

Randolph E. Brooks, O.D.
President



March 31, 2010

Honourable Kevin Falcon, Minister
Health Services
Room 337, Parliament Buildings
Victoria, British Columbia V8V 1X4
CANADA

VIA: E-mail and the U.S. Postal Service

Dear Minister Falcon:

This letter is written in reference to the March 19, 2010 news release entitled, "B.C. Modernizes Regulations For Sale Of Eyewear."

The American Optometric Association joins other professional organizations and regulatory agencies in North America in strong opposition to the proposed announced amendments.

In direct conflict with the Ministry's stated desire to "modernize" the delivery of eye care to patients in British Columbia, the proposed amendments, if implemented, would represent a marked and unwarranted regressive step backward in any first world or developed nation by diminishing the laws that serve to protect the health and safety of the eyes and vision of your constituents . A precedent that would be so alarming the American Optometric Association feels an obligation to submit these comments for your consideration. We appreciate the opportunity to be heard.

Because I know you are receiving a tremendous amount of information and comment from our colleagues in Canada, I am limiting my comments here to two areas of the proposed regulation changes. The first is on the proposal to allow opticians to perform sight tests independent of a comprehensive eye examination for certain "clients" between the ages of 19 – 64. My second comments address the proposal to allow retail sellers of contact lenses and eyeglasses to dispense contact lenses or eyeglasses without possessing or verifying that a patient's prescription is current and valid.

Optician "Sight Testing" Proposal –

Well over one hundred years ago, opticians in North America separated into two groups – dispensing opticians and refracting opticians. The refracting optician profession matured over the years into the modern practice of optometry. Refracting opticians began with the authority to perform a refraction or sight test and dispense eyewear. Over the ensuing decades, as science and education progressed, refracting opticians evolved into the profession of optometry whose practitioners provide today's patients with comprehensive eye and vision care. Legislators recognized the progression of optometry in the licensing Acts adopted in both Canada and the United States. Why would these legislative bodies,

in countries where properly educated, trained, and licensed doctors of optometry practice in sufficient numbers to serve their populations, want to regress and go back to the late 1800's to repeat this cycle all over again?

While there may be un-developed and under-developed emerging nations where the provision of a stand alone sight test, separate from a comprehensive eye exam, represents the best care those populations currently are able to receive – this does not justify any of the developed countries taking a giant step backward.

The eye as an optical system allows for the precise focusing of images of the world around us. The eye as an organ of the body can provide evidence of and be affected by disease processes such as diabetes that occur throughout the body. The presence of an optical system defect, an eye disease, or a systemic health problem may cause the image formed by the eye to be out of focus. It is not possible without a comprehensive eye examination to know whether the blurred vision (need for glasses or contacts) is caused by underlying disease or the need for a new or updated prescription for correction devices.

A refraction or sight test is but one of the essential steps included in a comprehensive eye examination which must include evaluating the health status of the eyes. The information gained from a refraction of the eye as part of a comprehensive eye examination goes beyond the determination of any lenses that may be needed to correct nearsightedness, farsightedness, or astigmatism. Failure to accurately determine the cause of blurred vision before issuing a prescription may result in irreparable harm to the eyes and a partial loss of vision or blindness.

Those who may advocate providing a refraction or sight test in isolation from a comprehensive eye examination are overlooking the fact that the source of blurred vision is not always a refractive error. The presence of undetected diseases, such as **glaucoma, diabetes mellitus, hypertension, macular degeneration, retinal detachment, cataract, arthritis, or AIDS** may result in blurred vision. Patients with these undetected diseases may still be correctable to 20/20 visual acuity with new lenses – while the disease remains undiagnosed. It cannot be presumed that good ocular health is present if a patient has or achieves 20/20 visual acuity.

Although objective means are available for measuring the approximate refractive state of the eye, this information cannot automatically be translated into a prescription for eyeglasses or contact lenses. The components of a refraction or sight test must include a thorough patient history and an evaluation of the refractive state of the eye in relation to its accommodative (focusing) and vergence (eye muscle coordination) status, as well as eye health. This information is needed to adequately prescribe glasses. Improper or inadequate eyeglass prescriptions based only on refractive information may alter eye coordination and focusing ability, create visual distortion, eyestrain, headaches, dizziness or double vision, and mask symptoms of undiagnosed eye or systemic disease.

Sale Of Contact Lenses And Eyeglasses By a Seller Without Possessing Or Verifying That A Patient's Prescription Is Current And Valid Proposal –

While the American Optometric Association supports the ability of patients to obtain their eyeglasses and refills of their contact lens prescriptions from the dispenser of their choice, we are unable to comprehend how any government could consider a proposal to allow a seller to dispense eyeglasses or contact lenses without possessing or verifying that a patient's prescription is current and valid. If such a

proposal were adopted it would put the health and safety of British Columbia residents at great risk for potential harm.

Vision correction devices are classified by the appropriate government regulatory agency in both the United States and Canada as medical devices; and as such they must be prescribed by an optometrist or medical physician who are licensed to examine the eyes, establish the appropriateness of wear of such devices by a patient, and issue a proper prescription when such devices are prescribed. In addition, patients wearing vision correction devices must be monitored on a periodic basis to ensure that their ocular health warrants continued use of such devices and to ensure that the prescription is current.

Below is the American Optometric Association recommended examination frequency guideline for adult patients aged 18 and older. Please note that based upon the professional judgment of a patient’s eye doctor, the recommended examination frequency may be shorter for patients considered to be at risk. Included among several categories of patients at risk are those patients who wear contact lenses.

Patient Age	Examination Interval	
	Asymptomatic/Risk Free	At Risk
18 to 60 years	Every two years	Every one to two years or as recommended
61 and older	Annually	Annually or as recommended

Patients at risk include those:

- with diabetes, hypertension, or a family history of ocular disease (e.g., glaucoma, macular degeneration);
- working in occupations that are highly demanding visually or eye hazardous;
- taking prescription or nonprescription drugs with ocular side effects;
- wearing contact lenses;
- who have had eye surgery;
- with other health concerns or conditions.

*Excerpted from the AOA Clinical Practice Guideline – Comprehensive Adult Eye and Vision Examination
Approved May 1, 1994, Reviewed 1997, 2002, 2005
see <http://www.aoa.org/x5502.xml> and
<http://www.aoa.org/documents/CPG-1.pdf>*

It would be irresponsible for government in any developed country to allow patients to purchase vision correction medical devices including both contact lenses and eyeglasses without a current valid prescription. Such a policy would defy all common sense or medical reasoning behind the regulation of prescription medical devices – or prescription drugs for that matter.

Making the proposed public policy shift in British Columbia even more difficult to understand is the fact that many conditions of the eye and vision system as well as problems associated with contact lens wear can be “silent” (unnoticed by a patient) for a period of time before symptoms such as change in acuity or pain make a patient aware that something is wrong causing them to seek out care. By that point, damage to their health or vision may already be done. And at what cost?

Eyesight is one of our most cherished gifts. Early detection of disease is equated with long term savings in health care costs. It is far less expensive to both the patient as an individual and to our socio-

economic systems in general to diagnose and treat eye or vision problems before they lead to loss of vision or even blindness.

If you have any questions on the laws in the United States regulating the performance of eye examinations or on the sale of vision correction devices, please contact me or Sherry Cooper, Associate Director for State Government Relations at slcooper@aoa.org or 314-983-4266.

Again, I appreciate the opportunity to provide comments from the American Optometric Association as you deliberate on the proposed regulation changes announced March 19 in British Columbia. We strongly oppose the adoption of these regulations and hope that you will open the process up for further study and dialogue with the various stakeholders.

Sincerely,

A handwritten signature in black ink, appearing to read "Randolph E. Brooks".

Randolph E. Brooks, O.D., F.A.A.O.

CC (Via E-mail):

Premier Gordon Campbell

Mr. Daryl Beckett, Director Professional Regulation, Ministry of Health Services

Mr. Adrian Dix, Opposition Critic for Health Services

Dr. Lawrence MacAulay, Registrar College of Optometrists of British Columbia

Dr. Antoinette Dumalo, President British Columbia Association of Optometrists

Ms. Cheryl Williams, Chief Executive Officer British Columbia Association of Optometrists

Dr. Kirsten G. North, President Canadian Association of Optometrists

Mr. R. Glenn Campbell, Executive Director Canadian Association of Optometrists