

Section 14 appearing on page 19 should be deleted in its entirety. Our one real objection to this so-called anti-discrimination provision is that it will prevent a public health physician, who determines that a medical problem is involved, from sending a pupil in a public school to his family physician or medical specialist for examination and treatment. It's just that simple.

Delay in referring and treating a diseased or injured eye could result in future eye damage and possible blindness. Therefore, Section 14 should read as follows "Every optometrist shall within ten days after the completion of an optometric refraction, refer to a physician or surgeon for a medical eye examination every person whose visual acuity the optometrist does not improve to at least twenty over thirty Snellen in each eye. The optometrist shall not thereafter prescribe, provide furnish or adapt lenses, prisms or ocular exercises for such person unless and until the optometrist receives written approval from a physician or surgeon. Failure to comply with this section shall constitute misconduct and shall also be a misdemeanor and may be enjoined under Section 12 or prosecuted under Section 13, with the same punishment provided for in Section 8 of this Act." Such a provision will improve eye care for patients in the District of Columbia.

Should the Committee not adopt the suggested amendment in lieu of Sec. 14, Congress should consider adopting a provision similar to the State of Colorado Statute relative to the optometric bill passed in 1961 which reads as follows:

"102-1-16. Cause for revocation of license, procedure.

(o) Failing to refer or direct a patient to a physician whenever it comes to the attention of the licensee that such a patient exhibits signs or symptoms of a disease requiring treatment by an ophthalmologist or other physician."

On June 25, 1954 in Seattle, Washington the American Optometric Association passed resolution #4 which declared that "the field of visual care is the field of optometry and should be exclusively the field of optometry." This resolution further recommended to state optometric associations that they "make serious study of the optometry laws prevailing in their states to the end that exemption be restricted, limited, and ultimately eliminated, and that encroachments by untrained, unqualified and unlicensed persons into the exclusive field of optometry be prevented through the established enforcement agencies in the respective states."

An optometrist has nothing to do with the care of the human eye. The function of an optometrist is to attempt after an examination of the eyes to alleviate certain visual problems in the eye at the time of his examination. The optometrist is neither qualified nor competent to examine the eye for any pathology, to make a diagnosis of any conditions in the eye or to recommend any treatment or care of the eye. The sole function of an optometrist is to furnish lenses and glasses to aid in the vision area. He is not trained to treat the eye in any way. The proposed legislation in attempting to improve the care of the human eye in the field of optometry will not have any effect on the type of care nor will it improve the care of the eye.

Eye care is primarily a function of the physician. Vision is a function of the optometrist. The eye is part of the body which is in the province of medicine. The optometrist should merely be concerned with visual anomalies in the normal eye.

The District of Columbia has a very progressive ophthalmological community. It has three universities which are training residents in Ophthalmology. It has several hospitals with active programs. At least forty residents in ophthalmology are currently being trained by these jurisdictions. These are the men who will be dealing with eye care. Washington has the facilities of the National Institutes of Health, the excellent facilities of the Army, Navy and Veterans hospitals, and local hospitals which train men in eye care. This eye care is all inclusive.

The Medical Society of the District of Columbia believes that no new legislation is necessary to regulate optometry in the District of Columbia. If the Congress sees fit to change existing legislation that due consideration be given to the suggested changes which are substantially similar to those suggested by the Board of Commissioners of the District of Columbia by letter to the Chairman of the Committee of the District of Columbia, dated May 18, 1967, the Guild of Prescription Opticians, the Bar Association of D.C., concerning H.R. 1283, H.R. 595, and H.R. 732, so that the fields of eye care and visual needs in the District of Columbia can proceed in the public interest.

The Medical Society expresses its thanks to this Committee for affording it the opportunity to present its views concerning this proposed legislation.