

Chronological: American Optometric Association, D.C., 1984-04-02

Senator Daniel K. Inouye Papers
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news from

Senator DANIEL K. INOUE

topic: SPEECH TO AMERICAN OPTOMETRIC ASSOCIATION

date: Monday, April 2, 1984, 8:30 a.m., L'Enfant Plaza

release date: FOR IMMEDIATE RELEASE

As a rule, I do not become involved in the activities of the Hawaii State Legislature; however, in February of 1979, I felt that in the case of optometry, I was compelled to share with our Hawaii Legislature some of my personal experiences with your profession.

As I recall, at that time, the Optometry Board of Examiners had proposed that members of your profession, who met very strict criteria, should be able to utilize various diagnostic pharmaceutical agents in their eye examinations. In my judgment, your proposal was cost-effective and definitely in the best interest of our citizenry. I fully realized that what you had proposed was controversial; however, I felt that it was definitely worthy of our Legislature's most serious consideration. Accordingly, I publicly so stated, and as you can imagine, some of your medical colleagues in Hawaii were not too pleased with me.

I am aware that, like most Americans, my views on highly technical and complex matters can be heavily influenced by personal experiences. As readily noted, I wear glasses. As you can imagine, I have spent considerable time during my life meeting with professional men and women to have my eyes examined, prescriptions made out, glasses fitted, etc. A few years ago, I began to experience a slight loss of sight in my left eye. I went to two of your medical colleagues, ophthalmologists, who examined me and suggested that I should spend less time reading, and perhaps, that I should even begin some eye exercises. By chance, during one of my visits home, I happened to mention this to my optometrist, Dr. Clarence Oka. He looked at my eye and suggested that I might have a hemorrhage of the retina instead of the diagnosed mere eye strain. I followed his advice, and the third ophthalmologist confirmed Clarence's diagnosis. This was subsequently confirmed by yet another ophthalmologist. Since that time, I can assure you that I frown upon those who might suggest that your profession is less than reputable, that it is a "bunch of quacks". In my book, your profession is a most honorable and dedicated one -- a profession that has long ago earned the right to practice autonomously and to be fully and directly reimbursed under our various health insurance plans.

Since my earliest days in the Congress, I have been an ardent supporter of the military. Yet, unlike many of my colleagues, who are forever pressing for sophisticated military hardware, I have come to believe that the real strength of the military lies in its people -- in its men, women, and their dependents, who make the military work. Accordingly, as a member of the Senate Appropriations subcommittee which has jurisdiction over the Department of Defense, I have, over the years, paid particularly close attention to those issues that affect military personnel. Since 1969, doctors of optometry have been considered authorized individual providers under the Department of Defense's Civilian Health and Medical Program of the Uniformed Services (or CHAMPUS). In order to ensure that your practitioners would not be required to have physician supervision or referral, I had express report language included in the Department of Defense's Fiscal Year 1980 Appropriations Bill explicitly removing any restrictions on your direct reimbursement. This is now Public Law 96-154, and I must say that I was most pleased with the ease with which the House conferees accepted my amendment. Nationwide, your profession has, indeed, done an outstanding job in providing high quality and personalized care. The Congress has warm aloha for you.

During the subsequent deliberations on each of the subsequent Appropriations bills for the Department of Defense, I had report language included formally urging the department to come forth with an improved vision care benefit. I pointed out in my arguments that approximately 15 percent of the private sector employees already had routine vision care readily available under their health plans, and further, that eye and vision disorders represented the second most prevalent chronic health condition. Nationwide, we knew that only half of those requiring vision care actually received it and, thus, unfortunately, we must expect similar figures for the department. At one point, it appeared that a new vision care package was being prepared for announcement. However, I understand that this has now been postponed for both budgetary and "interprofessional jealousy/rivalry" reasons. During our deliberations it became evident that an amendment is also needed to the current CHAMPUS authorization language which expressly precludes routine and preventive eye examinations and vision care services. I have introduced appropriate legislation to rectify this matter (S. 157 and S. 158) and I have personally testified before the Senate Armed Services Committee on behalf of your profession. Hopefully, the committee will be responsive to my recommendations.

I am also pleased to be able to inform you today that after several years of having the Appropriations subcommittee urge the Defense Department to affirmatively address morale problems of non-physician health care providers in the Armed Services, that the Defense Audit Service conducted a major review of this issue at my request. Its investigators

conducted interviews with military optometrists on various bases across the nation. Further, at our committee's direction, the Assistant Secretary of Defense for Health Affairs has recently established a special task force to follow up on the Defense Audit Service's report and optometry does have a major voice on that task force. I also understand that all categories of military health care providers will soon have to be licensed -- again your profession was in the forefront of ensuring quality care. I have also been working with the department to once again "open up" its health professions scholarship program to include "optometrists", and not only physicians. Similarly, I have been urging the Veterans Administration to rescind any circulars or regulations which specifically state, and I am quoting from one "It is a cardinal principle, however, that responsibility for the overall treatment of each patient lies with a physician who coordinates the treatment and care rendered by various physicians, nonphysicians, specialists and support staff." In a similar vein, I wish to take this opportunity to also assure you of my fullest support for your complete autonomous inclusion under Medicare. Why we don't authorize routine vision care is beyond me. It is truly cost-effective and preventive care. Your profession is already approved for Medicare reimbursement for post-cataract conditions. Together, we will take the next step. The struggles will continue and, in the end, I am confident that your profession will do quite well. For you meet the ultimate test: your patients like your care.

Finally, I am extremely pleased to be able to report today that your Association is making progress in what must be considered a major legislative battle, regarding what should be the appropriate role of the Federal Trade Commission in health care. Although again highly complex and controversial, your profession's arguments have always been convincing to me.

I understand that your forthcoming annual convention will be in Hawaii this June 16 to 26. I sincerely hope that all of you can come.

AS A RULE, I DO NOT BECOME INVOLVED IN THE ACTIVITIES OF THE HAWAII STATE LEGISLATURE; HOWEVER, IN FEBRUARY OF 1979, I FELT THAT IN THE CASE OF OPTOMETRY, I WAS COMPELLED TO SHARE WITH OUR HAWAII LEGISLATURE SOME OF MY PERSONAL EXPERIENCES WITH YOUR PROFESSION. AS I RECALL, AT THAT TIME, THE OPTOMETRY BOARD OF EXAMINERS HAD PROPOSED THAT MEMBERS OF YOUR PROFESSION, WHO MET VERY STRICT CRITERIA, SHOULD BE ABLE TO UTILIZE VARIOUS DIAGNOSTIC PHARMACEUTICAL AGENTS IN THEIR EYE EXAMINATIONS. IN MY JUDGMENT, YOUR PROPOSAL WAS COST-EFFECTIVE AND DEFINITELY IN THE BEST INTERESTS OF OUR CITIZENRY.

I FULLY REALIZED THAT WHAT YOU HAD PROPOSED WAS
CONTROVERSIAL; HOWEVER, I FELT THAT IT WAS DEFINITELY
WORTHY OF OUR LEGISLATURE'S MOST SERIOUS CONSIDERATIONS.
ACCORDINGLY, I PUBLICLY SO STATED, AND AS YOU MAY IMAGINE,
SOME OF YOUR MEDICAL COLLEAGUES IN HAWAII WERE NOT TOO PLEASED
WITH ME.

I AM AWARE THAT, LIKE MOST AMERICANS, MY VIEWS ON HIGHLY
TECHNICAL AND COMPLEX MATTERS CAN BE HEAVILY INFLUENCED BY
PERSONAL EXPERIENCES. AS READILY NOTED, I WEAR GLASSES.
AS YOU CAN IMAGINE, I HAVE SPENT CONSIDERABLE TIME DURING MY
LIFE MEETING WITH PROFESSIONAL MEN AND WOMEN TO HAVE MY EYES
EXAMINED, PRESCRIPTIONS MADE OUT, GLASSES FITTED, ETC.

A FEW YEARS AGO, I BEGAN TO EXPERIENCE A SLIGHT LOSS OF SIGHT IN MY LEFT EYE. I WENT TO TWO OF YOUR MEDICAL COLLEAGUES, OPHTHALMOLOGISTS, WHO EXAMINED ME AND SUGGESTED THAT I SHOULD SPEND LESS TIME READING, AND PERHAPS, THAT I SHOULD EVEN BEGIN SOME EYE EXERCISES. BY CHANCE, DURING ONE OF MY VISITS HOME, I HAPPENED TO MENTION THIS TO MY OPTOMETRIST, DR. CLARENCE OKA. HE LOOKED AT MY EYE AND SUGGESTED THAT I MIGHT HAVE A HEMORRHAGE OF THE RETINA INSTEAD OF THE DIAGNOSED MERE EYE STRAIN. I FOLLOWED HIS ADVICE, AND THE THIRD OPHTHALMOLOGIST CONFIRMED CLARENCE'S DIAGNOSIS. THIS WAS SUBSEQUENTLY CONFIRMED AGAIN BY YET ANOTHER OPHTHALMOLOGIST.

SINCE THAT TIME, I CAN ASSURE YOU THAT I FROWN UPON THOSE WHO MIGHT SUGGEST THAT YOUR PROFESSION IS LESS THAN REPUTABLE, THAT IT IS A "BUNCH OF QUACKS". IN MY BOOK, YOUR PROFESSION IS A MOST HONORABLE AND DEDICATED ONE -- A PROFESSION THAT HAS LONG AGO EARNED THE RIGHT TO PRACTICE AUTONOMOUSLY AND TO BE FULLY AND DIRECTLY REIMBURSED UNDER OUR VARIOUS HEALTH INSURANCE PLANS.

SINCE MY EARLIEST DAYS IN THE CONGRESS, I HAVE BEEN AN ARDENT SUPPORTER OF THE MILITARY. YET, UNLIKE MANY OF MY COLLEAGUES, WHO ARE FOREVER PRESSING FOR SOPHISTICATED MILITARY HARDWARE, I HAVE COME TO BELIEVE THAT THE REAL STRENGTH OF THE MILITARY LIES IN ITS PEOPLE -- IN ITS MEN, WOMEN, AND THEIR DEPENDENTS, WHO MAKE THE MILITARY WORK.

ACCORDINGLY, AS A MEMBER OF THE SENATE APPROPRIATIONS
SUBCOMMITTEE WHICH HAS JURISDICTION OVER THE DEPARTMENT
OF DEFENSE, I HAVE, OVER THE YEARS, PAID PARTICULARLY CLOSE
ATTENTION TO THOSE ISSUES THAT AFFECT MILITARY PERSONNEL.
SINCE 1969, DOCTORS OF OPTOMETRY HAVE BEEN CONSIDERED
AUTHORIZED INDIVIDUAL PROVIDERS UNDER THE DEPARTMENT OF
DEFENSE'S CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
UNIFORMED SERVICES (OR CHAMPUS). IN ORDER TO ENSURE THAT
YOUR PRACTITIONERS WOULD NOT BE REQUIRED TO HAVE PHYSICIAN
SUPERVISION OR REFERRAL, I HAD EXPRESS LANGUAGE INCLUDED IN
THE DEPARTMENT OF DEFENSE'S FISCAL YEAR 1980 APPROPRIATIONS
BILL EXPLICITLY REMOVING ANY RESTRICTIONS ON YOUR DIRECT
REIMBURSEMENT.

THIS IS NOW PUBLIC LAW 96-154, AND I MUST SAY THAT I WAS MOST PLEASED WITH THE EASE WITH WHICH THE HOUSE CONFEREES ACCEPTED MY AMENDMENT. NATIONWIDE, YOUR PROFESSION HAS, INDEED, DONE AN OUTSTANDING JOB IN PROVIDING HIGH QUALITY AND PERSONALIZED CARE. THE CONGRESS HAS WARM ALOHA FOR YOU.

DURING THE SUBSEQUENT DELIBERATIONS ON EACH OF THE SUBSEQUENT APPROPRIATIONS BILLS FOR THE DEPARTMENT OF DEFENSE, I HAD REPORT LANGUAGE INCLUDED FORMALLY URGING THE DEPARTMENT TO COME FORTH WITH AN IMPROVED VISION CARE BENEFIT. I POINTED OUT IN MY ARGUMENTS THAT APPROXIMATELY 15 PERCENT OF THE PRIVATE SECTOR EMPLOYEES ALREADY HAD ROUTINE VISION CARE READILY AVAILABLE UNDER THEIR HEALTH PLANS, AND FURTHER, THAT EYE AND VISION DISORDERS REPRESENTED THE SECOND MOST PREVALENT CHRONIC HEALTH CONDITION.

NATIONWIDE, WE KNEW THAT ONLY HALF OF THOSE REQUIRING VISION CARE ACTUALLY RECEIVED IT AND, THUS, UNFORTUNATELY, WE MUST EXPECT SIMILAR FIGURES FOR THE DEPARTMENT. AT ONE POINT, IT APPEARED THAT A NEW VISION CARE PACKAGE WAS BEING PREPARED FOR ANNOUNCEMENT. HOWEVER, I UNDERSTAND THAT THIS HAS NOW BEEN POSTPONED FOR BOTH BUDGETARY REASONS AND "INTERPROFESSIONAL JEALOUSY/RIVALRY" REASONS. DURING OUR DELIBERATIONS IT BECAME EVIDENT THAT AN AMENDMENT IS ALSO NEEDED TO THE CURRENT CHAMPUS AUTHORIZATION LANGUAGE WHICH EXPRESSLY PRECLUDES ROUTINE AND PREVENTIVE EYE EXAMINATIONS AND VISION CARE SERVICES.

I HAVE INTRODUCED APPROPRIATE LEGISLATION TO RECTIFY THIS
MATTER (S. 257 AND S. 258) AND I HAVE PERSONALLY TESTIFIED
BEFORE THE SENATE ARMED SERVICES COMMITTEE ON BEHALF OF
YOUR PROFESSION. HOPEFULLY, THE COMMITTEE WILL BE
RESPONSIVE TO MY RECOMMENDATIONS.

I AM ALSO PLEASED TO BE ABLE TO INFORM YOU TODAY THAT
AFTER SEVERAL YEARS OF HAVING THE APPROPRIATIONS SUBCOMMITTEE
URGE THE DEFENSE DEPARTMENT TO AFFIRMATIVELY ADDRESS MORALE
PROBLEMS OF NON-PHYSICIAN HEALTH CARE PROVIDERS IN THE ARMED
SERVICES, THAT THE DEFENSE AUDIT SERVICE CONDUCTED A MAJOR
REVIEW OF THIS ISSUE AT MY REQUEST. ITS INVESTIGATORS
CONDUCTED INTERVIEWS WITH MILITARY OPTOMETRISTS ON VARIOUS
BASES ACROSS THE NATION.

FURTHER, AT OUR COMMITTEE'S DIRECTION, THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS HAS RECENTLY ESTABLISHED A SPECIAL TASK FORCE TO FOLLOW UP ON THE DEFENSE AUDIT SERVICE'S REPORT AND OPTOMETRY DOES HAVE A MAJOR VOICE ON THAT TASK FORCE. I ALSO UNDERSTAND THAT ALL CATEGORIES OF MILITARY HEALTH CARE PROVIDERS WILL SOON HAVE TO BE LICENSED -- AGAIN YOUR PROFESSION WAS IN THE FOREFRONT OF ENSURING QUALITY CARE. I HAVE ALSO BEEN WORKING WITH THE DEPARTMENT TO ONCE AGAIN "OPEN UP" ITS HEALTH PROFESSIONS SCHOLARSHIP PROGRAM TO INCLUDE "OPTOMETRISTS", AND NOT ONLY PHYSICIANS.

SIMILARLY, I HAVE BEEN URGING THE VETERANS ADMINISTRATION TO RESCIND ANY CIRCULARS OR REGULATIONS WHICH SPECIFICALLY STATE, AND I AM QUOTING FROM ONE "IT IS A CARDINAL PRINCIPLE, HOWEVER, THAT RESPONSIBILITY FOR THE OVERALL TREATMENT OF EACH PATIENT LIES WITH A PHYSICIAN WHO COORDINATES THE TREATMENT AND CARE RENDERED BY VARIOUS PHYSICIANS, NONPHYSICIANS, SPECIALISTS AND SUPPORT STAFF." IN A SIMILAR VEIN, I WISH TO TAKE THIS OPPORTUNITY TO ALSO ASSURE YOU OF MY FULLEST SUPPORT FOR YOUR COMPLETE AUTONOMOUS INCLUSION UNDER MEDICARE. WHY WE DON'T AUTHORIZE ROUTINE VISION CARE IS BEYOND ME. IT IS TRULY COST-EFFECTIVE AND PREVENTIVE CARE.

YOUR PROFESSION IS ALREADY APPROVED FOR MEDICARE REIMBURSEMENT FOR POST-CATARACT CONDITIONS. TOGETHER, WE WILL TAKE THE NEXT STEP. THE STRUGGLES WILL CONTINUE AND, IN THE END, I AM CONFIDENT THAT YOUR PROFESSION WILL DO QUITE WELL. FOR YOU MEET THE ULTIMATE TEST: YOUR PATIENTS LIKE YOUR CARE.

FINALLY, I AM EXTREMELY PLEASE TO BE ABLE TO REPORT TODAY THAT YOUR ASSOCIATION IS MAKING PROGRESS IN WHAT MUST BE CONSIDERED A MAJOR LEGISLATIVE BATTLE, REGARDING WHAT SHOULD BE THE APPROPRIATE ROLE OF THE FEDERAL TRADE COMMISSION IN HEALTH CARE.

ALTHOUGH AGAIN HIGHLY COMPLEX AND CONTROVERSIAL, YOUR
PROFESSION'S ARGUMENTS HAVE ALWAYS BEEN CONVINCING TO ME.

I UNDERSTAND THAT YOUR FORTHCOMING ANNUAL CONVENTION
WILL BE IN HAWAII THIS JUNE 16 TO 26. I SINCERELY HOPE THAT
ALL OF YOU CAN COME.