

# Optimum VA

NAVAO Newsletter

Fall 2004

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## ACMO A Go!

June 2005 Testing Planned

**Ken Myers, OD**

At the request of NAVAO, the National Board of Examiners in Optometry (NBEO) will offer a new written examination next June that only current VA residents and those who have previously successfully completed an ACOE accredited one-year VA residency program may take.

Designed to provide a quantitative measurement of advanced competence similar to those examinations taken by VA medical, dental and podiatry residents after finishing their training, the Advanced Competence in Medical Optometry (ACMO) examination will consist of 40 case presentations, each with four questions having multiple choice answers for a total of 160 questions. The cases will be rich with visuals and geared towards the type of cases our residents care for during their VA training.

While primarily designed for residents serving at training sites where the full-time emphasis is on the diagnosis, treatment and management of ocular disease, residents at other sites having access to medical cases will also be proper candidates for this examination as long as they are VA based. All residents will need to provide a copy of their VA Certificate of Residency Training, a letter from their prior VA supervising optometrist or a letter from their current residency supervisor they are expected to successfully complete their training program by June 30, 2005. ([More](#))

## NAVAO in Tampa

**Sharon Atkin, OD**

We are fast approaching that time of year – yes, the Holidays – but also the Academy meeting and our annual NAVAO meeting. Dr. Lucille Beck, Chief Consultant, Rehabilitation Service from CO will be our featured speaker at the dinner. Minna Huang has taken over the position as banquet manager and she is in the process of making what appears to be an excellent arrangement for a sit-down dinner. I hope you will all be in attendance.

We are also in a unique position. The VA is sponsoring a luncheon on Friday during the AAO meeting (free food). There will be a short presentation during the luncheon to educate all of us regarding Advanced Clinic Access (ACA). Attendance is very strongly urged at this luncheon. NAVAO is co-sponsoring this event. I hope to see you all there.

## **ACMO – cont.**

For the convenience of VA residents, the examination will be offered via high-resolution computer terminals at several certified sites across the country at the same time.

Drs. Sharon Atkin and Gerald Selvin, President and Immediate Past President of NAAAO, point out that ACMO is the result of a 4-year process that began with the membership voting, by a large margin, to create a formal means by which our current and former residents could document their advanced competence in a manner similar to that which other VA residents have long had access. Until now, optometry residents have been the only VA residents to not have such a credible and quantitative means of documenting their advanced competence.

Dr. John Townsend, VACO Director of Optometry Service also gives ACMO his full support and expects our residents will see the value of this new credential. Passage of ACMO could assist with VA career advancement and it is likely that non-VA health organizations will recognize this new NBEO test as an indicator of advanced competence in the diagnosis, treatment and management of ocular disease.

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## **In Absentia**

As you know, I am currently on sick leave following surgery. While I have asked Jerry Selvin as past-president to assist me in the day-to-day management of NAAAO, he is in constant contact with me via e-mail. I am able to communicate electronically and make necessary decisions. I greatly appreciate the assistance that he is giving me.

**Sharon Atkin, OD**

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## **Inaugural Test To Be Given Next June**

We are currently working on some exciting events. I am pleased to announce the development of the Advanced Competence in Medical Optometry Exam whose first administration will be in June 2005 for VA residents. Please see the accompanying article in this issue for more details. Please strongly encourage your residents to take this exam.

**Sharon Atkin, OD**

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## Research!America

NAVAO is co-sponsoring the Research!America Meeting at the AAO. Research!America's emphasis is on research in public health and prevention. One of the ways in which they do this is to sponsor what they call "Media Science Forums" which are 90-minute programs. Immediately following this Research!America program, there will be a second 90 minute panel presentation to discuss ways in which VA optometrists and their ASCO affiliated programs can co-develop research programs.

**Sharon Atkin, OD**

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## NAVAO Membership

As you can see, NAVAO has been involved in a number of pursuits that should benefit the membership. Remember, if you have not paid your dues as of yet it is not too late. Please be sure to join NAVAO and participate in all of our functions. I look forward to seeing everyone in Tampa.

**Sharon Atkin, OD**

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## Annual Meeting to Be Held October 15-17, 2004

The Fifth Annual Veteran Health Affairs VISN 8 Vision Care Symposium will be 15-17 October 2004 @ The Westin, Ft. Lauderdale, Florida. It is a joint venture between Southern College of Optometry and The Bascom Palmer Eye Institute and open to all Federal Vision Care Providers. It offers 10 hours of COPE Approved courses, six hours of applied for Transcript Quality (TQ) courses and Florida Jurisprudence, AIDS Update, and Medical Errors courses. Contact Person, Freddy W. Chang, O.D., Ph.D. 901 722-3252, [fchang@sco.edu](mailto:fchang@sco.edu) [<mailto:fchang@sco.edu>](mailto:fchang@sco.edu). Special government Westin rates available.

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## A Look Into Contact Lens Pathology

Most of us in our current practice mode are not exposed to contact lens complications. Below is a link to an informative article which provides a brief overview of what our counterparts see daily.

<http://www.emedicine.com/oph/topic651.htm>

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## **Mice Protected from Degenerative Retinal Diseases**

Eyes of mice treated with certain stem cells has been shown to preserve visual function, according to researchers at the Scripps Research Institute. Funded by the National Eye Institute and headed by Martin Friedlander, MD, PhD, mouse eyes treated with adult bone-marrow-derived stem cells achieved normal blood circulation in the retina, had significantly improved retinal tissue, and responded to light, in contrast to no such improvements in untreated eyes. The procedure may hold promise for preventative therapies in people genetically predisposed to RP or other degenerative conditions.

In mice that were genetically predisposed to retinal disease, stems cells were used to prevent apoptosis of the outer retina. This was done by using cells which would protect both the blood vessels and retinal neurons.

<http://www.nei.nih.gov/news/statements/stemcell.asp>

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## **Nocturnal Supine IOP Significantly Higher**

Patients using timolol may now be lying on a bed of spikes – pressure spikes, that is. Researchers attempted to compare the nocturnal effects of once-daily timolol and latanoprost on intraocular pressure (IOP) in patients with ocular hypertension or early glaucomatous changes.

Timolol was given once in the morning upon awakening and latanoprost once in the evening at bedtime. Researchers then housed the patient in a sleep laboratory for 24 hours. Using a pneumatonometer, they measured the IOP every 2 hours. Sitting and supine measurements were taken during the 16-hour diurnal/wake period but only supine during the 8-hour nocturnal/sleep period. Mean diurnal and nocturnal IOP levels were compared among the treatments with timolol, latanoprost, and no medication.

In the diurnal period, the mean IOP under the timolol or the latanoprost treatment was significantly less than the mean IOP under no medication in both the sitting and the supine positions. There was no statistical difference between the timolol and latanoprost treatments. In the nocturnal period, supine IOP with timolol treatment was not different from the supine IOP with no medication but was significantly higher than supine IOP with the latanoprost treatment.

(Note the well-placed Pfizer Xalatan advertisement just to the left of the results.)

<http://www.ajo.com/article/PIIS0002939404004039/abstract>

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## Asymmetry Causes Loss of Vision

Below is an interesting editorial written by Thomas Kohnen, MD in the July 2004 Journal of Cataract and Refractive Surgery.

Orthokeratology is a nonsurgical option for the correction of myopia. Recently, there has been a resurgence of interest in the technique because of the advent of reverse geometry lenses.<sup>1</sup> This type of contact lens has a flat central curvature with a steep secondary curve, thus exerting positive pressure on the cornea and inducing flattening. The lens is used 8 to 12 hours at night to produce a change in refraction during the day. Patients who are not interested in a surgical solution for their refractive error have become interested in this form of correction.

There are conflicting reports of the safety and efficacy of orthokeratology. The long-term benefits of using these lenses are unclear, and concerns have been raised about overnight use and the designs of the lenses.<sup>2</sup> Contact lenses can cause corneal edema, abrasions, infections, and scarring. Infectious keratitis due to overnight orthokeratology (OKL) was recently reported in adults and in children.<sup>3</sup> In this issue, Hiraoka and coauthors (pages 1425–1429) report another interesting finding due to OKL. Regular as well as irregular astigmatism was induced by the lenses, and the asymmetry component was significantly correlated with the amount of myopia corrected. Even in clinically successful OKL cases, an increase in asymmetry was found, which cannot be corrected by spherocylindrical glasses. No data on how the asymmetry affected the quality of vision in the Japanese study are given, but it is likely that the asymmetry causes loss of vision, particularly in low-contrast conditions.

Although this noninvasive technique to correct a refractive error appears to be harmless, recent studies of OKL demonstrate potential complications. The uncritical use of this technology is not justified, as also demonstrated in this issue. It is not clear whether fluctuation of vision during the day caused by the diminishing effect of corneal flattening will cause unforeseen problems. Additionally, irregular astigmatism could worsen the visual perception. As OKL flattens the cornea for some time, the criteria for refractive surgical interventions<sup>4</sup> should be used to evaluate this new contact lens technology.

<http://www.ascrs.org/publications/jcrs/editjul04.html>

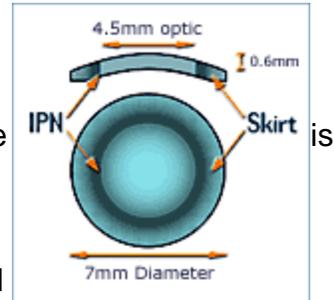
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## Artificial Cornea Offers Options

Patients rejecting their corneal transplants may now have another option with the [AlphaCor artificial cornea](#). After 14 years of research and four years of clinical trials, the lens is being manufactured by Australian-based Argus Biomedical Pty Ltd. and marketed by CooperVision Surgical Inc.

The biocompatible lens is made from poly 2-(hydroxyethyl methacrylate (PHEMA) and is being used in patients who have multiple rejections or those who are unlikely to have an acceptable outcome from a human donor cornea. The surgical procedure involves two stages.

In the first stage, a LASIK-style flap is dissected about halfway into the stroma and hinged inferiorly. The flap is lifted and a 4-mm buttonhole is trephined centrally through the underlying stromal bed. The AlphaCor device then positioned onto the stromal bed by inserting the central optical core into the newly formed corneal opening. The flap is replaced and sutured closed over the device. A segment of conjunctival flap is then sutured over the top of the entire dissection site for 3 months.



The second phase of the procedure involves using a trephine to create a 4-mm hole centrally in the corneal flap, exposing the clear optics channel of the AlphaCor below.

<http://www.opthalmologytimes.com/opthalmologytimes/article/articleDetail.jsp?id=112684>

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## Two New Meds Near Final Approval

The FDA has issued approvable letters to Bausch & Lomb and Allergan, Inc. for their respective combination products loteprednol etabonate and tobramycin ophthalmic suspension (ZyLET), and bimatoprost 0.03% and timolol 0.05% solution.

Bausch & Lomb's product targets patients with steroid-responsive inflammatory conditions who have or are at risk of developing superficial bacterial ocular infections. The company hopes to gain full approval by the second half of 2004.

Allergan's approvable letter states the need for additional clinical investigation which the company says should be completed by the end of 2004.

<http://www.opthalmologytimes.com/opthalmologytimes/article/articleDetail.jsp?id=120472>

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## Autologous Blood Injections Offer Limited Success

Late-onset filtering bleb leaks do not respond well to autologous blood injections, according to several ophthalmologists at Indiana University. They retrospectively reviewed charts of all eyes that had autologous blood injection(s) for filtering bleb leaks occurring at least 2 months after trabeculectomy at the Indiana University Medical Center. Successful treatment was defined as

resolution of the bleb leak and no need for additional glaucoma medications. Failure was defined as a persistent bleb leak, intraocular pressure greater than 21 mm Hg, or the occurrence of a vision-threatening event related to the procedure. In all 32 eyes of 31 patients had autologous blood injection for filtering bleb leak and were followed for a mean of almost five months.

Their findings showed 23 eyes (72%) were outright failures because of persistence of the leak. Nine eyes (28%) had an initially successful outcome, but the success rate decreased over time as bleb leaks recurred in three of the nine eyes at 5, 6, and 37 months. No patient characteristics correlated with outcome. Mean intraocular pressure increased from pretreatment to final examination (4.5 to 6.5 mm Hg,  $P = .003$ ). Mean logarithm of minimal angle of resolution (logMAR) vision remained unchanged from pretreatment to final examination ( $P = .55$ ). Blood seepage into the anterior chamber after autologous blood injection was common but transient.

As an alternative to autologous blood injections for bleb leak, physicians in Spain reported using a combination of Nd:Yag laser-induced subconjunctival bleeding and intracameral viscoelastic injection to treat hypotony maculopathy. They consider this as a possibility for first-line treatment.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=11438051&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11438051&dopt=Abstract)

<http://www.ophtal.org/ORJ/journal/Ophthalmic+Surg+Lasers.shtml>

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## **Revision to Medicare's Obesity Policy**

Medicare currently states that "obesity itself cannot be considered an illness." Starting October 1, that statement will be removed and the remaining language revised. By removing the language, interested parties may now submit National Coverage Determination requests for anti-obesity interventions to CMS to determine if medical and scientific evidence demonstrate their effectiveness in improving Medicare beneficiaries' health outcomes. However, removal of the language does not change current Medicare coverage policy on obesity, i.e. treatments for obesity alone remain non-covered and treatments of diseases resulting in or exacerbated by obesity remain unchanged.

[http://www.cms.hhs.gov/manuals/pm\\_trans/R23NCD.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R23NCD.pdf)

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## **FDA Panel Concurs With Safety and Efficacy**

The first anti-vascular endothelial growth factor (VEGF) drug to be used for treatment of an ocular condition received a nod from an FDA advisory panel. Final approval, however, has yet to be granted.

Macugen (pegaptanib sodium injection, Eyetech Pharmaceuticals, New York, and Pfizer, New York) is used to treat age-related macular degeneration. Macugen is a pegylated anti-VEGF aptamer, which binds to vascular endothelial growth factor (VEGF). VEGF is a protein that plays a critical role in the formation of unwanted new blood vessels and increased leakage from blood vessels – two of the primary processes responsible for the vision loss associated with neovascular macular degeneration. The company also has a Phase 2 clinical trial for the use of Macugen with diabetic macular edema.

Complications of injecting Macugen 0.3 mg into the vitreous include endophthalmitis, SPK, floaters, and iritis. Eyetech reported 18 cases of endophthalmitis, but only five occurred after the company developed a sterile technique.

[http://www.eyetk.com/investors/Press\\_Releases.asp](http://www.eyetk.com/investors/Press_Releases.asp)

[http://www.eyeworld.org/Oct04/1004\\_p30.html](http://www.eyeworld.org/Oct04/1004_p30.html)

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## **B&L May Resume Sale and Manufacture in April 2005**

The patient infringement lawsuit between CIBA Vision and Bausch & Lomb over silicone hydrogel lens materials has been settled. One of the terms of the settlement – whose specifics are confidential – gives both companies rights to the materials.

Courts ruled in 2002 that B&L infringed on CIBA Vision's Harvey patent for Focus NIGHT & DAY lenses and ordered B&L to stop manufacturing the lens in the United States. With the recent settlement, B&L may resume sale and manufacture of its PureVision lens on April 27, 2005, which is the date when the Harvey patent expires.

[http://www.revoptom.com/index.asp?page=2\\_1241.htm](http://www.revoptom.com/index.asp?page=2_1241.htm)

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## **Get Paid When You Normally Wouldn't**

Modifiers are Medicare's way of further defining what occurred during an office visit or consultation so that payment can be made appropriately. In some cases payment would be denied unless one or more modifiers are used. Two such modifiers in common usage are -24 and -25.

The -24 modifier is used when seeing patients during their post-op period for conditions unrelated to their surgical procedure. One example would be a cataract post-op patient who presents two months after his or her surgery with a viral conjunctivitis. However, if that same patient returned with a decrease in vision and CME was diagnosed, the -24 modifier would not be applicable since the CME condition is related to the surgical procedure.

The -25 modifier enables payment for an office visit on the same day in which a minor procedure is performed. Medicare defines a minor procedure as one that has a post-op period of zero to 10 days, ranging from corneal foreign body removal to punctal plug insertion. If this modifier is used, there must be medical justification for both the procedure and the office visit. Thus, two diagnoses may be billed – one for the office visit and one for the procedure.

One thing to keep in mind: The Office of the Inspector General's 2004 Work Plan states it will determine whether claims using the -25 modifier were billed and reimbursed appropriately.

[http://www.eyeworld.org/feb04/0204\\_p59.html](http://www.eyeworld.org/feb04/0204_p59.html)

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## **NCCI**

The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative to promote national correct coding methodologies and to eliminate improper coding. CCI edits are developed based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, current standards of medical and surgical coding practice, input from specialty societies, and analysis of current coding practice.

CCI edits are pairs of CPT or HCPCS Level II codes that are not separately payable except under certain circumstances. The edits are applied to services billed by the same provider for the same beneficiary on the same date of service. All claims are processed against the CCI tables.

The NCCI includes two types of edits: Column 1/column 2 and mutually exclusive.

There are two columns in the column1/column 2 edits (obviously!). Column 1 code generally represents the major procedure or service when reported with the column 2 code. When reported with the column 2 code, "column 1" generally represents the code with the greater work RVU of the two codes.

The second column represents the lesser procedure or service when reported with the column 1 code. When reported with the column 1 code, the "column 2" code generally represents the code with the lower work RVU of the two codes.

If two codes of a code pair edit are billed by the same provider for the same beneficiary for the same date of service without an appropriate modifier, the column 1 code is paid. If clinical circumstances justify appending a CCI-associated modifier to the column 2 code of a code pair edit, payment of both codes may be allowed.

"Mutually exclusive" codes represent procedures or services that could not reasonably be performed at the same session by the same provider on the same beneficiary. Each edit consists of a column 1 and column 2 code. If the two codes of an edit are billed by the same provider for the same beneficiary for the same date of service without an appropriate modifier, the column 1 code is paid. If clinical circumstances justify appending a CCI-associated modifier to the column 2 code of a code pair edit, payment of both codes may be allowed.

Each code pair (column 1/column 2 correct coding edits and mutually exclusive code edits) is assigned a correct coding modifier indicator of either a "0", "1", or "9". The "0" indicator means that no modifiers associated with the CCI are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid.

The "1" indicator means that the modifiers associated with the CCI are allowed with this code pair when appropriate. The "9" indicator is used only on those code pairs that have been deleted where the deletion date was retroactive to the effective date. For all practical purposes, providers can ignore the "9" indicator.

<http://pmiconline.site.yahoo.net/ncci.html>

<http://www.cms.hhs.gov/medlearn/ncci.asp#CCI%20and%20OCE%20Edits>

<http://www.cms.hhs.gov/physicians/cciedits/>

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## Help Keep Us Informed

Please don't hesitate to submit news and notes to the Optimum VA. The more you submit, the better our newsletter will be. Such information may include:

-  Letters to the editor
-  Case reports
-  Photos
-  Article abstracts (include publication information)
-  Upcoming events (CE, meetings, etc.)
-  Personal accomplishments
-  Internet links

**\* Feel free to submit at any time by clicking the link [Contact Optimum VA](#) which is also located on the front page in the Editor's Box. Submission and publication dates are listed below.**

**\*\* Residents and students are also encouraged to submit.**

<b>Issue</b>	<b>Submissions Due</b>	<b>Publication Date</b>
<b>Winter</b>	<b>December 15</b>	<b>January 1</b>
<b>Spring</b>	<b>March 15</b>	<b>April 1</b>
<b>Summer</b>	<b>June 15</b>	<b>July 1</b>
<b>Fall</b>	<b>September 15</b>	<b>October 1</b>

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## **AOA Sticks Up for VA Optometry**

Dear Editor:

I believe it's time we VA optometrists remember who stood in our corner over the past year with organized ophthalmology's attempts to limit our ability to take care of our patients. Fortunately these efforts have not been successful.....yet. And therein lies the rub. The **AOA** stepped up to the plate and hit the ball out of the park. I am convinced our clinical lives would be different were it not for our profession's largest organization.

What concerns me is the fact that many if not most VA optometrists are not AOA members. Perhaps VA optometrists did not see the relevancy of the AOA to their uniquely different professional lives. But many of us old timers have always known differently and maybe this piece can help convince more of us. NAVAO has had its differences with the AOA on some issues. However, I believe we should stand with our brothers in optometry and make every effort to remember how the AOA stood tall for us on this most important of issues.

Please, if you're not an AOA member, join! VA optometrists are eligible to be AOA members through the Armed Forces Optometric Society (AFOS). AFOS can be reached by visiting <http://www.afos2020.org/>. Alternatively, you can join your state society and be an AOA member that way but your costs will double unless you are a faculty member of an optometry school and you are granted special class status.

Our AOA brothers were there for us...lets support the organization that is the "brotherhood" for all optometrists. Join today!

Take care,

Gerald J. Selvin, O.D.  
Immediate Past President  
NAVAO

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## **Get Well Sharon!**

“Get well” wishes go to our President who we hope is back at it soon!

**Optimum VA**

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## **Associations, Institutes, Organizations, Societies**

[All About Vision](#)

[Alliance for Aging Research](#)

[American Academy of Ophthalmology](#)

[American Academy of Optometry](#)

[American Academy of Pediatrics](#)

[American Optometric Association](#)

[American Optometric Foundation](#)

[Association of Regulatory Boards of Optometry \(ARBO\)](#)

[Council for Refractive Surgery Quality Assurance](#)

[Eye Advisory](#)

[Eye Surgery Education Council](#)

[Glaucoma Research Foundation](#)

[Healthy Vision 2010](#)

[International Glaucoma Association](#)

[NASA Vision Group](#)

[National Eye Research Foundation](#)

[National Keratoconus Foundation](#)

[National Optometric Association](#)

[NBEO](#)

[Optometric Extension Program](#)

[Optometric Refractive Surgery Society](#)

[Optometrists.org](#)

[ORMS](#)

[Parents Active for Vision Education](#)

[RGP Institute](#)

[Schepens Eye Research Institute](#)

[Vision Council of America](#)

[World Council of Optometry](#)

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[AMA \(CPT\)](#)

[Centers for Medicare & Medicaid Services](#)

[Healthcare Common Procedure Coding System \(HCPCS\)](#)

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## **Contact Lens**

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[Bausch & Lomb](#)

[British Contact Lens Association](#)

[CIBA Vision NIGHT & DAY](#)

[CIBA Wesley-Jessen](#)

[Contact Lens and Anterior Eye](#)

[Contact Lens Council](#)

[Contact Lens Manufacturers Association](#)

[Contact Lens Spectrum](#)

[CooperVision](#)

[Innovative Sclerals Ltd.](#)

[International Association of Contact Lens Educators \(IACLE\)](#)

[New Zealand Contact Lens Society](#)

[Ocular Sciences](#)

[Official Site of Silicone Hydrogel Lenses](#)

[Virtual Consultant](#)

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## **Conventions and Meetings**

[Great Western Council of Optometry](#)

[Heart of America Contact Lens Society](#)

[Midwest Vision Congress & Expo](#)

[OptoEast](#)

[OptoWest](#)

[Southern Council of Optometrists](#)

[Vision Expo East](#)

[Vision Expo West](#)

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## **Foreign Web Sites**

[American Academy of Optometry \(British Chapter\)](#)

[Association of Optometrists, UK](#)

[Australasian College of Behavioural Optometrists \(ACBO\)](#)  
[Bradford, University of, Department of Optometry \(UK\)](#)  
[Brazilian Optometry Association](#)  
[Canadian Association of Optometrists](#)  
[College of Optometrists - UK](#)  
[Eye Health Council of Canada](#)  
[Hong Kong Polytechnic University Optometry Section \(PRC\)](#)  
[Hong Kong Society of Professional Optometrists](#)  
[Institute of Optometry - UK](#)  
[Karolinska Institutue - Sweden](#)  
[Melbourne College of Optometry - Australia](#)  
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[Optometrists Association Australia \(New South Wales Division\)](#)  
[Optometrists Association Australia \(Queensland Division\)](#)  
[Optometrists Association Australia \(Victorian Division\)](#)  
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[Eyeworld](#)  
[Ocular Surgery News](#)  
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[NORA - Neuro-Optometric Rehabilitation Association](#)

[Ocutech](#)

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[Macular Degeneration Foundation](#)

[Macular Degeneration International](#)

[Macular Degeneration Network](#)

[Macular Degeneration Partnership](#)

[Macular Disease Society](#)

[MAXIVISION](#)

[Center for Keratoconus](#)

[Chua Eye Page](#)

[Collaborative Longitudinal Evaluation of Keratoconus Study \(CLEK\)](#)

[EyeCancer Network](#)

[Ophthoguide](#)

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## **Ophthalmic Equipment and Medications**

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[Carl Zeiss Meditec](#)

[Hilco](#)

[Lombart Instruments](#)

[Medtronic Solan](#)

[Merck](#)

[Novartis Ophthalmics](#)

[Novartis](#)

[Reichert Ophthalmic Instruments](#)

[Reliance Medical Products](#)

[Topcon](#)

[Wilson Ophthalmic](#)

[Zeiss HSO-10 Bulb Lombart Instrument Company](#)

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## **Optical**

[Corning Ophthalmic](#)

[Essilor](#)

[General Optical Council - UK](#)

[National Academy of Opticianry](#)

[Optical Laboratories Association](#)

[Optical Society of America](#)

[Opticians Association of America](#)

[Opticians Association](#)

[Polycarbonate Lens Council](#)

[Prio](#)

[SOLA](#)

[Varilux](#)

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## **Optometry Schools**

[Illinois College Of Optometry](#)

[Indiana University](#)

[Michigan College of Optometry at Ferris State University](#)

[New England College of Optometry](#)

[Northeastern State University](#)

[NSU College of Optometry](#)

[Ohio State University](#)

[Pacific University](#)

[Pennsylvania College of Optometry](#)

[Southern California College of Optometry](#)

[Southern College of Optometry](#)  
[SUNY State College of Optometry](#)  
[UAB School of Optometry](#)  
[University of California - Berkeley](#)  
[University of Houston](#)  
[University of Missouri - St. Louis](#)

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## **State Optometry Associations**

[Alabama](#)  
[Alaska](#)  
[Arizona](#)  
[Arkansas](#)  
[California](#)  
[Colorado](#)  
[Connecticut](#)  
[Florida](#)  
[Georgia](#)  
[Idaho](#)  
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[Utah](#)  
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## Systemic Disease

[American Diabetes Association](#)  
[AskPhysicians.com](#)  
[National Headache Foundation](#)  
[Sjögrens Syndrome Foundation](#)

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# Help Defeat HR3473!

 Contact your local representatives using the following link: [AOA's new e-advocacy center](#). Sample letters are listed to send, or you can type one of your own. Other letters are posted on our website. **Urge your residents and students to respond!**

 Personally send letters to the [cosponsors](#) urging them to withdraw. You can track the cosponsors through the following link: <http://veterans.house.gov/>

- Under the heading “Proudly Serving America’s Veterans” will be two search boxes.
- Use the one marked “Legislation on Thomas”.
- Type “HR 3473” and click “Search”.
- You should see the VETS bill listed with the link.
- Once there, click on either:
  - “Bill Summary & Status File
  - “Congressional Record References”
- Cosponsors will be listed along with those withdrawn.
- Each day another is added, send a letter!

 Contact each member of the [Subcommittee on Health](#).

 Encourage each other to participate.

 [Contact Optimum VA](#) if you have any questions or need help finding addresses, contacting politicians, etc.

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