

Prior to World War II, the income of optometrists depended entirely on profits from the sale of eyeglasses. Prescriptions were sometimes changed for trivial reasons. However, the profit was no more than the professional fee should have been, and the patient came out ahead with new lenses.

On the other hand, the ophthalmologist has always charged a substantial examination fee, and could always afford an honest opinion on the need for glasses. Any profit now derived from dispensing must, therefore, be based on commercial considerations.

Also, it is widely acknowledged that ophthalmologists are determined to knock out their optometric competitors—just as they are gradually knocking dispensing opticians out of business. Monopolistic intent is clearly a factor to which Senator Hart's subcommittee could give due attention.

The academic standards of optometry have escalated impressively in recent years. As a result, many optometrists now charge as much for an examination as do ophthalmologists. The rationalization is that the quality of our services is equal to, and sometimes superior to, the quality of the services of medical refractionists. Therefore, optometrists can, and do, render an honest opinion on the need for glasses. However, there is still the serious obstacle of the commercial profit from cosmetic frames. So, arguments in support of the Hart Bill and against profit on materials by ophthalmologists may apply equally to optometrists who do not observe a rigid fee system.

When hearings on the Hart Bill begin, it is almost certain that opponents of optometry will seek an amendment to include *all* refractionists as "licensed personnel". Failure to do this might give the impression of professional discrimination against ophthalmologists. Such an amendment might present a very difficult problem for optometry since the unified service is historically interwoven into our professional fabric.

LIBERAL CONCEPT OF COSTS

The crux of the matter is that the Hart Bill would *not* prohibit dispensing, but would, in effect, limit the charges made for eyeglasses to laboratory costs. Since the approved AOA system ostensibly limits the dispensing fees to costs plus laboratory charges, there is no apparent conflict on the surface. However, some optometrists have a very liberal concept of "costs", and include time spent in frame selection, ordering, verification and adjustment. This is a concept with which Senator Hart is not likely to agree.

The fallacy in our reasoning is that we must charge professional fees for time spent in a service that could easily be performed by a clerk or salesman. There are obviously two fees in the "fee system", and the fee for supplementary services will have to be made demonstrably smaller than the fee for purely professional services. Otherwise, it would seem that what we formerly recognized as a commercial profit has merely been relabeled as a dispensing charge.

COMPETITION OF DISCOUNT HOUSES

In large cities the examination fees of many optometrists and of some oculists (non-certified medical refractionists) are often very low because the entire price structure is depressed by the competitive methods of discount houses. This factor would make it correspondingly more difficult for refractionists to survive on the basis of the usual examination fee charged in such areas. Thus, there is often a greater degree of dependency on profits from the sale of eyeglasses than is compatible with the requirements of professionalism. Yet, even here, a broadened Hart Bill may offer more of a promise than a threat, for the alternatives posed by cut-throat competition may yet become devastating.

Urban and suburban refractionists need to see that the economic foundations of the unified service have been hopelessly breached by discount houses. Nothing we can do will restore the status quo ante. Even if refraction services were separated from such houses by law and more stringent rules on "gross negligence" were promulgated, the discount house could still sell good quality lenses in a durable and attractive frame, and make a profit at a price that would be completely impossible for the private practitioner to meet. Our patients would simply pay us for their prescriptions, and have them filled by a discount house. They could have the prescriptions filled personally in the same manner as they now do with industrial safety glasses, or even by mail.