UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

Office of Policy Planning
Bureau of Economics
Bureau of Competition

March 9, 2005

The Honorable Harry R. Purkey
Commonwealth of Virginia House of Delegates
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Re: Comment on Virginia House Bills 2518 and 160 and Virginia Senate Bill 272

Dear Delegate Purkey:

The staffs of the Federal Trade Commission's ("FTC" or "Commission") Office of Policy Planning, Bureau of Economics, and Bureau of Competition are pleased to respond to your invitation for comments on Virginia House Bills 2518 ("HB 2518") and 160 ("HB 160") and Virginia Senate Bill 272 ("SB 272"), each of which would amend § 54.1-3205 of the Code of Virginia, relating to the practice of optometry.[1] Currently, Virginia law prohibits an optometrist from working in, or as an employee or lessee of, a commercial establishment, such as an optical chain, department store, or a wholesale club. HB 2518 would ease current restrictions by eliminating the prohibitions on leasing from and working in a commercial establishment. HB 160 and SB 272, which are identical, would amend the current law to include a prohibition on an optometrist working in any location that provides direct access to a commercial establishment.

Although HB 2518 would leave in place some of Virginia's current restrictions on the commercial practice of optometry, and a bill that provided for greater competition between commercial and independent optometry practices would be preferable, we believe that HB 2518

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[1] This letter expresses the views of the Federal Trade Commission's Office of Policy Planning, Bureau of Economics, and Bureau of Competition. The letter does not necessarily represent the views of the Federal Trade Commission (Commission) or of any individual Commissioner. The Commission has, however, voted to authorize us to submit these comments. We understand that HB 2518 has not been reported out of committee, that HB 160 and SB 272 have been passed by both the Virginia House and the Virginia Senate.

is likely to benefit consumers by relaxing some of the restrictions that cause optical chains and other retailers of optical goods to incur costs of doing business that independent eye care practitioners ("ECPs") do not. By contrast, enactment of HB 160 or SB 272 is likely to cause Virginia consumers to pay higher prices for eye examinations and optical goods without providing any countervailing benefits in the form of higher quality eye care.

Interest and Experience of the FTC

Congress charged the FTC with enforcing laws prohibiting unfair methods of competition and unfair or deceptive acts or practices in or affecting commerce.[2] Pursuant to this statutory mandate, the Commission encourages competition in the licensed professions, including optometry, to the maximum extent compatible with state and federal goals. The FTC has over three decades of experience in the optical goods market and has issued regulations for the industry. The FTC promulgated the Ophthalmic Practices Rules ("Eyeglass Rule") in 1978.[3] The Commission also recently issued the Contact Lens Rule[4] to implement the Fairness to Contact Lens Consumers Act.[5] In addition to its regulatory role, the Commission has long advocated policies for the optical goods industry that would benefit consumers and competition. The FTC has provided comments to state agencies and legislatures regarding the effects of restrictions on the sale of replacement contact lenses.[6] The FTC also has studied the effects of state-imposed restrictions in the optical goods industry.[7] In October 2002, the Commission held a public workshop to evaluate possible anticompetitive barriers to e-commerce,[8] and in March 2004, the Commission staff issued a report analyzing potential barriers to Internet commerce in contact lenses.[9] This year, the FTC issued a report to Congress on competition in the contact lens industry.[10]

The Proposed Legislation

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2 Federal Trade Commission Act, 15 U.S.C. § 45.

3 Advertising of Ophthalmic Goods and Services, Statement of Basis and Purpose and Final Trade Regulation Rule, 43 Fed. Reg. 23,992 (June 2, 1978).

4 69 Fed. Reg. 40481 (July 2, 2004) (to be codified at 16 C.F.R. Part 315).

5 15 U.S.C. § 7601 *et seq.*

6 *See* Letter from Maureen K. Ohlhausen *et al.*, to Arkansas State Representative Doug Matayo (Oct. 4, 2004) ("Matayo Letter"), *at* http://www.ftc.gov/os/2004/10/041008matayocomment.pdf; Letter from the Federal Trade Commission to Tennessee State Senator Ward Crutchfied (Apr. 29, 2003), *at* http://www.ftc.gov/be/v030009.htm. FTC Staff Comment Before the Connecticut Board of Examiners for Opticians (Mar. 27, 2002) ("Connecticut Board Comment"), *at* http://www.ftc.gov/be.v020007.htm.

7 THE EFFECTS OF RESTRICTIONS ON ADVERTISING AND COMMERCIAL PRACTICE IN THE PROFESSIONS: THE CASE OF OPTOMETRY, FTC Bureau of Economics Report (1980) ("FTC OPTOMETRY REPORT").

8 67 Fed. Reg. 48,472 (2002).

9 POSSIBLE BARRIERS TO E-COMMERCE: CONTACT LENSES: A REPORT FROM THE STAFF OF THE FEDERAL TRADE COMMISSION (Mar. 29, 2004) ("CONTACT LENS REPORT"), *at* http://www.ftc.gov/os/2004/03/040329clreportfinal.pdf.

10 THE STRENGTH OF COMPETITION IN THE SALE OF PRESCRIPTION CONTACT LENSES: AN FTC STUDY (Feb. 2005), *at* http://www.ftc.gov/reports/contactlens/050214contactlensrpt.pdf.

Current Virginia law governing the practice of optometry prohibits an optometrist from practicing "as a lessee of or in a commercial or mercantile establishment, or to advertise, either in person or through any commercial or mercantile establishment, that he is a licensed practitioner and is practicing or will practice optometry as a lessee of or in the commercial or mercantile establishment."[11] It further prohibits an optometrist from practicing "as an employee, either directly or indirectly, of a commercial or mercantile establishment,"[12] and prohibits "an officer, employee, or agent of a commercial or mercantile establishment" from "directly or indirectly supervis[ing]" an optometrist.[13] HB 2518, HB 160, and SB 272 each would alter this section of the Virginia code.

HB 2518. HB 2518 would amend §§ 51.1-3205 and 54.1-3215 of the Virginia code by eliminating the prohibition on an optometrist practicing "in" or as "a lessee of" a "commercial or mercantile establishment."[14] This bill would retain the current code's prohibition on an optometrist practicing as a direct or indirect employee of a "commercial or mercantile establishment."[15] HB 2581 also would add a provision allowing the Virginia Board of Optometry to take disciplinary action – including revocation or suspension of a license – against an optometrist who fails to report any instance where it is suspected that "any officer, employee, or agent of a commercial or mercantile establishment" is either supervising an optometrist or "controlling, dictating, or influencing" an optometrist's "professional judgment."[16]

HB 160/SB 272. HB 160 and SB 272 are identical provisions that would amend § 54.1-3205 by adding that an optometrist will be considered "practicing in a commercial or mercantile establishment if he practices, whether directly or indirectly, as an officer, employee, lessee, or agent of any person or entity in any location that provides direct access to or from a commercial or mercantile establishment."[17] These bills further state that "direct access" includes:

> any entrance or exit, except an entrance or exit closed to the public, and used solely for emergency egress pursuant to applicable state and local building and fire safety codes, that prohibits a person from exiting the building or structure occupied by such practice or establishment (i) onto an exterior sidewalk or (ii) into a common area that is not under the control of either the optometry practice or the commercial or mercantile establishment, such as into the common areas of an enclosed shopping mall.[18]

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11 VA. CODE. § 54.1-3205(A). The statute defines "commercial or mercantile establishment" as "a business enterprise engaged in selling commodities." VA. CODE. § 54.1-3205(c). Commercial and mercantile establishments include both stores devoted entirely to selling optical goods and services (*e.g.*, LensCrafters, Pearle Vision) as well as general retailers that offer optical goods and services (*e.g.*, Wal-Mart, Sam's Club, Target).

12 VA. CODE § 54.1-3205(B).

13 VA. CODE § 54.1-3205.1.

14 HB 2518.

15 *Id.*

16 *Id.*

17 SB 272 § D; HB 160 § D.

18 *Id.*

HB 160 and SB 272 would have the practical effect of requiring some commercial practices that comply with current Virginia law to reconfigure their physical structures to prevent consumers from having any "direct access" to the area of their store that provides retail sales of ophthalmic goods.

HB 160 and SB 272 would exempt from the definition of "commercial or mercantile establishment" (1) optometric and ophthalmologic practices "which sell[] eyeglasses or contact lenses ancillary to its practice;" and (2) "any entity that is engaged in the sale of eyeglasses or contact lenses, the majority of beneficial ownership of which is owned by an ophthalmologic practice and/or one or more ophthalmologists."[19] The practical effect of these exemptions would be to allow private optometrists and ophthalmologists to continue to sell contact lenses and eye glasses in the same establishment where they provide eye care services and to allow patients of these practices exiting an examination room to continue to have direct access to the portion of the practice devoted to commercial sales.

Competitive Effects of the Proposed Legislation

Competition is the hallmark of America's free market economy. As the Supreme Court has observed, "ultimately competition will produce not only lower prices, but also better goods and services."[20] Indeed,

> [t]he assumption that competition is the best method of allocating resources in a free market recognizes that all elements of a bargain – quality, service, safety, and durability – and not just the immediate cost, are favorably affected by the free opportunity to select among alternative offers.[21]

The Supreme Court also has explicitly recognized that the benefits competition brings to consumers of services provided by the "learned professions," such as optometry, are no different from the benefits derived from competition in manufacturing and service industries.[22]

By restricting the scope of collaborative arrangements between optometrists and commercial operations, current Virginia law tends to hinder the ability of commercial optometric practices – such as optical chains, department stores, mass merchandisers, and wholesale clubs that offer ophthalmic goods and services – to compete with independent practices. As a practical matter, commercial optometric practices comply with Virginia law by operating their commercial businesses – which sell eye glasses and contact lenses – as independent entities located adjacent to the offices of independent optometrists. The commercial operation and the independent optometrist's office have separate consumer entrances. Thus, after receiving a prescription from the independent optometrist, patients who wish to fill a prescription for eye glasses or contact lenses at the commercial operation must exit the independent optometrist's office and travel through a common area (*e.g.*, a mall, sidewalk, or parking lot) to enter the

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19 *Id.*

20 *Nat'l Soc'y of Prof'l Eng'rs*, 435 U.S. at 695 (citation omitted).

21 *Id.* at 695; *accord FTC v. Superior Court Trial Lawyers Ass'n*, 493 U.S. 411, 423 (1990).

22 *See Nat'l Soc'y of Prof'l Eng'rs*, 435 U.S. at 689; *Goldfarb v. Virginia State Bar*, 421 U.S. 773, 787 (1975).

commercial operation. It is unlikely that this business model represents the most efficient integration of optometric practice and commercial sales of ophthalmic goods or would exist absent Virginia legal requirements.[23] Indeed, FTC research has found that restrictions on commercial optometry tend to make commercial optometric practice more difficult and therefore to drive up prices.[24]

By strengthening the restrictions in current Virginia law, both SB 272 and HB 160 are likely to further impede the ability of commercial optometric practices to compete against independent optometric practices. In particular, the restrictions in these bills may have their largest impact on national wholesale club chains that provide ophthalmic goods and services. We understand that some of these commercial operations currently affiliate with ophthalmologists, who are not covered by Virginia's prohibitions on practicing "in" a commercial establishment. These ophthalmologists operate within the store, employing a staff of licensed optometrists. SB 272 and HB 160 would prohibit an optometrist from working in this environment because such optometrists would be working in a "location" that has "direct access" to a "commercial or mercantile establishment."

In this manner, SB 272 and HB 160 would force stores operating under this business model that wish to continue to offer ophthalmic goods and services to incur the cost of reconfiguration so that the affiliated optometrists no longer would have "direct access" to the commercial operation. To the extent that the reconfiguration reduces these sellers' efficiency in delivering ophthalmic goods and services, moreover, it will increase operating costs, which is likely to cause consumers to pay higher prices for eye examinations and ophthalmic goods at these stores.[25] A recent FTC study of competition in the contact lens industry found that in Northern Virginia, wholesale clubs offered the lowest average prices for a selection of popular contact lenses.[26] To the extent that SB 272 and HB 160 would raise entry or operating costs of

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[23] Several studies have found that commercial practice restrictions, including those on a commercial practice employing an optometrist and locating offices in mercantile locations, raise the price of eye glasses, contact lenses, and examinations. *See, e.g.*, Deborah Haas-Wilson, *The Effect of Commercial Practice Restrictions: The Case of Optometry*, 29 J.L. & ECON. 165 (1986); Deborah Haas-Wilson, *Tying Requirements in Markets with Many Sellers: The Contact Lens Industry*, 69 REV. ECON. & STATISTICS 170 (1987). Restrictions on commercial practice are likely to have a stronger negative impact on chain commercial practices than on independent commercial practices. Chains operate by creating a generalized business model that aims to reduce both operating costs and the costs to consumers of finding and purchasing ophthalmic goods and services. Chain commercial practices succeed in the marketplace when they offer some combination of prices and quality that consumers prefer. Accordingly, current Virginia law likely reduces competition from commercial optometry chains by impairing the creation of uniform, chain-wide business practices.

[24] *See* FTC OPTOMETRY REPORT; Bureaus of Consumer Protection and Economics, Federal Trade Commission, *A Comparative Analysis of Cosmetic Lens Fitting by Ophthalmologists, Optometrists, and Opticians* (1983). *See* Ophthalmic Practice Rules ("Eyeglasses II"), Statement of Basis and Purpose, 54 Fed. Reg. 10285, 10286 (Mar. 13, 1989) ("Commission Statement") ("prices for eye care are 18 percent higher in markets where chain firms are totally restricted than in markets where chain firms operate freely"). Changing market circumstances could make the size of the price effect today smaller than 18 percent. Nevertheless, we have identified no change in the marketplace that economic analysis suggests would likely reverse or eliminate the price effect if a new study were conducted with more recent data.

[25] *See* notes 23 & 24, *supra*.

[26] The study found that, controlling for lens-specific effects, wholesale clubs sampled offered prices that were $26.36 lower than independent eye care practitioners for spherical lenses, and $34.42 cheaper than independent eye care practitioners for toric and multifocal lenses. *See* THE STRENGTH OF COMPETITION IN THE SALE OF

these wholesale clubs, these bills would likely cause consumers to pay higher prices for optical goods at these clubs and reduce competition in the marketplace. Requiring affected commercial establishments to reconfigure their premises also is likely to impose costs on consumers who, after an eye examination, prefer to avoid the inconvenience of entering a separate store to purchase optical goods.

By easing some of the current restrictions on commercial operations, HB 2518 would likely enhance competition from commercial optometric practices. By permitting optometrists to practice in commercial establishments as lessees, HB 2518 likely would allow for cost-reducing collaborative business models. The benefits of such cost reductions are likely to inure to consumers in the form of lower prices for optical goods and services. Additionally, some consumers will enjoy the convenience of receiving eye care services and purchasing optical goods at the same store. Although HB 2518 is likely to benefit consumers in these ways, a bill that also eliminated the prohibition on a commercial operation employing an optometrist likely would improve consumer welfare to an even greater degree.

Empirical Evidence on the Effect of Commercial Restrictions on Price and Quality

Regulations that limit forms of competition may be useful when they address specific market failures that have been shown to harm consumers. Thus, in principle, a regulation could create net benefits for consumers if it were to result in an increase in the quality of eye care and if consumers were willing to pay more for that increase in quality than they actually would pay in higher prices. Through research and rulemakings,[27] the FTC itself has evaluated many

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PRESCRIPTION CONTACT LENSES: AN FTC STUDY (Feb. 2005), *at* http://www.ftc.gov/reports/contactlens/050214contactlensrpt.pdf.

[27] The Commission addressed issues relating to the commercial practice of optometry in the course of promulgating the Ophthalmic Practice Rules, commonly known as "Eyeglasses II." An earlier rulemaking - "Eyeglasses I" - considered two relatively narrow types of competitive restrictions but also revealed the existence of other restraints on eye care providers that appeared to limit competition unduly, increase prices, and reduce the quality of eye care provided to the public. *See* Advertising of Ophthalmic Goods and Services, Statement of Basis and Purpose, 43 Fed. Reg. 23992 (June 2, 1978) (promulgating 16 CFR Part 456) ("Eyeglasses I"). The Eyeglasses I Rule prohibited bans on nondeceptive advertising and required vision care providers to furnish copies of prescriptions to consumers after eye examinations. On appeal, the rule's prescription release requirement was upheld but the advertising portions were remanded for further consideration in light of the Supreme Court decision in Bates v. State Bar of Arizona, 433 U.S. 350 (1977) (finding state supreme court rules against attorney advertising violated the First Amendment). *American Optometric Assn. v. FTC*, 626 F.2d 896 (D.C. Cir. 1980). The FTC has continued to address advertising restrictions through administrative litigation. *See, e.g., Mass. Bd. of Registration in Optometry*, 110 F.T.C. 549 (1988).

Eyeglasses II considered many of the same issues presented by the Virginia Bills, including such topics as whether the lay business partners of optometrists could properly be involved in "setting of fees, salaries, or minimum office hours; location of the practice; choice of suppliers of material, equipment, services, and laboratory work; . . . and other activities that involve business judgments to a similar degree." The Commission found that "[t]he record . . . demonstrates that lay control over the business aspects of an optometric practice is an integral element of commercial practice." *See* Commission Statement at 10300. The Eyeglasses II Rule - put into effect in 1989 - was intended to limit the ability of states and state optometric boards to restrict the commercial aspects of optometric practice. The D.C. Circuit struck down the Rule on the grounds that the FTC Act did not give this agency such authority over the states. *See California Bd. of Optometry v. FTC*, 910 F.2d 976 (D.C. Cir. 1990). Because the court

restrictions on commercial optometric practice, and our findings indicate that many such restrictions tend to increase costs while producing no offsetting consumer benefit, thus resulting in a net loss for consumers.

Two major studies by FTC staff examined many of the same issues presented in SB 272, HB 160, and HB 2518. These studies, plus several others conducted by independent researchers using the FTC staff's data, are the most recent empirical investigations of the impact on consumers from commercial optometry restrictions.

The first study, published in 1980 by the FTC's Bureau of Economics, compared the price and quality of optometric goods and services in markets where commercial practices were subject to differing degrees of regulation.[28] This study was conducted with the help of two colleges of optometry and the Director of Optometric Services of the Veterans Administration. It compared four dimensions of quality in markets with chain firms and markets without chain firms: (1) the thoroughness of the eye examination; (2) the accuracy of the prescription; (3) the accuracy and workmanship of the eyeglasses; and (4) the extent of unnecessary prescribing. The study found that optometric practice restrictions in a market resulted in higher prices for eyeglasses and eye examinations but did not improve the overall quality of care in that market, as measured by these four attributes. Later analyses of the FTC data by academic researchers came to similar conclusions.[29] The second study, published in 1983 by the FTC Bureaus of Consumer Protection and Economics, compared the price and quality of the cosmetic contact lens fitting services of commercial optometrists and other provider groups.[30] It concluded that, on average, commercial optometrists fitted cosmetic contact lenses at least as well as other fitters, but charged significantly lower prices.

Thus, a key finding that emerges from these studies is that there is no evidence that restrictions on the commercial aspects of optometric practice raise the quality of services for those people who do obtain these services.[31] Further, our research indicates that these

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vacated the Rule solely on jurisdictional grounds, the court's decision should not be read as a rejection of the factual underpinnings of the FTC effort.

28 *See* FTC OPTOMETRY REPORT.

29 John Kwoka, *Advertising and the Price and Quality of Optometric Services*, 74 AM. ECON. REV. 211 (1984); Haas-Wilson, *The Effect of Commercial Practice Restrictions*, *supra* note 23. Both of these studies examined differences in quality across markets with varying degrees of commercial restrictions. Philip Parker offers a somewhat contrary view. *See* Philip Parker, *"Sweet Lemons:" Illusory Quality, Self-Deceivers, Advertising, and Price*, 32 J. MARKETING RES. 291 (1995). Using the same FTC dataset, he questioned the robustness of the previous research's price results, finding that some alternative formulations failed to find a significant price effect due to differences in commercial restrictiveness. Parker did not, however, directly dispute the key quality finding of the FTC report - that restrictions on commercial optometric practice did not influence average quality levels for eye exams.

30 Bureaus of Consumer Protection and Economics, Federal Trade Commission, *A Comparative Analysis of Cosmetic Lens Fitting by Ophthalmologists, Optometrists, and Opticians* (1983).

31 In fact, studies of professional services have often found little relationship between professionals' business practices and the quality of service they provide. *See* C. Cox and S. Foster, THE COSTS AND BENEFITS OF OCCUPATIONAL REGULATION, FTC Bureau of Economics Staff Report (October 1990).

restrictions affirmatively harm a group of citizens: because the restrictions lead to higher prices, many price-sensitive consumers deferred seeking eye care.[32]

On the basis of these studies and other evidence assembled in the Eyeglasses II rulemaking proceeding,[33] the FTC concluded that unnecessary restrictions on commercial practices by eye care providers result in significant consumer injury, in the form of monetary losses and less frequent vision care, without providing consumer benefit.[34] The Commission found that "the record is quite clear on this central issue: There is no difference in the average quality of care available to consumers in restrictive and nonrestrictive markets."[35] The Commission also found that of the more than $8 billion consumers spent on eye exams and eyewear in 1983, a substantial portion was attributable to inefficiencies resulting from state regulation that reduced competition.[36] The evidence from the FTC's rulemaking record thus provides a strong argument for avoiding unnecessary restraints on the commercial practice of optometry.

The rulemaking studies took place over 20 years ago, and some aspects of the marketplace have undoubtedly altered over time. For example, the changing patterns of insurance coverage may alter the price effects of practice restrictions; advertising is more widespread;[37] and chain stores and mass merchant sellers of ophthalmic goods have become more common. Nevertheless, no subsequent persuasive empirical evidence alters the rulemaking's most important conclusion - restrictions on commercial practice do not lead to higher quality eye care. Thus, HB 160 and SB 272 are unlikely to provide consumers with any benefits, and HB 2518 is unlikely to cause any harm to consumers.

Finally, we note that if the goal of both SB 272 and HB 160 is to prevent commercial entities from interfering with an optometrist's personal judgment in ways that would reduce the quality of eye care, these bills appear superfluous because Virginia law already expressly prohibits such influence.[38] Further, if the Virginia Legislature believes that physical separation

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32 *See* Commission Statement, *supra* n.24, at 10290 (a survey of 10,000 people "found that significantly fewer individuals purchased eyeglasses in a given year in states with higher prices than in states with lower prices"); id. (testimony by the AOA suggests that "85 percent of all serious injuries sustained by persons 65 and older are caused by falls; 25 percent of these relate directly to uncorrected vision problems").

33 In the course of the Eyeglasses II rulemaking, the FTC received 287 comments and heard testimony from 94 witnesses. The commenters and witnesses included consumers and consumer groups, optometrists, sellers of ophthalmic goods, professional associations, federal, state and local government officials, and members of the academic community. *See* Commission Statement, *supra* n.24, at 10287.

34 Commission Statement, *supra* note 24, at 10285.

35 *Id.* at 10290-91.

36 *Id.* at 10285-86.

37 *See, e.g.*, James H. Love & Frank H. Stephen, *Advertising, Price and Quality in Self-Regulating Professions: A Survey*, 3 INTL. J. ECON. BUS. 227 (1996). This 1996 survey of empirical economics literature on professional advertising revealed that most studies find advertising tends to reduce the price of professional services without reducing quality. On price, the authors concluded, "the overwhelming impression from the results reviewed...is of advertising having a downward effect on professional fees." On quality, they concluded that the empirical literature generally shows that advertising does not lead to lower quality.

38 Further, *See* VA. CODE § 54.1-3205.1.

between the eye examination area and the area where ophthalmic goods are sold is needed to prevent consumer harm, it is unclear why this prohibition would apply only to commercial entities, but not to independent optometric practices that sell ophthalmic goods.

Conclusion

Current Virginia law places significant restrictions on the commercial practice of optometry. Although retaining some of the current law's impediments to competition, HB 2518 would at least ease some of the restrictions on commercial optometric practice. HB 2518 is likely to benefit consumers with lower prices and is unlikely to reduce the quality of eye care.

By contrast, HB 160 and SB 272 would place further restrictions on the commercial practice of optometry. These new restrictions, moreover, may fall disproportionally on national wholesale club chains, which are low-cost sellers of optical goods. Economic analysis and the most recent empirical evidence suggest that restrictions on commercial optometric practices tend to increase prices but provide no improvement in the quality of eye care. Thus, HB 160 and SB 272 are likely to cause Virginia consumers to pay higher prices for eye examinations and optical goods without providing any countervailing benefits in the form of higher quality eye care.

Respectfully submitted,

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