

*Good morning Chairman **Prozanski** and members of the Committee. I am **Dr. Trevor Cleveland**, an optometrist in private practice in **Springfield**. I serve as the **Immediate Past President** for the **Oregon Optometric Physician's Association**.*

Thank you very much for the opportunity to participate in today's hearing and to speak with you about the care that I, and my fellow optometrists, provide for our patients. Particularly, those patients that wear contact lenses.

Speaking for the **Oregon Optometric Physician Association**, we are strongly opposed to **Senate Bill 933** that would seek to eliminate Unilateral Pricing Policies (UPP) on contact lenses in the state as we are certain there will be long term, negative implications for our patients should this legislation become law.

The **Oregon Optometric Physician Association**, with nearly **700** members¹, is the leading voice for the optometric profession in **Oregon** and we have clinics in almost every county in the state.

As you are aware, optometrists provide a full range of primary eye care, from prescribing and custom fitting contact lenses (which are federally regulated medical devices²), to diagnosing and treatment of many eye diseases. Optometrists care for their patients, whom are your constituents. We take pride in what we do, and we value the trusted relationships we form with our patients and patient's families. Optometric physicians have worked hard to become the frontline profession for providing eye care services, completing an undergraduate as well as a 4 year doctoral degree, and in many instances a 1- 2 year residency program for a total of 10 years or more of education.

Proponents of this legislation are making some rather disturbing claims about our profession that are a hard not to address before this committee. When discussing how "restrictive" the contact lens market is and how "difficult" it is for them to compete against our small practices, they make claims implying that a patient does not know when a medical 'service' in my office changes to the 'sale' of the contact lenses after the prescribing process is complete.

Typically, with new contact lens wearers, there is careful follow-up to evaluate the contact lens performance and interaction with the eye tissue in addition to how the new contact lens wearer is experiencing the comfort, vision, and specific care for the lens; this is a great opportunity to be assured as practitioners that the patient is understanding the care and hygiene of contacts, checking for problems or concerns... before they become complications. Once a contact lens fitting and prescribing process is complete, the doctor has assumed responsibility and will sign and release this prescription to the patient so that contact lenses may be purchased.

My colleague, Dr. McFerron, will review the biomedical science that guides contact lens fitting process.

Chairman **Prozanski** and members of the Committee. I am **Dr. Ashley McFerron**, an optometrist in private practice in **Canby [Oregon]**. I serve as the **President-Elect** for the **Oregon Optometric Physician's Association**.

Contact Lenses, as has been mentioned here today, are federally regulated medical devices and as such, a doctor's supervision for their proper fit and use is required.

When a contact lens prescription is written, it includes:

- The curvature of the lens that sits on the eye;
- The diameter of the lens which assures that the cornea has adequate coverage by the lens so the blood vessels on the corneal edge are not disrupted and that it centers appropriately on the eye;
- The distance power, the rotation alignment for astigmatism as well as the add power for a multifocal lens;
- The material which determines the oxygen transmitted by the lens and how it stays wet on the eye;
- The wearing schedule (some people can only wear a contact lens safely for a few hours while others can sleep in them safely) and the doctor needs to decide that for each individual patient;
- The replacement cycle (some lenses can stay clean and last a full month on one patient's eye while the same lens may need to be replaced sooner on another patient's eye due to protein or lipid build-up on the lens) and the doctor needs to decide that for each individual patient.

All of the parameters mentioned can adversely affect the patient's vision and ocular health if not selected properly. The doctor must carefully decide each parameter a patient needs in order to optimize the health of the eye as well as the cornea to contact lens fitting relationship.

Although contact lenses have improved in many ways over the last 3 decades, complications still arise. In fact, the day I found out this hearing was scheduled I had a patient in her seventies who had not had an eye exam in over ten years. She told me she had been able to purchase contact lenses online and her contacts had always been "comfortable" so she didn't know any different. She finally decided to come in for an exam because she had recently noticed changes in her vision and thought it might be a 'good idea to have someone look at her eyes'. Upon examination, this patient had to immediately discontinue the use of contact lenses to improve the health of her ocular surface. Additionally, she was diagnosed with cataracts and is returning for follow-up testing for glaucoma.

As you can see from this example, good vision and comfort does not insure a healthy contact lens fit. Other complications that I have seen regarding the misuse of contact lenses include keratitis (inflammation of the cornea), corneal ulcers, corneal neovascularization (abnormal blood vessel growth on cornea), papillary conjunctivitis (inflammation of the conjunctiva lining the upper eyelid), and corneal scarring resulting in

permanent vision loss. What is most appalling is that almost every case I have seen could have been avoided with proper care of the lenses by the patient and appropriate follow-up care with an eye doctor.

Most eye doctors provide these contact lenses in our offices to ensure patient compliance and convenience. Studies^{3,4} have found that contact lens wearers that purchase through an online retailer are more likely to develop keratitis and online contact lens purchasers are less likely to follow federally recognized hygiene standards. In addition, as shared in my example, not having an eye doctor involved could potentially harm the patient.

~~People wear contact lenses for different reasons; some to correct vision, for convenience, even as cosmetic or theatrical. For some patients, this is their only chance to achieve functional vision to maintain an independent lifestyle.~~

~~Given the topic of today's hearing and some suggestions from the other side are that contact lenses are more commodities than the medical devices. Contact lenses have been recognized in law and regulation since the 1970s. A doctor's supervision for their proper fit and use is required.~~

*Chairman **Prozanski** and members of the Committee. I am **Dr. Bonnie Gauer**, an optometrist in private practice in **Roseburg [Oregon]**. I serve as the current **President** for the **Oregon Optometric Physician's Association**.*

Oregon Optometric Physician Association is concerned that by passing this law, it will further erode patient protections and lead to increased costs for states. For example, the U.S. Centers for Disease Control released a research study⁵ in October of 2014 reinforcing the need for contact lenses to be worn under a doctor's care. According to CDC officials, about 1 million Americans every year go to emergency rooms and doctors' offices because of keratitis, an infection of the cornea generally associated with the improper care of contact lenses, costing the health care system \$175 million dollars a year.

Routinely, doctors of optometry recommend particular design and material contact lenses to ensure that patients receive exactly what they need and to ensure minimal complications. Some have suggested that having doctors recommend a particular contact lens is anti-competitive and unfair to the patient and other retailers; litigation may surface due to this very issue. Notably, most of the public is not aware of the attention that takes place in choosing and fitting a contact lens. In addition to the science behind fitting a contact lens, we assess the patient's visual demands, environmental factors, dryness concerns, oxygen demands required, and corneal abnormalities. Again, once a lens is on the eye, vision is assessed, as well as the movement and centration of the lens, only then can a specific contact lens be recommended. This is a patient eye health and safety issue and not a marketing issue; and, suggestions otherwise further erodes patient safety protections on the use of this medical device.

For these reasons, substitution of a selected contact lens by this evaluative process is not an option. This is what optometric physicians call the science behind the fit. To circumvent this medical eye care approach would pose eye health complications – a health risk to the patient.

This is why when we write a prescription for a contact lens, we include the specific brand (with its specific design, parameters, material, and suggested wear and care) to ensure that the patient has the optimal contact lens as indicated by formal evaluative process.

In closing, my colleagues and I insist on the best contact lens products to meet our patients' needs. Each patient is unique, with differing anatomy, tear film biochemistry, corneal oxygen requirements, and visual needs making contact lens selection and utilization of a biomedical science, not a business model. We want to protect them from any harm they may experience from using contact lenses.

The priority for the **Oregon Optometric Physician Association** is to support best practices and high standards to benefit the many citizens of our state who entrust their vision and eye health to my colleagues and me.

The health, well-being and safety of our patients is the foundation of my practice and the practices of my fellow colleagues from across **Oregon**.

Our profession cares for our people and they entrust us with one of their most valuable possessions, their eyesight. Again, thank you for the opportunity to be here and participate in today's discussion.

Reference

1. Oregon Optometric Physician Association membership: 678 as of 04/14/2015.
2. Fairness to Contact Lens Consumers Act (FCLCA) **15 U.S.C. 7601–7610**. <http://www.gpo.gov/fdsys/pkg/PLAW-108publ164/pdf/PLAW-108publ164.pdf>
3. Fogel J, Zidile C. Contact lenses purchased over the internet places individuals potentially at risk for harmful eye care practices. *Optometry*. 2008 Jan;79:23-35.
4. Stapleton F, Keay L, Edwards K, et al. The incidence of contact lens-related microbial keratitis in Australia. *Ophthalmology*. 2008 Oct;115:1655-1662.
5. Collier S, Gronostaj M, MacGurn A, Cope J, Awsumb K, Yoder J, Beach M. Estimated Burden of Keratitis — United States. *Morbidity and Mortality Weekly Report CDC*. November 14, 2014 / 63(45);1027-1030.