

patient complains, the lenses can be returned and some with less noticeable defects will be supplied to replace them.

The commercialist cannot afford to offer visual training services because they require time which he can ill afford to spend if he is to maintain his high-volume business. In recent years research has shown that visual training can lessen some vision problems or eliminate them entirely. I know of no way the discount operator can offer visual training services even if he is qualified to offer them. The mercantile setting does not lend itself to professional services. Flashing signs indicate selling, not servicing in a professional manner.

The object of the specs peddler, in whichever century he might operate, remains the same—sell glasses. The growing promotion of health benefits to unions provides the spec peddler with additional sales outlets. Unions, attempting to provide additional services to their members, making arrangements with spec peddlers (now termed optical companies or commercial optometrists) to “purchase glasses at low cost.” See attachment No. 6.

The District of Columbia Optometric Society frequently receives complaints about optometrists working in the types of corporate enterprises I have described. To give you some idea of the complaints we receive, I am submitting attachment No. 7. Other similar complaints from victims of these entrepreneurs were delivered for the records of this committee following last year's hearings on H.R. 12937.

There are those in opposition to this bill who claim that it will inhibit “third party” practice of optometry and thereby be injurious to those relying upon third parties for their vision care.

Mr. Chairman, the only prohibitions directed against “third parties” by this bill are directed against corporations or firms which would abuse the practice of optometry by making an ill-gained profit from the sale of merchandise in the guise of caring for the visual needs of the population.

Third parties such as hospitals, clinics, group health practices, non-profit health services, health expense indemnity corporations, agencies of government or employers providing optometric services solely to their employees are exempt from this proposed Act.

There are a number of union optical plans operating across the country which are thought to be operating on a not-for-profit basis and which, we understand, are in fact franchises from an office in New York State. In these plans, optometrists serve in somewhat the same “captive” relationship as do those optometrists who are employed by, or are under contract to, commercially-motivated retailers which we have described as operating here in the District of Columbia.

The working men and women of the District are, we believe, fortunate in the fact that none of the so-called “union optical plans” are active here, to the best of our knowledge. We have every reason to be fearful that union members in our city might be lured into seeking such franchised operations in the future, believing innocently that lower-cost vision care is available through such a means. Lower cost in this instance means lowest quality service and materials and we believe this to be absolutely unconscionable in the health care field.

I am proud to report that a committee of our optometrists is responsible for the formation of a “third party” organization to provide op-