

Optimum VA

NAVAO Newsletter

January/February 200

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HR3473 Gains Support 43 Cosponsors Added VA Takes Note

No, HR doesn't stand for Home Run – unless you're an ophthalmologist seeking to severely restrict the clinical practice of medical optometry. In that case, 43 players have just been added to your team.

For those who have been following the bill, it appears to be gaining support. And the Department of Veterans Affairs appears to be listening.

Just a few days ago, the Under Secretary of Health Robert Roswell, MD, drafted a [memo to Medical Center Directors](#), outlined the current issues, and requested the suspension of any optometrist found to have clinical privileges to perform laser eye surgery. One facility has already suspended an optometrist's fluorescein angiogram capabilities. The bill has been referred to the [Subcommittee on Health](#).

- [Read HR3473](#)
- [View Cosponsors](#)
- [Get Involved](#)

If you have not already done so, please become active in fighting this bill.

[Here's how.](#)

Congratulations! NAVAO Welcomes Incoming President

Outgoing NAVAO President Jerry Selvin accepts a recognition plaque from newly appointed President Sharon Atkin. Dr. Atkin previously held the position from 1997-99.



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Veterans Eye Treatment Safety (VETS) Act of 2003

To amend title 38, United States Code, to provide that only licensed medical doctors and licensed doctors of osteopathy may perform eye surgery at Department of Veterans Affairs facilities or under contract with the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES November 6, 2003

Mr. SULLIVAN (for himself, Mr. BILIRAKIS, Ms. GINNY BROWN-WAITE of Florida, Mr. BURGESS, Mr. GINGREY, Mr. JANKLOW, Mr. KELLER, Mr. SESSIONS, Mr. STEARNS, Mr. WELDON of Florida, Ms. BERKLEY, Ms. CORRINE BROWN of Florida, Mr. COOPER, Mr. GREEN of Texas, Mr. SCOTT of Georgia, Mr. SNYDER, and Mr. STRICKLAND) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to provide that only licensed medical doctors and licensed doctors of osteopathy may perform eye surgery at Department of Veterans Affairs facilities or under contract with the Department of Veterans Affairs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Veterans Eye Treatment Safety (VETS) Act of 2003'.

SEC. 2. LIMITATION AS TO PERSONS WHO MAY PERFORM EYE SURGERY FOR DEPARTMENT OF VETERANS AFFAIRS.

Section 1707 of title 38, United States Code, is amended by adding at the end the following new subsection:

`(c)(1) Eye surgery at a Department facility or under contract with the Department may be performed only by an individual who is either a licensed medical doctor or a licensed doctor of osteopathy.

`(2) For purposes of this subsection, the term 'eye surgery' means any procedure involving the eye or the adnexa in which human tissue is cut, burned, frozen, vaporized, ablated, probed, or otherwise altered or penetrated by incision, injection, laser, ultrasound, ionizing radiation, or by other means, in order to treat eye disease, alter or correct refractive error, or alter or enhance cosmetic appearance. Such term does not include removal of superficial ocular foreign bodies or the prescription and fitting of contact lenses for the purpose of altering refractive error.

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Cosponsors (43), Alphabetical

[followed by Cosponsors withdrawn]

Rep Allen, Thomas H. - 1/20/2004 [ME-1]	Rep Berkley, Shelley - 11/6/2003 [NV-1]
Rep Biggert, Judy - 1/20/2004 [IL-13]	Rep Bilirakis, Michael - 11/6/2003 [FL-9]
Rep Brown, Corrine - 11/6/2003 [FL-3]	Rep Brown, Henry E., Jr. - 12/8/2003 [SC-1]
Rep Brown-Waite, Ginny - 11/6/2003 [FL-5]	Rep Burgess, Michael C. - 11/6/2003 [TX-26]
Rep Camp, Dave - 1/21/2004 [MI-4]	Rep Coble, Howard - 1/20/2004 [NC-6]
Rep Cooper, Jim - 11/6/2003 [TN-5]	Rep Cummings, Elijah E. - 2/3/2004 [MD-7]
Rep Davis, Susan A. - 12/8/2003 [CA-53]	Rep Everett, Terry - 1/20/2004 [AL-2]
Rep Foley, Mark - 12/8/2003 [FL-16]	Rep Gilchrest, Wayne T. - 1/20/2004 [MD-1]
Rep Gingrey, Phil - 11/6/2003 [GA-11]	Rep Green, Gene - 11/6/2003 [TX-29]
Rep Isakson, Johnny - 1/27/2004 [GA-6]	Rep Janklow, William J. - 11/6/2003 [SD]
Rep Keller, Ric - 11/6/2003 [FL-8]	Rep Kind, Ron - 1/20/2004 [WI-3]
Rep Lee, Barbara - 12/8/2003 [CA-9]	Rep McCarthy, Carolyn - 1/27/2004 [NY-4]
Rep McGovern, James P. - 12/8/2003 [MA-3]	Rep Meeks, Gregory W. - 1/20/2004 [NY-6]
Rep Napolitano, Grace F. - 1/20/2004 [CA-38]	Rep Neugebauer, Randy - 1/21/2004 [TX-19]
Rep Norwood, Charlie - 11/17/2003 [GA-9]	Rep Pastor, Ed - 1/21/2004 [AZ-4]
Rep Peterson, Collin C. - 1/27/2004 [MN-7]	Rep Platts, Todd Russell - 1/21/2004 [PA-19]
Rep Renzi, Rick - 2/3/2004 [AZ-1]	Rep Scott, David - 11/6/2003 [GA-13]
Rep Sessions, Pete - 11/6/2003 [TX-32]	Rep Shays, Christopher - 11/17/2003 [CT-4]
Rep Snyder, Vic - 11/6/2003 [AR-2]	Rep Stearns, Cliff - 11/6/2003 [FL-6]
Rep Strickland, Ted - 11/6/2003 [OH-6]	Rep Turner, Michael R. - 1/20/2004 [OH-3]
Rep Walden, Greg - 2/3/2004 [OR-2]	Rep Weldon, Dave - 11/6/2003 [FL-15]
Rep Wicker, Roger F. - 1/21/2004 [MS-1]	

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VA Optometry Lectures Academy

Once again VA optometrists lectured Academy members on various topics. The list is below. Good job to all, and apologies to any that may have been left out of the list.

Sheila Anderson
Rex A. Ballinger
Hal Bohlman
David Bright
Bernard J. Dolan
Mark T. Dunbar
Steven G. Ferrucci
Murray Fingeret
Andrew Gurwood
Susan Haesaert
Anthony Litwak
Victor Malinovsky
Michael Mee
Gerald Melore
Patricia Modica
Leonard Oshinskie
Wesley Ota
Stuart Richer
John Rinehart
Joseph Sowka
John Spalding
Thomas Stelmack
Clifton C. Stephens
Gay Tokumaru

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Triple-Safe Super-Antibiotic

The most potent fluoroquinolone to date may soon pass FDA approval. The drug, a product of Santen Inc. (Napa, CA), will also be preservative-free – another plus for the company. Santen already markets Quixin which contains levofloxacin 0.5%. The new drug will triple the amount of levofloxacin to 1.5% and will be indicated for bacterial corneal ulcer treatment. Because the concentration is so high, the drug does not need a preservative. Cataract surgeons will see the obvious benefit of this medication. It will also be useful during corneal ulcer treatment when the drop must be used frequently. The cornea may heal faster without the irritating effects of the preservative.



http://www.santeninc.com/press_release/03-05QuixinNDA.pdf
<http://www.eyeworld.org/jan04/0104p34.html>

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Out With the Old, In With the Old

All of us practitioners know how difficult it is to assure compliance with prescribed medications, particularly ocular ones. The more times a drop must be used, the more likely a patient is to miss a dose.

With this in mind, Senju Pharmaceutical Co. Ltd. (Japan) developed Istalol – a **once-daily** liquid form of timolol. ISTA Pharmaceuticals (Irvine, CA) have been given marketing rights to the drug in the United States. Istalol received an FDA in August 2003 and the company expects full approval soon.



The drug matches twice-daily Timolol in measured IOP at both peak and trough times, though patients experienced slightly more ocular irritation with Istalol. Along with a once-daily dosing schedule, practitioners may also be attracted to the drug because it is not available in generic form and, unlike its once-daily gel counterpart, will not cause visual blur upon instillation. More on ISTA's other ocular medications later.

<http://www.eyeworld.org/jan04/0104p34.html>

http://www.istavision.com/products/products_istalol.asp

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Is It Really Smarter, Or Just a Marketing Plug?

Most of us have inserted non-dissolvable punctal plugs and then received phone calls or pages hours later from the patient complaining of irritation. Several companies have recognized this and developed intracanalicular varieties to combat this issue. Medennium believes dry eye syndrome is a “shrinking” solution.

The intracanalicular SmartPLUG starts out a 9mm long and 0.4 mm wide punctal plug composed of flexible thermosensitive acrylic material. Once inserted, the plug adjusts to the exact shape and size of the punctum. The morpheus leaves the final size of the plug at about 2mm in length and up to 1 mm in width.

Insertion techniques for this plug are slightly different than for traditional plugs. Here two-thirds of the SmartPLUG is inserted into the punctum and one-third is left exposed. The material begins to shrink at around 30 degrees Celsius, or about 90 degrees Fahrenheit. The plug can be removed by irrigation. Cost: \$250 for 5 boxes, forceps, CD-ROM, and information; \$500 for 11 boxes. Just a thought – don't store in direct sunlight.

http://www.medennium.com/prod_dry_eye.htm

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Funding for Uninsured Children

The House of Representatives recently introduced bill HR 3602 that would provide \$75 million in grants to states for eye exams and treatment for uninsured children.

Written by Reps. Sue Kelly (R-NY) and Vito Fossella (R-NY), the Children's Access to Vision Care Act of 2003 would provide money for those children identified through a screen, who are either uninsured or whose health plan does not cover vision services. Thirty states and the District of Columbia have mandatory vision screening programs, and 11 more states recommend screenings for preschool children.

The grant money would support the states that provide vision screenings for all preschoolers. More than 11 million American children are uninsured. The bill has the support of the American Academy of Ophthalmology, American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Family Physicians.

<http://www.opthalmologytimes.com/opthalmologytimes/article/articleDetail.jsp?id=82707>

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Dry Eye Sufferers Weep for Joy

A testosterone cream rubbed onto the eyelids of dry eye sufferers has just been patented by Dr. Charles Connor of Southern College of Optometry. Dr. Connor has been working with the cream for years. He noticed women were at higher risk for dry eye complaints, especially those on birth control. Patients also state a reduction in eyelid edema when using the drug.

http://www.gomemphis.com/mca/business_columnists/article/0,1426,MCA_441_2588288,00.html

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Not Again!

A patient may chuckle when told they have a herpes infection of the eye, but simplex is no laughing matter. Recurrences frustrate practitioner and patient both. A recent study retrospectively compared ocular herpes simplex virus recurrence in two groups. Group 1 used oral acyclovir for at least 12 months and then stopped. The Group 2 patients, however, continued the above therapy for an additional 6 months. The researchers broke the study into Period 1 when

both were using acyclovir, and Period 2 when only Group two was using the medication.

The results: Group 1 patients had a 78% recurrence rate during Period 2 (having stopped acyclovir), while only 36% of Group 2 had a recurrence during the same Period 2 (still using acyclovir).

<http://archophth.ama-assn.org/cgi/content/abstract/121/12/1702>

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Having Less Is More – Risky



It's hard not to hear the buzz about the relationship between central corneal thickness (CCT) and intraocular pressure. Yet another recently published study attempted to determine if CCT is related to the severity of glaucoma at the initial examination. The retrospective study analyzed each patient's age, sex, race, family history of glaucoma, number of glaucoma medications, visual acuity, spherical equivalent, intraocular pressure, CCT, visual fields, CD ratios. The researchers found significantly lower CCT in African-Americans than in Caucasians (537um vs. 556 um, respectively), and a more advanced glaucoma in those with lower CCT.

<http://archophth.ama-assn.org/cgi/content/abstract/122/1/17>

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Can You Believe It?!

Luxottica, which already owns LensCrafters (1995) and Sunglass Hut International (2001), has just announced a \$401 million acquisition of Cole National Corporation. What a huge deal. Cole currently includes optical locations such as JCPenney Optical, Sears Optical, Pearle Vision, and Target Optical. The merger is subject to the approval of Cole National's stockholders and the satisfaction of other customary conditions, including compliance with applicable antitrust clearance requirements. Therefore, the transaction is expected to close in the second half of 2004.

http://www.luxottica.com/english/profilo_aziendale/index_keyfacts.html

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Here It Comes

Allergan may soon need the purple pill. The company recently lost its Supreme Court appeal to prevent Bausch & Lomb and Alcon from manufacturing generic brimonidine. Allergan argued that the above two companies intended to market the drug as a neuroprotective agent – a use that has not been substantiated by the FDA – and that Allergan still has patent rights for that particular use of brimonidine. The court stated it cannot block generic production based on potential off-label use. Expect the generics soon.



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New CPT Codes

Several new CPT codes arrive in 2004. Among them:

- 65780** Ocular surface reconstruction; amniotic membrane transplantation
- 65781** Limbal stem cell allograft
- 65782** Limbal conjunctival autograft (includes obtaining graft)
- 68732** Harvesting conjunctival allograft, living donor

Most importantly, the corneal pachymetry code has changed from **0025T** to **76514**. Some states (Tennessee and others) allow a one-time only billing for this procedure. It is a unilateral or bilateral code, unlike scanning laser glaucoma or B-scan tests.

<http://cms.hhs.gov/>

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New ICD-9 Codes

Several new ICD-9 codes enter the game:

- 358.00** Myasthenia gravis without (acute) exacerbation
- 358.01** Myasthenia gravis with (acute) exacerbation
- 250.5** Diabetes with ophthalmic manifestations.

Regarding the last, it is important to make the primary code exactly why the patient presented for the initial exam. For diabetics, this would be either the above or a 250.0x. If diabetic retinopathy is found, this would be coded as a secondary diagnosis. Upon the patient's return, however, diabetic retinopathy may be coded as primary since the patient is specifically returning for follow-up on that ocular condition.

<http://cms.hhs.gov/>

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Welcome to Our Newsletter








Thank you for taking the time out of your busy schedule to read our newsletter. As you have already noticed, the look has changed. I have added links in an attempt to increase the readability. Continue to look for changes as the year progresses and hopefully soon we'll settle into a format. Suggestions are always welcome. I look forward to serving you as the new Optimum VA editor.

Jim Williamson

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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.**

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

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Associations, Institutes, Organizations, Societies

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[Association of Regulatory Boards of Optometry \(ARBO\)](#)
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[Eye Advisory](#)
[Eye Surgery Education Council](#)
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[International Glaucoma Association](#)
[NASA Vision Group](#)
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[World Council of Optometry](#)

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Contact Lens

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[Bausch & Lomb](#)
[British Contact Lens Association](#)
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[Contact Lens Manufacturers Association](#)
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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 \(PRC\)](#)
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HR3473 Memo



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Help Strikeout 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!**
-  Read what [Don Williamson wrote](#) or the [recent blurb in Eyeworld](#) if you're having troubles getting motivated.
-  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 "Bill Summary & Status File".
 - Cosponsors will be listed.
 - Each day another is added, send a letter!
-  Contact each member of the [Subcommittee on Health](#).
-  Encourage each other to participate. Together we can bounce this RX.
-  [Contact Optimum VA](#) if you have any questions or need help finding addresses, contacting politicians, etc.

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Don Williamson's Letter

Dear AOA Colleague:

Organized ophthalmology has launched a legislative strike against VA optometrists, claiming that veterans eye health is in jeopardy. The implications of this legislation for our profession are significant and this assault by ophthalmology demands an aggressive response.

Ophthalmology has reacted strongly to some VA optometrists having clinical privileges to perform some laser procedures. The American Academy of Ophthalmology complained to VA officials about optometrists' privileges and when they were rebuffed by the VA, they got Representative John Sullivan (R-OK) to introduce H.R. 3473, the "Veterans Eye Treatment Safety Act of 2003". Supposedly, this measure was introduced to stop VA optometrists from performing some laser procedures, but the bill goes much further. H.R. 3473 would even prohibit VA optometrists from performing minor surgical procedures such as punctal dilation, epilation of lashes and other procedures commonly performed by VA optometrists.

Ophthalmology is attempting to sell H.R. 3473 as a safety measure to protect veteran patients. However, this bill is not about safety or protection of veterans. The only thing it protects is ophthalmology's desire to control optometry and reduce our profession's status.

Make no mistake: Ophthalmology is planning a big roll of the dice by promoting H.R. 3473. If they can prevail, the clock will be rolled back on VA optometrists professional responsibilities. But the implications don't stop there. Within the VA, ophthalmology could then begin to regain administrative control over optometry and kill off the programs for student and residency education. And outside the VA, development of state laws could wither and even existing laws could come under attack.

This legislation is bad in so many ways. It must be stopped! Thank you for your prompt follow-up to this request for grassroots action. Have a safe and happy holiday season!

Sincerely,

Don E. Williamson, O.D., Federal Relations Committee Chairman

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ASCRS urges members to call representatives, ask them to co-sponsor H.R. 3473

The Department of Veterans Affairs has agreed to give the VA coalition - comprised of ASCRS, the American Academy of Ophthalmology, the American Medical Association, the American College of Surgeons, and the American Osteopathic Association - 30 days to see if it can reach an agreement on a solution to the current de-centralized system that allows optometrists to perform laser eye surgery in the VA system based on their state licensure. ASCRS has gotten to this point because of the growing number of co-sponsors of H.R. 3473, "The Veterans Eye Treatment Safety Act of 2003," so the coalition needs to keep the pressure on. If you have not done so, please contact your representative and ask that they co-sponsor H.R. 3473.

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