following the services received. This is not generally true in the field of optometry where there is rarely any pain connected with the abnormalities or deficiencies requiring correction. We submit there is need for greater regulation of the practice of optometry than in most of the other health services and that there is less of it in the District of Columbia than in the other states and territories.

The end product of optometric service—good vision—is essential to the every day work, education and pleasure of the consumer. The only real competition is among its providers who compete with each other for a larger sale of nearly guaranteed sales (almost everyone needs vision care at some point in a lifetime). This type of competition does little to contain costs; frequently it tends to drive costs up rather than down. Moreover, there is little cause-and-effect relation between the quality of the usual end product of service—eyeglasses or contact lenses—and the price to the consumer.

Mr. Chairman, eyeglasses have no resale value to a consumer as have most of the marketplace products. I would not give you a dime for any eyeglasses you may be wearing and you probably would not give me one red cent for mine. Their value is unique and individual to the consumer and tied to the quality of the examination and prescription which lies within them. Any possible other value would have to lie in the gold or precious metal content of the frame or in any valuable stones such as diamonds or rubies that might be imbedded in the frame. This is why, early this year, in the AOA's testimony to the Senate Subcommittee on Anti-Trust and Monopoly, holding hearings on "Medical Restraint of Trade," we agreed with the view that a doctor should not profit from the sale of products to patients. It is the position of the American Optometric Association that its members should supply any material items required by their patients at the actual laboratory cost charged optometrists by their suppliers. The Association's "Manual of Professional Practice for the American Optometrist" states: "The optometrists' records should show clearly that his net income is based on fees for professional service, not on markup of ophthalmic materials." We challenge any of those opposing this bill last year or this year to show that they have a comparable policy.

The most stringent of the regulations over the providers of optometric service are in Section 7 of the bill beginning on page 6. Since this section relates only to how an optometrist's license can be suspended, revoked, renewed or reinstated it pertains solely to members of my profession. Mr. Chairman, many of our members in the District of Columbia will have to change their mode of practice, and in some instances it will be expensive for them to do so, yet all agree that for the protection of the public these restrictions should be placed upon their practice.

There are those opposing this bill who have said that Section 7 is all right because it restricts only the optometrists of the District. They oppose any restrictions, however, which are in other parts of the bill. Mr. Chairman, I submit that if it is important to regulate optometrists in the practice of optometry, how much more important it is that those not possessing the six years of training in optometric schools and colleges be regulated. They are not examined or licensed as are our members each year. The Act exempts them from these requirements yet they may engage in all or part of the practice which is dedicated to care of God's most priceless gift to us—our vision. This description may help you understand why we in the AOA feel so strongly about protecting the consumer from exploitation by poorly trained, non-licensed entrepreneurs who would reap an unnecessary profit from the distress of the visually needy. Government intervention is necessary if appropriate controls are to be effective. It is indeed unfortunate that voluntary controls are inadequate but such is the case and it will always be so because of the differences between the "health industry" and other industries, and especially because of the essentiality of good health to human endeavor and progress. Among all the goods and services in today's marketplace, vision care is the most difficult for the ordinary customer to shop for intelligently.

The practice of optometry as defined in Section 3 on page 2 is limited to acts or practices that are included in the curriculum of recognized schools and colleges of optometry. There are ten of these schools and colleges accredited by the Council on Optometric Education through the National Commission on Accrediting which is recognized by the U. S. Office of Education for that purpose. Each grants the Doctor of Optometry degree upon completion of the course. The length of pro-