
nonadv
firms

Quality

Advertising optometrists and chain-firm optometrists derive the correct perscription and produce accurate eyeglasses no less frequently than nonadvertising optometrists in either restrictive or nonrestrictive cities. The data also indicate that there are no significant differences in the quality of eyeglass frames or lenses no matter where eyeglasses are purchased. Moreover, advertising optometrists and chain-firm optometrists are no more likely than nonadvertising optometrists (from restrictive or nonrestrictive cities) to prescribe new eyeglasses when they are not needed.

The examinations given by advertising and chain-firm optometrists are however, significantly less thorough than the examinations given by nonadvertising optometrists in the same geographic market. Nonetheless, the percentage of optometrists who give less thorough examinations is about the same in restrictive as in nonrestrictive cities, but in restrictive cities these optometrists cannot advertise. Optometrists who give more thorough examinations were not, however, driven out of nonrestrictive cities. The percentage of optometrists offering thorough examinations is about the same in both restrictive and nonrestrictive cities.

Summary

Taken together the results for price and quality suggest the following: Prescriptions and eyeglasses are no less adequate when purchased from an advertising optometrist or chain-firm optometrist than when purchased from a nonadvertising, noncommercial optometrist in either a restrictive or nonrestrictive city. The thoroughness of the examination, however, does vary. In all cities some optometrists give more thorough and some optometrists give less thorough examinations in about the same percentages. In nonrestrictive cities, more thorough examinations tend to be given by nonadvertisers and less thorough examinations tend to be given by advertisers and chain-firm practitioners.

Regardless of the thoroughness of the examination, prices tended to be lower in nonrestrictive cities. A package consisting of a thorough eye examination and eyeglasses costs about $21 less when purchased from a nonadvertising optometrist in a nonrestrictive city than when purchased from a nonadvertising optometrist in a restrictive city. A package consisting of a less thorough eye examination and eyeglasses costs about $31 less when purchased from an advertising optometrist or chain-firm optometrist in a nonrestrictive city than when purchased from a nonadvertising optometrist in a restrictive city.

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3-1-83

TESTIMONY BEFORE THE SENATE COMMITTEE
ON PUBLIC HEALTH AND WELFARE

March 1, 1983
Opticians Association of Kansas
Senate Bill 245

Senator Meyers, Members of the Committee.

My name is John Peterson and I am appearing today in behalf of the Opticians Association of Kansas. That Association represents some 150 independent businessmen and women in the state of Kansas. Opticians play an important role in the state of Kansas and in every state in our nation in the delivery and dispensing of eye care materials. Their role in the sale and duplication of lenses, in the filling of eye glass prescriptions, in the selection of frames, in assuring proper fitting and proper lense selection, often places them in direct competition with those optometrists who maintain a dispensing or sales department in conjunction with their professional services.

Opticians in Kansas are not licensed. Most are certified by the American Board of Opticianry, which administers a standardized national examination conducted through the independent Educational Testing Services. In addition certification is available as a specialist in the fitting of contact lenses through examination and training requirements of the national contact lense examiners. Both of these certifications require continuing education to maintain that certification.

Att. 4

Opticians fill a written prescription issued by a physician or optometrist. Often patients are referred directly by ophthalmologists. They serve the same role as a pharmicist who does not diagnose or prescribe but assures that the prescription is properly filled.

We appear today in support of the changes set forth in Section 1 by the addition of a new Subsection (g) and in Section 2 by the addition of Subsection (e). We would recommend that the committee, in addition, amend Subsection 3 by in line eighty-two after the word 'materials' adding the following "who have been certified by the American Board of Opticianry as a certified optician." The addition of that amendment restricts the duplication and reproduction of lenses to those who have been nationally certified; and together with the proposed amendment to Section 2 requiring a contact lense prescription and requiring that individual filling a prescription to complete the testing requirements of the national contact lense examiners, will assure standard of competency, while at the same time allowing the consumer the choice of how and where they choose to have their prescriptions filled or their lenses duplicated. We believe that these changes would be in the best interest of the Kansas consumers and of free competition in choice for the filling of prescriptions issued by a qualified eye examiner and professional.

We thank you for your time and consideration.

CONTENT OUTLINE

Uniform National Competency Examination for Dispensing Opticians

18% I. Practical Optics
- A. Lens Design & Characteristics
  1. plus
  2. minus
  3. spherical
  4. compound
  5. prism
     - a. induced
       - i. horizontal decentration
       - ii. vertical imbalance
     - b. prescribed
  6. impact resistance (how accomplished & why)
  7. base curves & thickness (significance of)
- B. Lens Types
  1. single vision
  2. multifocals (bifocal, trifocal, vocational)
     - a. one piece
     - b. fused
     - c. molded
     - d. progressive additions
  3. cataracts
- C. Material Characteristics
  1. glass (e.g., crown, lead)
  2. plastic
- D. Absorptive Lenses (Functions)
- E. Specialty Lenses Commonly Encountered (e.g., high-add bifocals, myodiscs)

10% II. Instrumentation
- A. Types and Usage
  1. lensometer
  2. lens clock
  3. P.D. measuring devices
  4. distometer
  5. caliper
  6. seg measurer
  7. polariscope
  8. hand tools
  9. frame warmer
  10. frame and lens references
- B. Adjustment and Cleaning

III. Practical Anatomy and Physiology
- A. Commonly encountered Eye Conditions (e.g., myopia, hyperopia)
- B. Facial Considerations
- C. Anatomical Structures
- D. Physiological Functions (e.g., accommodation, convergence, muscular imbalance, aniseikonia)

23% IV. Prescription Analysis (Visual Performance Requirements) and Frame Selection
- A. Interpretation of prescription
  1. recognition of unusual prescriptions
  2. relation of prescription to user
- B. Lens Selection
  1. vocational and avocational needs
  2. cosmetic needs
- C. Frame Selection
  1. selection criteria
     - a. shape (including lens shape and bridge configuration)
     - b. color
     - c. material
  2. specifications
  3. identification and usage
  4. cosmetic considerations

13% V. Job Order (Permanent Record)
- A. Frame specification
  1. color
  2. types
  3. sizes
  4. components
  5. material
  6. name
  7. manufacturer
- B. Lens adapting
  1. effective diameter
  2. edge or center thickness
  3. seg height and inset
  4. decentration
  5. edge coating
  6. tint selection
  7. vertex compensation
  8. boxing system
- C. Order forms (to fabricating laboratory)
- D. Job verification

18% VI. Delivery to Customer
- A. Fitting
  1. alignment to face/centering
  2. adjustment
     - a. temple modification
     - b. angling
       - i. orthoscopic
       - ii. pantoscopic
       - iii. retroscopic
       - iv. face form
     - c. pad alignment
       - i. fixed
       - ii. adjustable
     - d. vertex adistance
     - e. front modification
     - f. bridge modification
     - g. cleaning
     - h. patient response
  3. care and handling (patient education)
- B. Subsequent service (Follow-up)
  1. analyze problems
     - a. adaption to prescription change
     - b. fitting discomfort
  2. correct problems
- C. Minor repairs
  1. soldering
  2. hinge and shield
  3. frame assembly
- D. Patient Education

3% VII. Regulations and Standards
- A. ANSI
- B. OSHA
- C. DHEW
  1. FDA
  2. HCFA (medicare)
- D. FTC

6% VIII. Professional Responsibility
- A. Consumer
- B. Interprofessional
- C. Intraprofessional

SAMPLE QUESTIONS

Vertex distance is most important when fitting which of the following?

(A) Multifocal lenses
(B) Plastic lenses
(C) Glass lenses
(D) Post-cataract lenses

If a +16.00D lens is moved closer to the eye, what effect would this have on the effective power?

(A) Less plus
(B) More plus
(C) Prism base is created
(D) No change results

A -4.75 spherical lens decentered 4 millimeters produces:

(A) 1.0 prism diopters
(B) 1.4 prism diopters
(C) 1.9 prism diopters
(D) 2.0 prism diopters

A patient presents a Rx -3.00 O.U. The optician greets the patient and obtains his old record. After examining the record he finds the patient to be wearing +2.50. Which of the following should the optician do?

(A) Fill the Rx as written
(B) Question the patient about his eye condition
(C) Adjust the base curve to compensate for magnification
(D) Call the doctor and check the Rx

A lens clock can be used to check the

(A) Center thickness of a lens
(B) Absorptive percentage of a lens
(C) Refractive power of a lens
(D) Tempering of a lens

The typical aphakic will wear

(A) Low powered minus lenses
(B) High powered minus lenses
(C) Low powered plus lenses
(D) High powered plus lenses

A lens whose power is four diopters has a focal length of

(A) 1 cm.
(B) 25 cm.
(C) 250 cm.
(D) 1,000 cm.

Concentric rings caused by beveling high minus lenses are usually reduced by

(A) Edge coating the lenses
(B) Tinting the lenses a rose color
(C) Changing to a flatter base curve
(D) Changing to a higher base curve

9. Which of the following is true about industrial safety lenses?

(A) They must be 3 mm. thick at the thinnest point unless they are strong plus lenses
(B) They cannot be made of plastic
(C) They can be mounted in any frame providing the lenses meet OSHA standards
(D) They are safe even though the lens surfaces are badly scratched

10. The anisometropic patient may have vertical imbalance present in the reading section of his single vision glasses. The dispenser can compensate for their imbalance by

(A) Horizontally positioning the optical centers
(B) Vertically positioning the optical centers
(C) Reducing the vertex distances of the lenses
(D) Increasing the vertex distances of the lenses

11. To clean a surface in preparation for soldering, opticians most often use

(A) Cellulose acetate
(B) Flux
(C) Potassium nitrate
(D) Cellulose nitrate

12. A patient comments that his old glasses gave him much better visual acuity than the new glasses. After examining the glasses, the optician finds that both glasses have the same Rx. What should the optician do?

(A) Send the patient back to the doctor
(B) Check the base curve, facial form, and tilt of the glasses
(C) Remake the entire glasses
(D) Place the new lenses in a different frame

13. A heat-treated or chemical-hardened lens loses some of its impact resistance when it is

(A) Exposed to extreme cold
(B) Heated in frame warmer
(C) Used for too many years
(D) Scratched or pitted

14. A patient purchases a frame with an eye size of 56 mm. and a bridge size of 20 mm., and his pupillary distance measures 62 mm. The optical centers of each lens must be set in a distance of

(A) 5 mm.
(B) 7 mm.
(C) 9 mm.
(D) 14 mm.

Answers for Sample Test Questions

1(D); 2(A); 3(C); 4(D); 5(C); 6(D); 7(C); 8(A); 9(A); 10(B); 11(B); 12(B); 13(D); 14(B).

3-1-83

Kansas Optometric Association

Office of the President 1982-83
Larry E. Harris, O.D.

400 Kansas Avenue, Suite A
Topeka, Kansas 66603
913-232-0225

TESTIMONY OF LARRY E. HARRIS, O.D.
ON SENATE BILL NO. 245

Madam Chairperson and Members of the Committee:

My name is Larry E. Harris, President of the Kansas Optometric Association and a practicing optometrist in Topeka, Kansas.

I appear representing the members of the Association in voicing opposition to Senate Bill 245.

My remarks will make reference to the particular sections of the bill and the reasons for opposing those particular sections.

Section 1- K.S.A. 65-1501a(f) of the bill provides for deleting from the definition of prescription the following:

"...including instructions necessary for the fabrication or use thereof."

Such deletion would leave out of the contact lens prescription such things as:

(a) the type of lens (hard or soft)
(b) base curve
(c) back vertex power
(d) prism power
(e) overall diameter
(f) optic zone diameter
(g) secondary curve radius
(h) third curve radius and width
(i) the blend
(j) the center thickness
(k) the tint
(l) the edge shape
(m) the wearing schedules

This bill provides that a contact lens prescription would consist of only the spectacle refractive power of the eye

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Opticians or ophthalmic dispensers are unregulated and untrained persons in the State of Kansas. If a contact lens prescription need only be the spectacle lens power, as this bill proposes, all of the other specifications enumerated above will have to be determined by such unregulated and untrained persons.

Section 1-K.S.A. 65-1501a(g) of the proposed bill provides for:

(a) the release of a prescription to a patient after the payment of the exam fee; and

(b) requires the optometrist to set forth in writing why a patient does not receive a prescription for any type of lenses.

Contrary to what the proponents claim, Federal Law already provides and mandates the release of both spectacle lens and contact lens prescriptions, even if no new glasses or contact lenses were prescribed. The proposed bill as written, conflicts with the provisions of this Federal requirement.

The Kansas Optometric Association asked for and received clarification of the Federal Law from the Federal Trade Commission in 1978. That clarification stated that with regard to spectacle lenses the optometrist or ophthalmologist must release a spectacle Rx to a patient after a refractive examination.

The F.T.C. also indicated with regard to release of a contact lens Rx that if a Kansas optometrist proceeds to fit contact lenses, the prescription for contact lenses is not

required to be released until the optometrist has reasonablly and finally determined the specifications of the contact lens prescription including keratometry readings, lens curves, diameter, and so on.

The only way a patient does not receive a prescription, either spectacle or contact lens, under the Federal release requirement, is if they do not presently wear corrective eyewear and an examination reveals they do not need corrective eyewear.

The proponents suggested provisions conflict with Federal Law and such a provision is not needed.

Section 2-K.S.A. 65-1502(e) of the proposed bill would allow an optician to "fit, adapt, dispense and sell contact lenses." This is a big jump in what opticians can presently do in Kansas. That is, sell or deliver contact lenses, spectacle lenses and frames to a patient upon a prescription of an optometrist or ophthalmologist.

We have seen that the proponents wish optometry law changed so that a contact lens prescription need only contain the spectacle Rx or eyeglass power and no other specifications.

In this regard the Kansas Optometric Association asked the Attorney General of the State of Kansas this question:

Whether the fitting of contact lenses by an ophthalmic dispenser (optician) using an eyeglass prescription, constitutes the practice of optometry in Kansas?

The Attorney General stated that it was his belief that such adaptation and fitting of contact lenses does involve the practice of optometry. Therefore, one who performs that service without a license under K.S.A. 65-1501 et. seq., (the optometry act), or K.S.A. 65-2801 et. seq. (the Healing Arts Act) is subject to the penalty provisions of K.S.A. 65-1513 of the optometry act.

Thirty-two (32) states and the District of Columbia now prohibit opticians from fitting contact lenses. Seventeen (17) states permit fitting of contact lenses by opticians, with fourteen (14) of those states requiring opticians to be licensed by the State. In eleven (11) of these states the fitting of contact lenses can take place only under the supervision of an optometrist or an ophthalmologist. The issue is not resolved in one (1) state.

It is the concern of the Kansas Optometric Association that this bill does not provide any protection to the public as to the educational requirements, continuing education requirements, and training of opticians.

Forty-six (46) states either prohibit the fitting of contact lenses or impose licensing requirements on those opticians who do fit contact lenses. Why is this bill being proposed for what is an obvious practice act of an optometrist and ophthalmologist? Why is the credentialing Procedure K.S.A. 65-15001 et. seq. not being utilized in this regard?

Section 3-K.S.A. 65-1504b(b) proposed to allow ophthalmic dispensers (opticians) to duplicate prescriptions from spectacle lenses. That is, to determine the spectacle Rx power by a process called neutralization.

Our concern is how do the opticians determine the prism power, or pupillary distance of a spectacle Rx by duplication. This cannot be done by neutralization and what the consumer gets is the wrong prescription.

This procedure not only allows duplication of out of date (expired) prescriptions but also allows the patient to forego a vision examination. The purpose of an optometric vision examination is not only a prescription for lenses. Other alternative treatment or referral to other practitioners is often recommended if the vision examination revealed:

(a) overactive thyroid
(b) diabetes
(c) optic nerve degneration
(d) low thyroid
(e) sinus trouble
(f) blockage in neck arteries
(g) more light needed
(h) visual symptoms of migraines, to name a few.

Also, the proponents are asking that this section not apply to contact lenses. However, if, as this bill proposes, a contact lens prescription need only contain the spectacle lens power, an optician can take that spectacle lens power and as the bill proposes, adapt and fit contact lenses to the patient's eyes.

There would be no screening of the patient by an optometrist or ophthalmologist and no initial determination of the ability of the patient to wear contact lenses.

New section 4 proposes that the State Board not restrict an optometrist from:

(a) entering into a lease relationship with any person;

(b) becoming a department or concession of mercantile establishment; and

(c) assigning credit accounts.

Our concern is not the lease arrangement itself, it is the mode of operation and business relationship between an optometrist and an optical dispenser (optician).

The problem is that the retail optical dispenser (opticians) in order to sell their products may resort to controlling the optometrist by any or all of the following:

(1) directly or indirectly controlling or attempting to control the professional judgment, the manner of practice, or the practice of an optometrist; or

(2) directly or indirectly making any payment to an optometrist for any service not actually rendered;

(3) setting or attempting to influence the office hours of an optometrist;

(4) restricting or attempting to restrict an optometrist's freedom to see patients on an appointment basis;

(5) terminating or threatening to terminate any lease, agreement, or other relationship in an effort to control the professional judgment, manner of practice, or practice of an optometrist;

(6) providing, hiring, or sharing employees or business services or similar items to or with an optometrist; or

(7) making or guaranteeing a loan to an optometrist in excess of the value of the collateral securing the loan;

(8) defining the scope of a vision examination;

(9) setting time limits for vision examinations;

(10) retaining control of the prescription and patient file of the optometrist.

Optometrists can legally lease from any person, except optical dispensers where the above enumerated activities occur.

Optometrists also may assign credit accounts to banks, and companies such as VISA or Mastercard.

There are thirty three (33) states and the District of Columbia that restrict location of an optometrist in a commercial establishment.

Optometry believes that the relative importance of good vision care includes services that promote, preserve and restore good vision. Only part of these services include the use of lenses, frames, and contact lenses. If this relative importance gets reversed, the alternatives to prescribing glasses may be overlooked or forgotten. This is both dangerous and expensive to the public.

Thank you,

3-1-83

Kansas Optometric Association

Office of the President 1982-83
Larry E. Harris, O.D.

400 Kansas Avenue, Suite A
Topeka, Kansas 66603
913-232-0225

F.T.C. EYEGLASS II PRICE STUDY

A staff study was conducted by the F.T.C. on the price of eyeglasses and eye examinations in some twelve states. Kansas was not one of these states.

This study was conducted in 1977.

Analysis of the report on prices, indicate the following problems:

1. The study was conducted during a period of time before the effects of Bates v. State Bar of Arizona. This case removed advertising restrictions on professionals. The F.T.C. concluded in its Eyeglass I study that the ability to advertise has a substantial impact on prices but this study did not measure that effect. A Federal Appeals Court reversed the F.T.C. Eyeglass I Ruling in large part for this very same reason.

2. The study concluded that the prices charged in restrictive cities (those that do not allow advertising and commercial practice) were lower than the least restrictive cities. (Those that allow advertising and commercial practice.) However, this conclusion was based upon estimated corrected prices using adjustments made by the F.T.C. staff. No where in the report does it list the average actual prices found.

   If the F.T.C. staff would have listed such average actual prices the lowest average price was in Providence ($68.89), the most restrictive city, and the highest average price was in Seattle ($88.59), the least restrictive city. The F.T.C. failed to disclose the fact that the data showed that average actual prices were in fact lower in the restrictive cities.

3. The study was conducted in 1977 and six (6) years has passed and the F.T.C. Commission has not adopted the sutdy nor any of the recommendations of the study.

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DRS. ROBISON, COULTER & AMOS - OPHTHALMIC ASSOCIATES, P.A.

JAMES T. ROBISON, M.D., F.A.C.S.
THOMAS B. COULTER, M.D., F.A.C.S.
DAVID M. AMOS, O.D., F.A.A.O.

ANTIOCH HILLS BUILDING
8800 WEST 75th ST., SUITE 310
OVERLAND PARK, KANSAS 66204
(913) 677-3113

February 24, 1983

Senators, Ladies & Gentlemen:

I am here today to express my opposition to Senate Bill #245. My name is David M. Amos, and I am engaged in the private practice of optometry in Overland Park, Kansas. I am associated in practice with two ophthalmologists. Prior to my current association I was on the staff of the University of Kansas Medical Center as an Associate Professor.

I am opposed to this bill for a number of reasons, but more specifically it would allow unlicensed and untrained people in the state of Kansas to prescribe spectacle lenses or contact lenses without the necessary training or regulations. In the state of Kansas at present, only optometrists and ophthalmologists are allowed by state law to prescribe lenses. This bill would allow lens specifications to be prescribed by persons completely untrained in this field.

At present, both Kansas optometrists and Kansas ophthalmologists release prescriptions for eye glasses after each patient's examination. Eye doctors do this in accordance with Federal Trade Commission law passed in 1978. I see no need to have this in state law, as there is already Federal law provision for this. A prescription for contact lenses cannot be released until the patient has been fit with them and adapts to them without doing damage to his eyes. In the state of Kansas, once a patient has adapted to his contact lenses, a contact lens prescription can be released to the patient with a release notice that has been approved by the Attorney General's office, the Consumer Protection Division, the Kansas Optometric Association and the Kansas State Board of Examiners in Optometry.

Because I practice so near to the state of Missouri, I see every day in my practice, contact lens patients who have not been fit properly or in which the patient has not had proper follow-up care and this has resulted in either damage to a patient's eyes, or the patient has had to go through a proper refitting because the contact lenses had been fit by a person with no specific training in contact lenses. Since contact lenses actually come in contact with the ocular tissue, it is not unusual that

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inflammation, infection and scarring can develop in the eyes if they are not properly fit. In Kansas, opticians have no state regulations whatsoever.

Only optometrists and ophthalmologists may legally adapt or fit contact lenses in Kansas, and I believe for the welfare of the public, it should remain this way.

I also believe it is not in the public's best interest to allow uncontrolled duplication or reproduction of ophthalmic lenses or contact lenses without first gaining this approval from the patient's eye doctor. If duplication is allowed, patients will have a tendency to forgo regular ocular evaluation which can often uncover insidious eye diseases such as glaucoma, ocular tumors, and peripheral retinal diseases.

I am also opposed to an optometrist being controlled by commercial corporate entities as part of their retail operation. History has shown us in the past when this is done, professional judgment is greatly compromised either directly or indirectly. This kind of arrangement puts the doctor under the control, directly or indirectly, of a manufacturer, wholesaler or retailer of ophthalmic goods, whose main purpose is to sell either ophthalmic lenses or contact lenses in great volume. In general, this type of set up does not save the consumer money but often costs the consumer extra money because lenses are prescribed many times unnecessarily.

Thank you for allowing me to appear before you today.

David M. Amos O.D.

David M. Amos

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HUTCHINSON EYE PHYSICIANS AND SURGEONS, P.A.

1708 EAST 23rd STREET
HUTCHINSON, KANSAS 67501
PHONE (316) 663-7187

F.L. DEPENBUSCH, M.D., F.A.C.S.
American Board of Ophthalmology

President of the Section of Ophthalmology of the Kansas Medical Society

The following areas of Senate Bill No. 245 are objectionable because they may adversely affect the quality of patient care:

Lines 0043 - 0046. The immediate release of a prescription for contact lenses is impossible because in certain instances this cannot be determined until it is seen how the eye adapts to certain contact lenses. A change in the prescription of the contacts themselves (not the eye glass prescription) is often required during the early wearing period. Thus, should the patient go elsewhere to obtain contact lenses in a case where a later change is required, permanent damage to the eyes and/or eyesight could occur.

Lines 0048 - 0050. The writing of a written explanation of what ophthalmic lenses are contraindicated would be exceedingly time consuming for both the patient and the licensee. This would be confusing to the patient and, in fact, could increase the cost of care, because of additional time and administration involved.

Lines 0069 - 0075. The testing requirements of the national contact lens examiners may or may not be adequate to test the training of an ophthalmic dispenser. If the requirements are less than necessary, inadequately trained dispensers could cause damage leading to the loss of eyesight. This area more appropriately belongs in the credentialing process of the State of Kansas.

The adapting of contact lenses may entail changing the prescription of the contact lenses (as noted above). This could result in damage to the eyes, if performed improperly, unknown to the licensee, who is responsible for the result. Should this involve the newer extended-wear contact lenses irreversible damage, leading to the loss of sight, could occur. The costs in terms of human suffering, loss of earning power and medical expenses could be extensive.

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The length of time that a patient has to return for a final contact lenses evaluation is not mentioned. Should there be a significant period of time, small problems could develop into larger ones.

Lines 0081 - 0084. The duplication of lenses could be a poor practice without a prescription in some instances where many years have passed and the patient may not have been examined, thereby, allowing diseases such as glaucoma, progressing undetected which could lead to blindness.

Lines 0085 - 0090. The continuity of eyecare could be affected should the medical records become the property of a business which closes its doors making the records inaccessible.