Good Day Co-Chairs Gerratana, Somers, and Steinberg, and distinguished members of the Public Health Committee. I am Dr. Steven Thornquist and I come before you today representing the members of the Connecticut Society of Eye Physicians – the Eye MDs - and other concerned Connecticut physicians in the specialties of Dermatology, Ear Nose & Throat, and Urology. We appreciate the opportunity to express support for HB 6012; AN ACT CONCERNING CONSUMER PROTECTION IN EYE CARE.

The online selling of contact lenses and glasses has been available for some time, and there were initial concerns on the part of eye care professionals about the appropriateness of this approach as these services do not provide patient safeguards inherent in face-to-face encounters. Some of these concerns remain, particularly with the casual dispensing of contact lenses. Now we are entering the age of online contact lens “checks” and online refraction, as well as Remote Refractive Devices (RRD) - free standing automated or remotely monitored kiosks - offering refraction for a fee. This raises additional concerns regarding the overall safety and efficacy of these services, as well as the process of setting fees for refraction, and we thank our optometric colleagues for bringing this matter to our attention.

Companies such as Opternative, offer an online refraction that provides a prescription for glasses or contact lenses within 24 hours after review by a doctor. Other approaches include EyeNetra which provides smartphone-based refractive tools and an in-home refractive service called Blink; and MyVisionPOD which utilizes a kiosk based automated refraction with guidance by a remote technician and review by a doctor before a prescription is written. Although proponents of remote refractive services emphasize accessibility and affordability, there are larger issues to consider.

We live in a world where we are accustomed to purchasing goods and services online. The appeal of convenience and low cost are hard to resist. Add to this situation the fact that many Americans are still without insurance that covers a proper eye health examination, and we have a situation that places the ocular health of some of our most vulnerable citizens at risk. Yet the desire for good vision is universal and studies have shown that the fear of blindness is often second only to the fear of death.

Who are the likely users of this new technology? People who are not currently receiving professional care because of scheduling or financial barriers. If the barriers to use of this technology are too high, for example, requiring an existing doctor-patient relationship or a face to
face exam before the patient is able to use the automated service, the individuals who are most likely to benefit from this service may be unable to meet the criteria.

The risk of harm from an incorrect refraction is low – incorrect glasses do not hurt the eyes. The true risk comes from the fact that someone who chooses to use this type of service may believe that they have had an eye exam, no matter how clearly and often they are warned throughout the process that a refraction is not an eye examination. I feel it is especially important to point out that the risks associated with the improper dispensing of contact lenses by online sellers who take a casual attitude towards the verification of a current prescription, or anyone who performs a cursory remote examination for a contact lens prescription, pose a far greater risk to eye health than the dispensing of a glasses prescription. Contact lens related complications are fortunately rare, but failure to properly wear and care for contact lenses is the number one risk factor for potentially blinding complications.

An eye examination provides an assessment of health and risk factors that are an important part of maintaining clear vision and good general health. Neither we nor the American Academy of Ophthalmology wish to interfere with the development of new technology that may benefit some patients, but enforcing safeguards and maintaining a watchful posture is essential. Although no safeguard is perfect, we believe that fact based exclusion criteria be applied to remote refractive services to ensure that they are not used inappropriately by individuals who have serious ocular or medical conditions.

We must carefully thread the needle of accessibility and safety, and all providers who wish to participate in this new technology must be aware of the requirements. It is equally important that all providers are treated fairly and an ongoing concern exists among Eye MDs with the language placed into statute last year dealing with optometric services that are not covered by insurance, but for which the fees may be dictated by an insurance plan – and refractive services fall under this mantle. We therefore urge this committee to correct this inequity in Connecticut General Statutes by revising Sec. 38a-472h to include Ophthalmologists.

In conclusion, it is difficult to balance complex needs with safety and equity, and I thank you for the opportunity to give input from those who are in the front lines of patient care. We join our optometric colleagues in concern for patient safety, and with that goal foremost in mind:

- New technology should meet the safety standards of face-to-face service.
- Safeguards must be in place and guided by evidence based science.
- Vigilance is essential as this technology gains wider acceptance and use.

Thank you for the opportunity to provide this testimony today.